

NCI/Office of Communications and Public Liaison

APPENDIX 1E

VA Follow Up Calls

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1. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?

Yes
 No
 Don't Know
 Refused
 No Contact

2. During the past (Interval since last follow-up), have you stopped smoking/using tobacco for one day or longer because you were trying to quit?

Yes (move to Q3 and Q4)
 No (End Evaluation)
 Don't Know (End Evaluation)
 Refused (End Evaluation)
 No Contact

3. During your most recent quit attempt, did you use any tobacco cessation medications, such as nicotine patches, gum, lozenges, bupropion, or varenicline?

Yes
 No
 Don't Know
 Refused
 No Contact
 Q3 Skip

4. During your most recent quit attempt, did you use? (check all that apply)

Counseling session(s) from a health care provider (individual or group)
 Tobacco cessation medication
 Text message based program (e.g. SmokefreeVET)
 Smartphone app
 Website (e.g. smokefree.gov)
 Other
 None
 Don't Know