## **Tobacco Use Screen - Adolescent**

Please complete the survey below.

Thank you!

## In the past 18 months (i.e., the past year and a half)....

## Have you used any tobacco products?

Tobacco products may include cigarettes, e-cigarettes or vapes, cigars, pipes, hookah or shisha, chewing tobacco or dip, other nicotine containing products.

⊖ Yes ⊖ No



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