NCI/Office of Communications and Public Liaison

APPENDIX 1C

SMOKING CESSATION INTAKE QUESTIONS AND DEMOGRAPHIC QUESTIONS (SCIF)

Public Burden Statement

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Expiry Date: 12/31/2018	
Public reporting burden for this collection of information is estimated at 2-6 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0208).	
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Logged in as Adrianna Gutierrez	12/22/2015 11:50 AM PST 100%

Demographic Questions

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Smoking Cessation Intake Questions

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Dependency – Symptoms

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Dependency – Triggers

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Dependency – Past Meds

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Dependency – Future Meds

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Service

- Subject of Interaction
 - Subject 1
 - o No Value
 - o Hospital/Clinic/Physician/Second Opinion
 - o General Cancer Site Information
 - 0 Treatment/Side Effects
 - o Hospice/Palliative Care/Home Care/Supplies
 - o Financial Assistance
 - o Monetary/Personal Property Donations
 - o Publication Request
 - o Other Inquiry
 - Screening Mammogram
 - o Diagnostic Mammogram
 - o Pap Test
 - o PSA Test
 - o Screening Colonoscopy
 - Screening Spiral CT for Lung
 - o Screening MRI for Breast
 - o Diagnostic MRI for Breast
 - o Other Diagnostic Test
 - 0 Other Screening Test
 - CT-General Information Only
 - CT-General Information and Search
 - o CT-CCR Clinical Trials
 - o CT-Results and Outcomes
 - o Support Groups/Counseling Services
 - o Emotional Wellness
 - o Other Psychosocial Issue
 - o Suicidal Client
 - o HPV
 - o Heredity/Genetics/Family History
 - o Environmental Risk Factors
 - o Diet and Nutrition for Prevention
 - o Exercise/Obesity for Prevention/Risk
 - o Hormone Use and Cancer Risk
 - o HIV/AIDS
 - o EMF Cell Phones
 - 0 EMF Other
 - 0 Other Risk Factors
 - CAM General Information
 - o CAM Biologically Based Products
 - o CAM-Mind Body/Spirituality/Energy Med
 - o CAM-Manual Therapies
 - o CAM-Whole Systems

- o Medical Marijuana
- o Body/Tissue/Hair Donations
- o Genetic Services
- o Report/Statistics
- o Proton Beam Radiation (txt/side effects)
- o NCI Programs & Initiatives
- o Employment at NCI
- o NCI Budget
- o NCI Funding Opportunities
- o Scientific Materials for Researchers
- 0 NCI & ARRA
- o Cancer.gov Comments or Questions
- o Problems with CT Search
- 0 NCI Logo Request
- o Artwork Request
- 0 NCI Other
- o Cigarettes
- Cigars, Cigarillos or Little Cigars
- o Pipes
- Chewing Tobacco, Snuff, or Dip
- o Other Tobacco
- o Secondhand Smoke
- o Marijuana (recreational use)
- o Cessation Counseling/Information
- Subject 2 Same as 1
- Subject 3 Same as 1
- Subject 4 Same as 1
- Subject 5 Same as 1

◆ Cancer Site 1

- Aids-related cancers
- ALL
- AML
- Anal
- Biliary tract
- Bladder
- Brain
- Breast
- Carcinoma of unknown primary
- Cervical
- CLL
- CML
- Colorectal
- Endometrial/Uterine
- Esophageal
- Eye
- Gastrointestinal carcinoid tumor/GIST

- Head and neck
- Hodgkin lymphoma
- Myeloma/Plasma cell neoplasm
- Non-Hodgkin lymphoma
- Ovarian
- Pancreas
- Prostate
- Renal (kidney) and renal pelvis
- Skin cancer (nonmelanoma)
- Small intestine
- Soft tissue
- Stomach/Gastric
- Thyroid
- Break off
- Other Central nervous system
- Other Digestive
- Other Endocrine system
- Other Hematologic system
- Other Leukemia
- Other Lymphoma
- Other Musculoskeletal and connective tissue
- Other Reproductive, female
- Other Reproductive, mal
- Other Respiratory
- Other Urinary organs
- Other cancers
- Childhood cancers
- Not applicable/No specific site mentioned

♦ Special Codes

Special Code

- o No Value
 - o CTCA Calls
- o Affordable Care Act (ACA)
- 0 In the news
- Cancer Bulletin Ending
- 0 Recalcitrant Cancer Research Act
- o UCSF Study Call
- Special Code 2 (same as 1)

Referrals Given

- Referral 1
 - o No Value
 - o CIS information service
 - 0 Smoking Quitline
 - o Public Inquiries
 - o POS

- o NCI Doc/Program
- o NCI Designated Cancer Center
- o NCI CCR/Clinical Center
- o NCCCP
- o CDC-BCCEDP
- o CDC-BCCEDP Missouri
- 0 Genetics Services
- o Other Healthcare Facility
- o National or Community Org/Other Gov. Program
- o International Referral
- 0 Other
- o None
- 0 Break Off
- Referral 2 (same as 1)
- Referral 3 (same as 1)
- Referral 4 (same as 1)
- Referral 5 (same as 1)
- Referral 6 (same as 1)
- ♦ Follow-up Actions
 - Action 1
 - o No Value
 - o Sent information by mail
 - o Emailed information
 - o Social Media post
 - o Warm transfer POS
 - o Warm transfer org/agency
 - 0 Scheduled call back
 - 0 Other
 - Action 2 (same as 1)
 - Action 3 (same as 1)
 - Action 4 (same as 1)
 - Action 5 (same as 1)
- Clinical Trials
 - Yes
 - No

Background Screen

- Cigarettes per Day
- Age
 - Gender
 - o Male
 - o Female
- Substance Use Disorder
 - o Yes
 - o No
- Mental Health Disorder
 - 0 Yes
 - o No

Dependency Screen:

- Age when starting smoking cigarettes
- First cigarette of the day after awakening
- In life, number of quit attempts for 1 day or longer
- Duration (beyond a day) of successful quitting
- In past year, number of quit attempts
 - First call to the quit line in the past 12 months?
- Longest time quit
- Types of tobacco have you used in the past 30 days
 - a. Cigarettes

o Menthol cigarettes?

- Yes, I usually smoke menthol cigarettes
- No, I usually smoke other types of cigarettes (non-menthol)
- Don't know
- Refused
- Not asked
- b. Cigars, cigarillos, or little cigars
- c. A pipe
- d. Chewing tobacco, snuff, or dip
- e. Any other type of tobacco

• Last time smoked a cigarette, even a puff :

- a. dd/mm/yyyy
- b. Don't know
- c. Refused
- d. Not asked
- Avg. Number of cigarettes smoked each day _____
- **Currently smoke cigarettes every day, some days, or not at all? (**Note: "currently" refers to right now, today.)
 - a. Everyday
 - b. Some days

- **o** Number of days smoked in the last 30 days: ____
 - Don't know
 - Refused
 - Not asked
- c. Not at all
- d. Don't know
- e. Refused
- f. Not asked
- Age?
- ♦ Sex?
- If female, are you pregnant right now?

• 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 (please explain)

♦ Triggers

- Did not ask triggers
- After meals
- Alcohol
- Other substance abuse
- Anxiety
- Coffee
- Driving
- Fatigue
- Driving
- Phone calls
- Sadness
- Stress
- Watching TV
- Work breaks
- Nightmares
- Intrusive thoughts

• Other (please explain)

• Past medication to quit

- Did not ask
- Used in past
- Bupropion hydrochloride (e.g.Zyban, Wellbutrin)
- Chantrix
- Herbal
- Inhalers
- Lozenges
- Nasal sprays
- Patches
- Policrilex gums
- 2 NRT combinations
- Bup+NRT combination
- Other

• Future Meds

- Did not ask
- Not interested
- Bupropion hydrochloride
- Chantrix
- Herbal
- Inhalers
- Lozenges
- Nasal sprays
- Patches
- Policrilex gums
- 2 NRT combinations
- Bup+NRT combination
- Other

◆ Comorbidity

- Substance Abuse
- Other

Motivation Screen Questions:

- Most important reason for wanting to quit
 - Restrictions placed on smokers in restaurants, at work, and other public places
 - Family or friends
 - To feel more in control of your life
 - To improve your health
 - To save money
 - To improve your health
 - Because your doctor told you to
 - Because of your children (grandkids)
 - For a healthy pregnancy
 - Just tired of smoking

- Professionalism, Role model
- Religious reasons
- Extracurricular activities (e.g. basketball, jogging, dancing, volleyball, etc.)
- Age
- Concern about cancer prompted by death of family member or public figure
- Dirty/bad habit
- Other (please explain)
- Did not ask

• Secondary Reason?

- See examples from last question
- No other reason
- Did not ask

• Others in the household currently using tobacco products (one or more)

- Other Users?
- Child?
- Friend?
- Parent?
- Partner?

Household Tobacco Products Used

- Chewing
- Cigarettes
- Cigars
- Pipes
- Snuff

♦ Quitting

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- Quitting next 30 days?
- Quit date
 - Confidence in Quitting
 - 0 No value
 - O Somewhat confident
 - o Confident
 - 0 Neutral
 - 0 Not confident at all

• Call Backs?

- Interested in call back?
- Agree to terms of service?