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| **NCI/Office of Communications and Public Liaison** |
| **APPENDIX 1C** |
| **SMOKING CESSATION INTAKE FORM (SCIF) with SCREEN SHOTS** |

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Public Burden Statement



**Background**



**Dependency – Summary**



**Motivation**

CIG



QuitVet

Service

* **Subject of Interaction**
* Subject 1
* No Value
* Hospital/Clinic/Physician/Second Opinion
* General Cancer Site Information
* Treatment/Side Effects
* Hospice/Palliative Care/Home Care/Supplies
* Financial Assistance
* Monetary/Personal Property Donations
* Publication Request
* Other Inquiry
* Screening Mammogram
* Diagnostic Mammogram
* Pap Test
* PSA Test
* Screening Colonoscopy
* Screening Spiral CT for Lung
* Screening MRI for Breast
* Diagnostic MRI for Breast
* Other Diagnostic Test
* Other Screening Test
* CT-General Information Only
* CT-General Information and Search
* CT-CCR Clinical Trials
* CT-Results and Outcomes
* Support Groups/Counseling Services
* Emotional Wellness
* Other Psychosocial Issue
* Suicidal Client
* HPV
* Heredity/Genetics/Family History
* Environmental Risk Factors
* Diet and Nutrition for Prevention
* Exercise/Obesity for Prevention/Risk
* Hormone Use and Cancer Risk
* HIV/AIDS
* EMF – Cell Phones
* EMF – Other
* Other Risk Factors
* CAM General Information
* CAM – Biologically Based Products
* CAM-Mind Body/Spirituality/Energy Med
* CAM-Manual Therapies
* CAM-Whole Systems
* Medical Marijuana
* Body/Tissue/Hair Donations
* Genetic Services
* Report/Statistics
* Proton Beam Radiation (txt/side effects)
* NCI Programs & Initiatives
* Employment at NCI
* NCI Budget
* NCI Funding Opportunities
* Scientific Materials for Researchers
* NCI & ARRA
* Cancer.gov Comments or Questions
* Problems with CT Search
* NCI Logo Request
* Artwork Request
* NCI Other
* Cigarettes
* Cigars, Cigarillos or Little Cigars
* Pipes
* Chewing Tobacco, Snuff, or Dip
* Other Tobacco
* Secondhand Smoke
* Marijuana (recreational use)
* 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**
* No Value
* CTCA Calls
* Affordable Care Act (ACA)
* In the news
* Cancer Bulletin Ending
* Recalcitrant Cancer Research Act
* UCSF Study Call
* **Special Code 2 (same as 1)**
* **Referrals Given**
* Referral 1
* No Value
* CIS information service
* Smoking Quitline
* Public Inquiries
* POS
* NCI Doc/Program
* NCI Designated Cancer Center
* NCI CCR/Clinical Center
* NCCCP
* CDC-BCCEDP
* CDC-BCCEDP – Missouri
* Genetics Services
* Other Healthcare Facility
* National or Community Org/Other Gov. Program
* International Referral
* Other
* None
* 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**
* No Value
* Sent information by mail
* Emailed information
* Social Media post
* Warm transfer POS
* Warm transfer org/agency
* Scheduled call back
* 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
* Male
* Female
* Substance Use Disorder
* Yes
* No
* Mental Health Disorder
* Yes
* 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**
	+ - 1. Cigarettes
				* **Menthol cigarettes?**

Yes, I usually smoke menthol cigarettes

No, I usually smoke other types of cigarettes (non-menthol)

Don’t know

Refused

Not asked

* + - 1. Cigars, cigarillos, or little cigars
			2. A pipe
			3. Chewing tobacco, snuff, or dip
			4. Any other type of tobacco
* **Last time smoked a cigarette, even a puff :**
	+ - 1. dd/mm/yyyy
			2. Don’t know
			3. Refused
			4. 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.)
	+ - 1. Everyday
			2. Some days
				* **Number of days smoked in the last 30 days: \_\_\_**

Don’t know

Refused

Not asked

* + - 1. Not at all
			2. Don’t know
			3. Refused
			4. 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**
* Quitting next 30 days?
* Quit date
* Confidence in Quitting
* No value
* Somewhat confident
* Confident
* Neutral
* Not confident at all
* **Call Backs?**
* Interested in call back?
* Agree to terms of service?