

**NCI/Office of Communications and Public Liaison**

# **APPENDIX 1E**

**VA Follow Up Calls**

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<https://livehelp.cancer.gov/ci/documents/detail/5/19/12/2c9810044bcf5284c3322f369266f4850fecf65d>

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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