

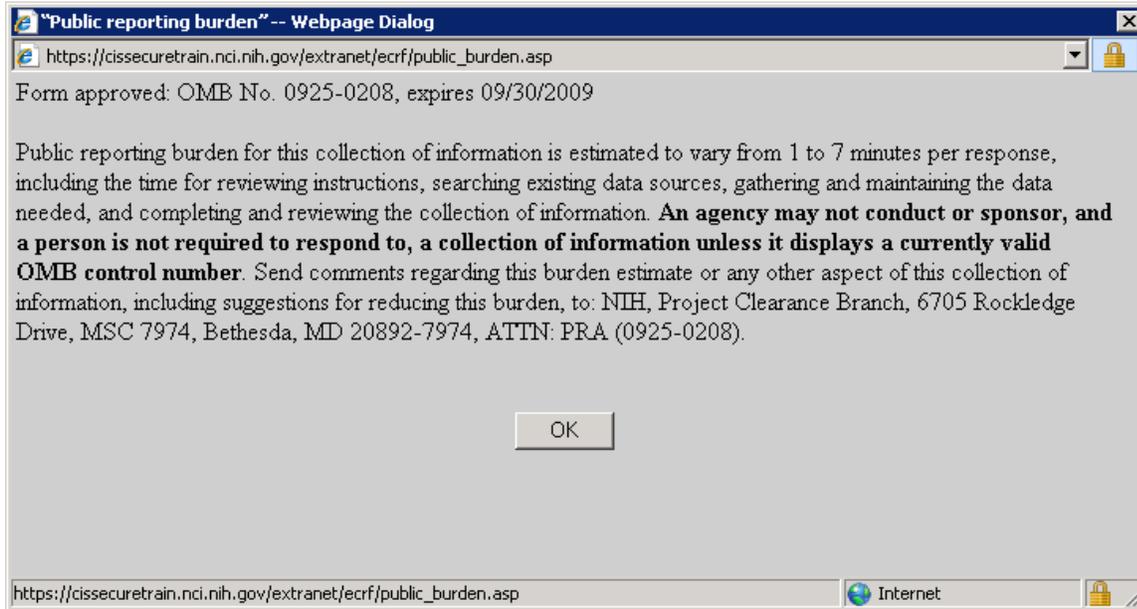
**APPENDIX 2 D**

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

**PROACTIVE SMOKING CESSATION**

**“QUITLINE” QUESTION**

## SMOKING CESSATION (QUITLINE) PROACTIVE CALLBACK SERVICE CLIENTS



### Proactive smoking cessation callers are asked:

When was the last time you smoked a cigarette, even a puff?

File	Help	ROO	Save	Schedule	ECRF Home	Exit
Access:	Telephone	Type of User:	30 Cigarette smoker-help to Quit			
Region:	Case:	Staff ID:	Date:			
<b>Smoking Cessation</b>						
Eligibility	History/Dependency	Motivation	Interventions	Recruitment	Contact	Service
						Memo
						Call Notes
<b>Case Status</b>						
Case Closed? (Check to terminate all future calls): <input type="checkbox"/>						
<b>Callback Notes - Callback # 1</b>						
						Previous
Smoker Name:	<input type="text"/>	Phone #:	<input type="text"/>			
Call Date:	<input type="text"/>	Call Time:	<input type="text"/>			
Notes	<input type="text"/>			Caller Quit? <input type="radio"/> Yes <input type="radio"/> No		
				Disposition:		
<b>Callback Notes - Callback # 2</b>						
Call Date:	<input type="text"/>	Call Time:	<input type="text"/>			
Notes	<input type="text"/>			Caller Quit? <input type="radio"/> Yes <input type="radio"/> No		
				Disposition:		
<b>Callback Notes - Callback # 3</b>						
Call Date:	<input type="text"/>	Call Time:	<input type="text"/>			
Notes	<input type="text"/>			Caller Quit? <input type="radio"/> Yes <input type="radio"/> No		
				Disposition:		
<b>Callback Notes - Callback # 4</b>						
Call Date:	<input type="text"/>	Call Time:	<input type="text"/>			
Notes	<input type="text"/>			Caller Quit? <input type="radio"/> Yes <input type="radio"/> No		
				Disposition:		