

# REACH TOBACCO 30 DAY FOLLOW-UP FORM

MRN: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

SCRIPT Counselor: \_\_\_\_\_

<input type="radio"/> Prenatal <input type="radio"/> Post Partum  # of weeks: _____  Date: ____ / ____ / ____ Month Day Year	CO VALUE _____ PPM _____ (date)  <input type="radio"/> Refused <input type="radio"/> Equipment Problem <input type="radio"/> Explanation in Progress Notes <input type="radio"/> Not Enough Time <input type="radio"/> Other: _____
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1. Have you smoked a cigarette, even one puff, within the last 7 days? (choose only 1) <input type="radio"/> Yes <input type="radio"/> No – I have quit!!
2. Since you started the tobacco counseling at the NEHC, has the smoking pattern changed where you live? (choose all that apply) <input type="checkbox"/> No change. <input type="checkbox"/> I have started/increased smoking since pregnant. <input type="checkbox"/> No one smokes where I live – they smoke outside. <input type="checkbox"/> People may smoke anywhere I live. <input type="checkbox"/> People may smoke in certain rooms. <b>If quit stop here.</b>
<b>If quit, skip numbers 3, 4, and 5!</b>
3. Since your first meeting with the tobacco counselor, which statements best describes your cigarette smoking? <input type="checkbox"/> I smoke about the same number. Number of cigarettes smoked <b>each day</b> : _____ <input type="checkbox"/> I smoke, but I have cut down on the number of cigarettes. Number of cigarettes smoked <b>each day</b> : _____ <input type="checkbox"/> I have started/increased smoking. Number of cigarettes smoked <b>each day</b> : _____ <input type="checkbox"/> I dip, chew, or use smokeless tobacco.
4. If you are a smoker, how many days since your first tobacco counseling session have you gone without a cigarette for at least 24 hours? (choose only one) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> I have quit! <input type="radio"/> Refuse to say <input type="radio"/> Don't know
5. How soon after you wake up do you usually smoke your first cigarette? (choose only one) <input type="radio"/> 5 minutes or less <input type="radio"/> 6 to 30 minutes <input type="radio"/> 31 to 59 minutes <input type="radio"/> 1 to 2 hours <input type="radio"/> Greater than 2 hours <input type="radio"/> I am not smoking! <input type="radio"/> Don't know <input type="radio"/> Refuse to say
6. a. My doctor advised me to quit. <input type="radio"/> Yes <input type="radio"/> No b. My doctor advised me to call the Oregon Quitline. <input type="radio"/> Yes <input type="radio"/> No (Note: Is this the same as e? I eliminated it) <input type="radio"/> <input type="radio"/> c. I called the Oregon Quitline. <input type="radio"/> Yes <input type="radio"/> No d. The Oregon Quitline called me. <input type="radio"/> Yes <input type="radio"/> No e. Would you like your doctor to help you quit? <input type="radio"/> Yes <input type="radio"/> No
7. I found the smoking cessation program to be helpful? (choose only one) Low <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 High <input type="radio"/> Don't know <input type="radio"/> Refused
8. Which of the following SCRIPT methods or materials did you <u>actually</u> use (check all that apply): <input type="checkbox"/> A Pregnant Woman's Guide (booklet) <input type="checkbox"/> Keep Smoking Diary <input type="checkbox"/> Used a "Yuck Jar" <input type="checkbox"/> Practiced Deep Breathing <input type="checkbox"/> Smoke Tasting <input type="checkbox"/> Have a Stop Smoking Buddy
9. During this pregnancy, has anyone who is living with you tried to quit smoking: a. Tried to quit smoking? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refuse to say b. Successfully quit smoking? <input type="radio"/> Yes <input type="radio"/> No