



TOBSCRN25 (PI) Enter the response to the Tobacco Use Screening question "Do you smoke cigarettes or use other types of tobacco (cigars, pipe smoking, snuff, dip, or chewing tobacco)?" 1. Yes, Every Day 2. Yes, Some Days 3. Formerly 4. Never 99. None of the above	OFFTOBRX25 (PI) During the past year, was the patient offered a FDA- approved medication to assist in tobacco use cessation by an acceptable provider using the National Clinical Reminder for Tobacco Screen Follow-up? 1. Yes 2. No

