

APPENDIX 2 C

**DATA COLLECTION INSTRUMENTS AND
ELECTRONIC CONTACT RECORD FORM (ECRF)**

REACTIVE SMOKING CESSATION

“QUITLINE” QUESTIONS

**SMOKING CESSATION “QUITLINE” REACTIVE DEMOGRAPHIC AND
INTAKE QUESTIONS**

OMB No. 0925-0208
Expiry Date: 9/30/2012

File Help ROO Save ECRF Home Exit

*Service Number: QUIT NOW *Time Ranges: [dropdown]

No Service Provided: [dropdown]

*Purpose of Contact: [dropdown]

*Type of User: 30 Cigarette smoker-help to Quit Access: Telephone

Region: Northwest Case: Staff: Tester Region13 Date: 5/15/2009

Smoking Cessation

- Background
- Dependency
- Motivation
- Interventions
- Contact
- Service
- Demographics
- Memo

Customer Service Previous Next Break off

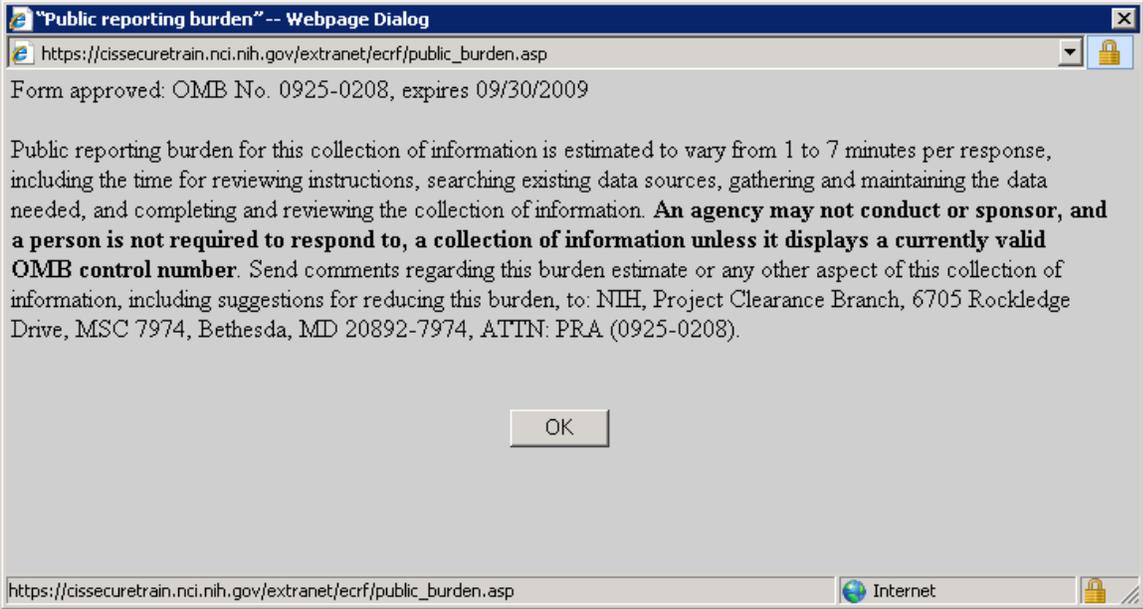
COLLECT DEMOGRAPHICS ON THE CALL

Is caller distressed or terminally ill? Yes No

During our conversation, I already asked you some background information about yourself. I'd like to ask you just a few more questions that will help us to understand who we are serving. We appreciate your taking the time to answer these questions. Please know that all of your answers will be kept confidential. Is this OK?

Yes No Not able to ascertain

Public reporting burden for this collection...



Have you used our service before?

2 No 2

How did you find our number to call?

304 NBC Nightly News 304

What is your home ZIP code?

20850

[Promotion?](#)

Current Smoking Cessation Intake Questions – Background Component

Address  https://cissecuretrain.nci.nih.gov/extranet/ecrf/SCIF_MD5.asp  Go Links 

File Help

*Service Number: *Time Ranges:

No Service Provided:

*Purpose of Contact:

*Type of User: Access: Telephone

Region: New York Case: Staff: Tester Region02 Date: 3/23/2009

Smoking Cessation

Background

Avg. Number of cigarettes smoked each day?

Age?

Sex?

Notes

Current Smoking Cessation Intake Questions – Dependency Component

Smoking Cessation

- Background
- Dependency
- Motivation
- Interventions
- Contact
- Service
- Demographics
- Memo

Dependency

Previous

Next

Break off

Age when starting smoking cigarettes regularly?

First cigarette of the day after awakening?

Minutes

In life, number of quit attempts for 1 day or longer?

Duration (beyond a day) of successful quitting?

Days

In past year, number of quit attempts?

Longest time quit?

Days

Symptoms experienced after quitting?

- Feeling irritable, angry, agitated
- Mood swings, depressed, down, or blue
- Nervous, anxious, jumpy Cravings
- Trouble sleeping, nightmares, dreams
- Has not tried to quit before (1st quit attempt)
- Weight gain Increased appetite or hunger
- Tired, fatigued
- Feeling ill/sick/nausea/general malaise
- Headache Chest pain, shortness of breath
- Stress Unable to concentrate
- Dizzy/lightheaded Shakes
- Other

Triggers?

- Alcohol
- Anxiety
- Fatigue
- Coffee
- Driving
- Phone calls
- Sadness
- Stress
- After Meals
- Work breaks
- Watching TV
- Other

Used medication in the past?

Yes

Patches
Polacrilex Gums
Lozenges
Inhalers

No

Is medication to help quit a consideration this time?

Yes

Patches
Polacrilex Gums
Lozenges
Inhalers

No

Notes

Previous

Next

Break off

Current Smoking Cessation Intake Questions – Motivation Component

Smoking Cessation

Background Dependency **Motivation** Interventions Contact Service Demographics Memo

Motivation

Most important reason for wanting to quit?

Secondary Reason?

Person most likely to positively influence effort to quit?

Others in the household currently using tobacco products (one or more)? Yes No

<input type="text" value="Your spouse"/>	<input type="checkbox"/> Chewing	<input type="checkbox"/> Snuff	<input type="checkbox"/> Pipes
<input type="text" value="Your domestic partner/significant other"/>	<input type="checkbox"/> Cigars	<input type="checkbox"/> Cigarettes	
<input type="text" value="Your friend"/>			
<input type="text" value="Your parent"/>			

Notes

Current Smoking Cessation Intake Questions – Intervention Component

Smoking Cessation

Background Dependency Motivation **Interventions** Contact Service Demographics Memo

Intervention

Previous Next Break off

Interest in quitting within next 30 days? Yes

Confidence in ability to quit within the next 30 days? Not confident at all TIP

Quit Date? 03/25/2009 -- mm/dd/yyyy

Notes

Current Smoking Cessation Intake Questions – Callback Component

(May we contact you in the future to see how you’re doing and offer additional assistance?)

Smoking Cessation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://cissecuretrain.nci.nih.gov/extranet/ecrf/SCIF_MDS.asp Go Links >>

File Help ROO Save ECRF Home Exit

*Service Number: QUIT NOW *Time Ranges: []

No Service Provided: []

*Purpose of Contact: []

*Type of User: 30 Cigarette smoker-help to Quit Access: Telephone

Region: New York Case: Staff: Tester Region02 Date: 3/23/2009

Smoking Cessation

Background Dependency Motivation Interventions **Contact** Service Demographics Memo

Contact

Previous Next Break off

Name (first/m/last) [] [] []

Organization: []

Address 1: []

Address 2: []

Address 3: []

City: []

County: []

State: []

ZIP Code [] - [] Find City by ZIP Code

E-mail: []

Phone: ([]) [] - [] Extension: [] Type: Home Note: []

Alt. Phone: ([]) [] - [] Extension: [] Type: Work Note: []

Previous Next Break off

Done Trusted sites

Current Smoking Cessation Intake Questions – Customer Service Component

Smoking Cessation - Microsoft Internet Explorer
_ _ X

File Edit View Favorites Tools Help
_ _ _

Back Forward Stop Home Search Favorites Refresh Print
Go Links >>

Address https://cissecuretrain.nci.nih.gov/extranet/ecrf/SCIF_MD5.asp
Go

File Help
ROO Save ECRF Home Exit

*Service Number:
*Time Ranges:

No Service Provided:

*Purpose of Contact:

*Type of User:
Access: Telephone

Region: New York Case: Staff: Tester Region02 Date: 3/23/2009

Smoking Cessation

Background
Dependency
Motivation
Interventions
Contact
Service
Demographics
Memo

Service Information

Intervention provided to client:

Subject of Interaction	Cancer Site/Type	Response	Resource Used	Special Codes	Actions
<input type="text" value="475"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Language:

Done

 Trusted sites

Current Smoking Cessation Intake and Follow-up Questions – Demographics Component

Demographics

What is your age?	<input type="text" value="55"/>	<input type="button" value="v"/>
Are you female or male?	<input type="button" value="1"/> Female	<input type="button" value="1"/> Male
Which of these categories best describes you?	<input type="button" value="200"/> Not Hispanic or Latino	<input type="button" value="200"/>
I am going to read another set of categories. Which of these categories best describes you?	<input type="text" value="White 500"/>	
What is the highest level of education you have completed? (read categories 1-6)	<input type="button" value="05"/> College graduate	<input type="button" value="05"/>
Is there a place you usually go to when you are sick or need advice about your health?	<input type="button" value="YES 01"/>	
What kind of place do you go most often?	<input type="text" value="A doctor's office 01"/>	
In the last 12 months, did you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	<input type="button" value="YES 01"/>	
Would you say you had this coverage during all 12 months or less than 12 months?	<input type="button" value="All 12 months 01"/>	
Which type of coverage did you have...	<input type="text" value="Was it private, such as an HMO, Blue Cross, Kaiser, Aetna? 02"/>	
The final questions are about your family income. I understand that this is sensitive information and I would like to stress again that all of the information you provide is confidential.		
What was your total household income from all sources before taxes last year? Just stop me when I get to the right category.	<input type="button" value="\$40,000 to \$59,000 05"/>	

Including yourself, how many people living in your household are supported by this total household income?

<input type="text" value="2"/>	NUMBER OF PEOPLE
<input type="button" value="v"/>	

Is there anything else...

Previous

Next

Break off