

# Tobacco Use



This facility is smoke free.



**During the past 12 months, did your worksite:** **Yes** **No** **Score**

1. Have **and** promote a written policy banning tobacco use at your worksite?  
 Answer "yes" if, for example, your policy bans cigarettes and/or other tobacco products and is communicated to employees regularly through emails, newsletters, or signage in public places.  (3 pts.)  (0 pts.) \_\_\_\_\_

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2. Provide educational materials that address tobacco cessation?  
 Answer "yes" if, for example, your worksite offers brochures, videos, posters, web-based programs, or newsletters on tobacco cessation, including referral to 1-800-QUIT-NOW or smokefree.gov, either as a single health topic or along with other health topics.  (1 pt.)  (0 pts.) \_\_\_\_\_

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3. Provide **and** promote interactive educational programming on tobacco cessation?  
 Answer "yes" if, for example, your worksite offers "lunch and learns," seminars, workshops, or classes on tobacco cessation. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.  (2 pts.)  (0 pts.) \_\_\_\_\_

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4. Provide **and** promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to quit using tobacco?  
 Answer "yes" if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners. This may include referral to 1-800-QUIT-NOW or smokefree.gov.  (3 pts.)  (0 pts.) \_\_\_\_\_

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5. Prohibit the sale of tobacco products on worksite premises?  (1 pt.)  (0 pts.) \_\_\_\_\_

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6. Provide financial incentives for being a current nonsmoker **and** for current smokers who are actively trying to quit tobacco by participating in a free or subsidized, evidence-based cessation program?  
 Answer "yes" if, for example, your organization provides discounts on health insurance, additional life insurance for nonsmokers, or other benefits for nonsmokers and smokers who are actively trying to quit.  (3 pts.)  (0 pts.) \_\_\_\_\_

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7. Provide health insurance coverage with free or subsidized out-of-pocket costs for FDA-approved prescription tobacco cessation medications?  
 Answer "yes" if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) or varenicline (e.g., Chantix).  (3 pts.)  (0 pts.) \_\_\_\_\_

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8. Provide health insurance coverage with free or subsidized out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products?  
 Answer "yes" if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges.  (2 pts.)  (0 pts.) \_\_\_\_\_

**Your Worksite's Tobacco Use Score** \_\_\_\_\_

**Maximum Tobacco Use Score** **18**