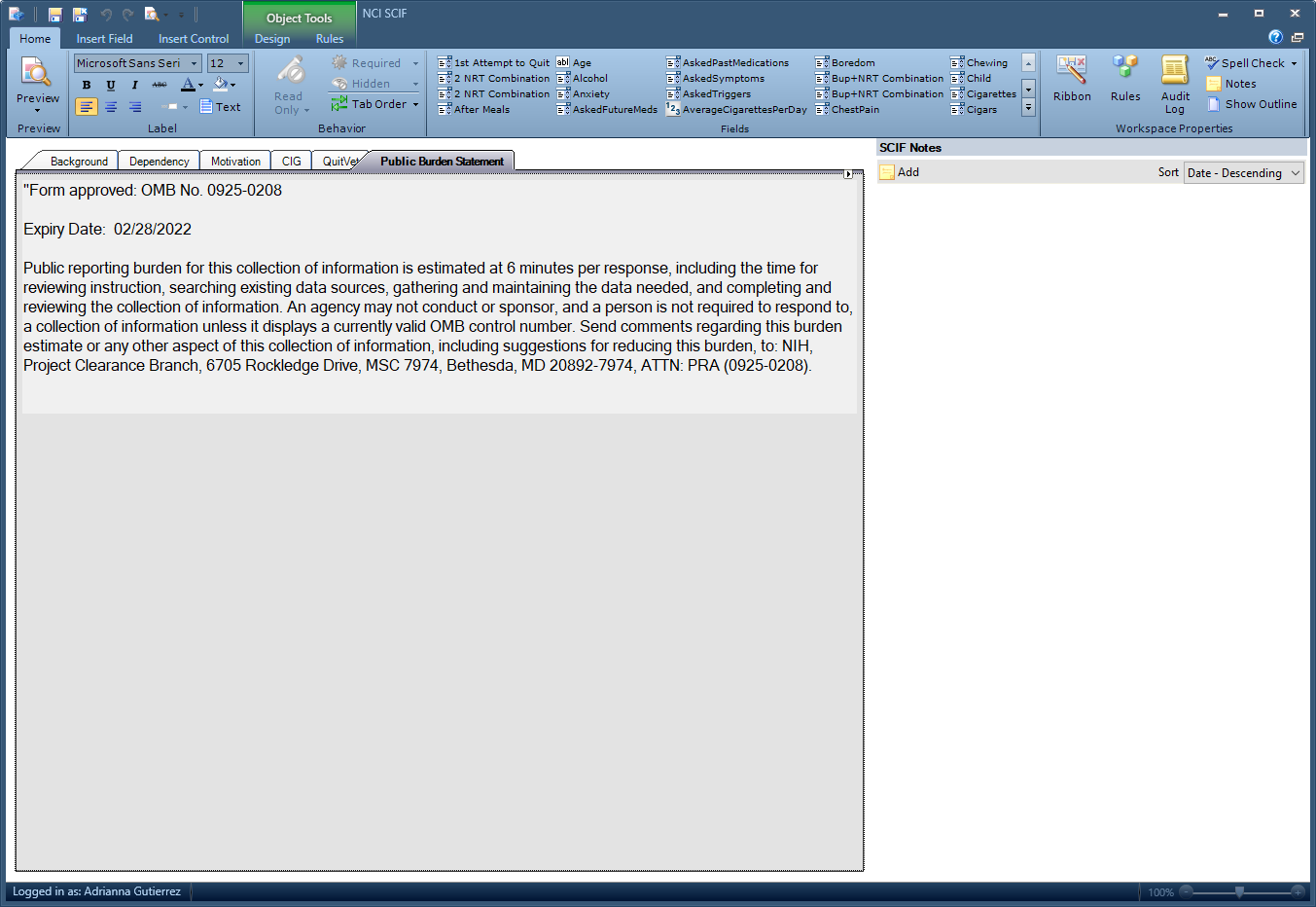
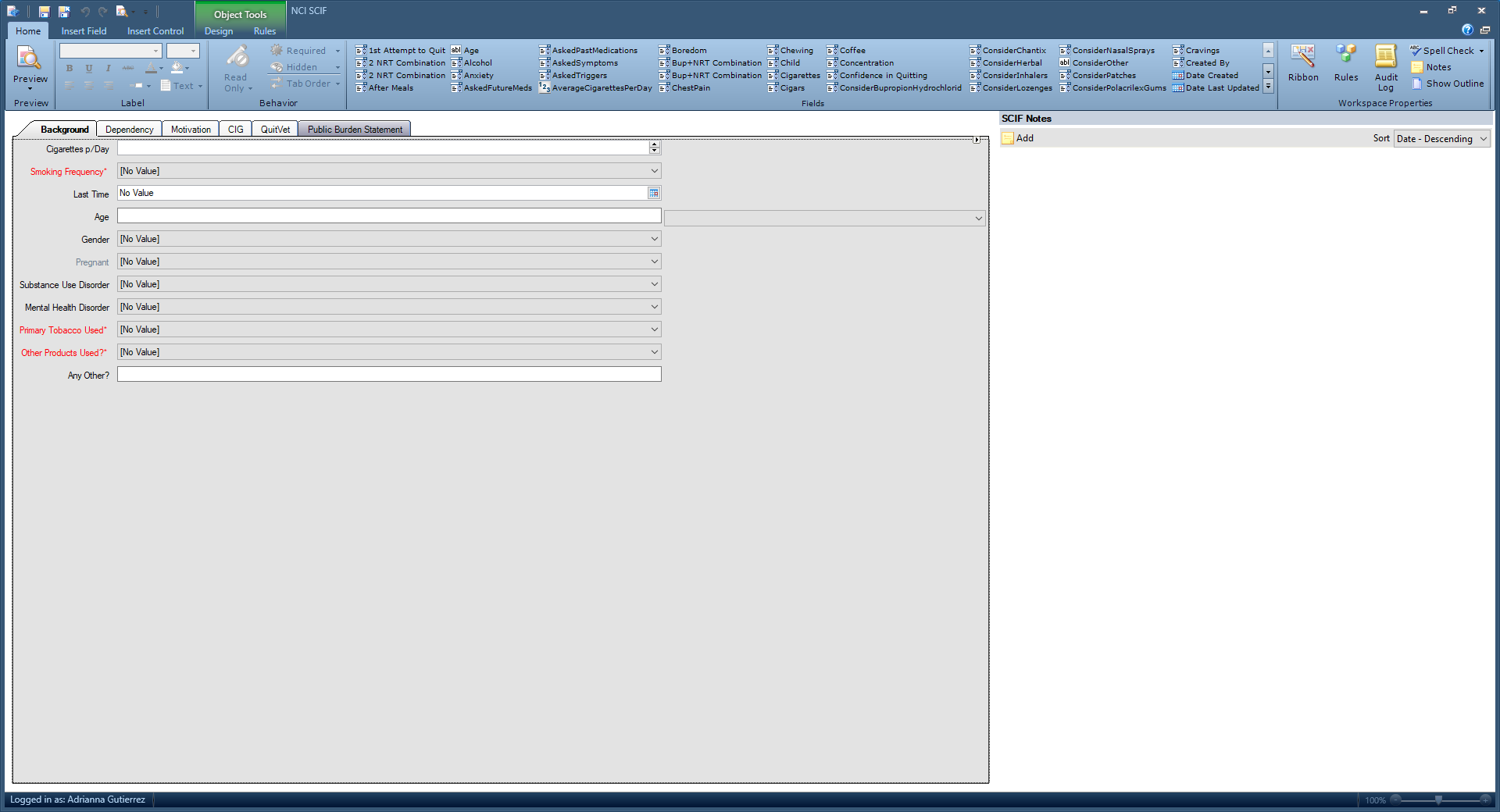
|  |
| --- |
| **NCI/Office of Communications and Public Liaison** |
| **APPENDIX 1C** |
| **SMOKING CESSATION INTAKE FORM (SCIF) with SCREEN SHOTS** |

|  |
| --- |
|  |

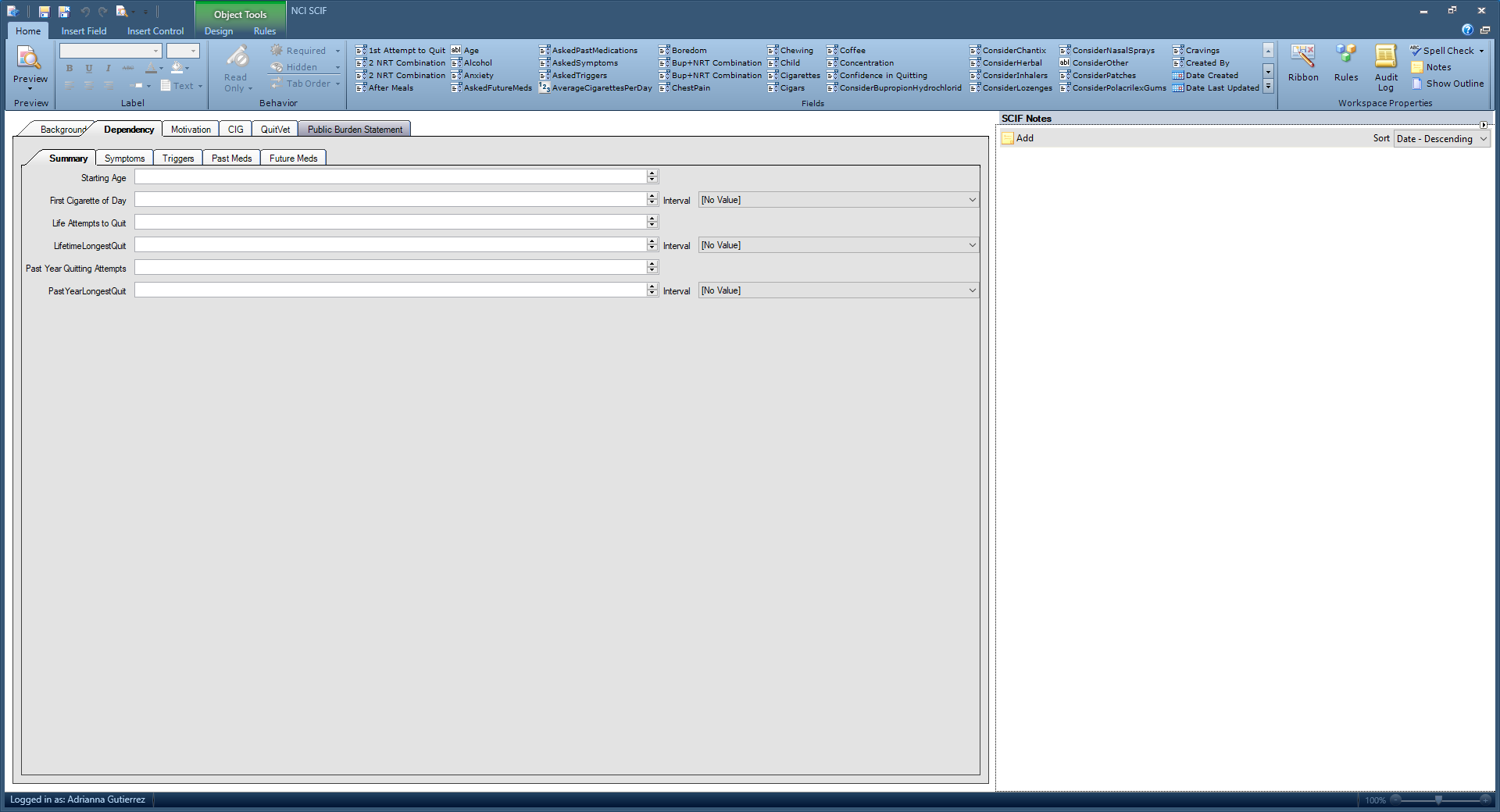
Public Burden Statement



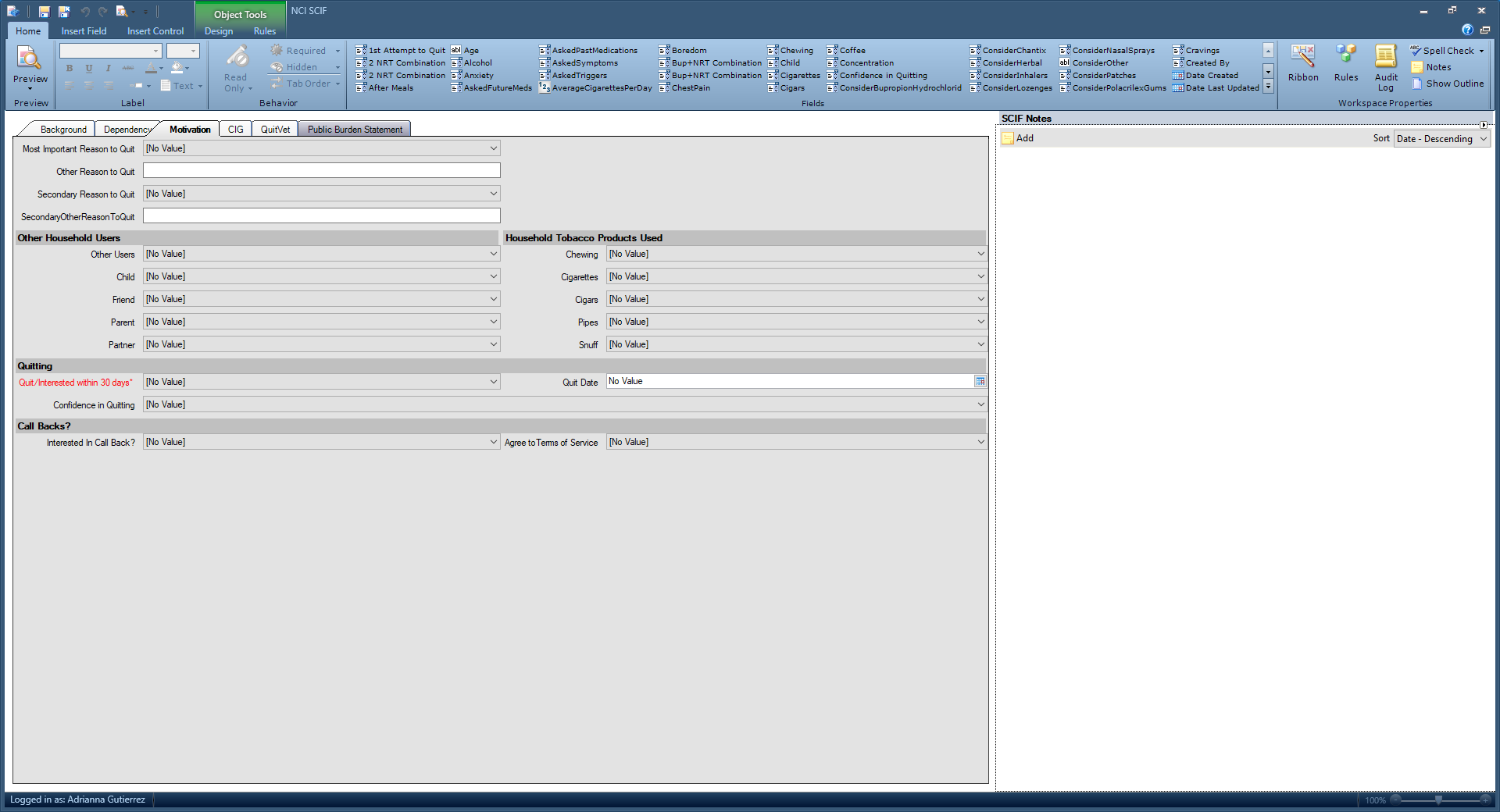
**Background**



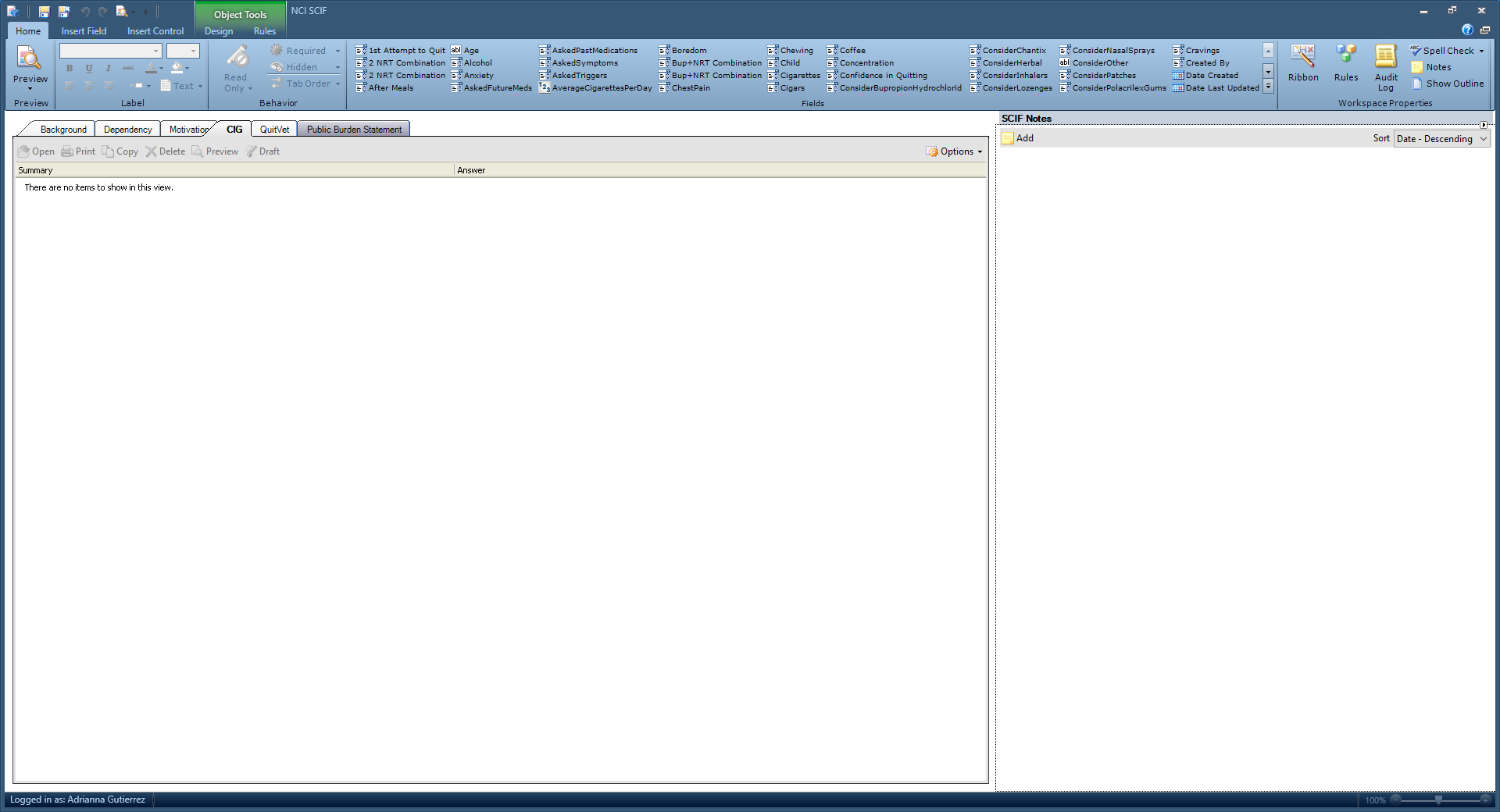
**Dependency – Summary**



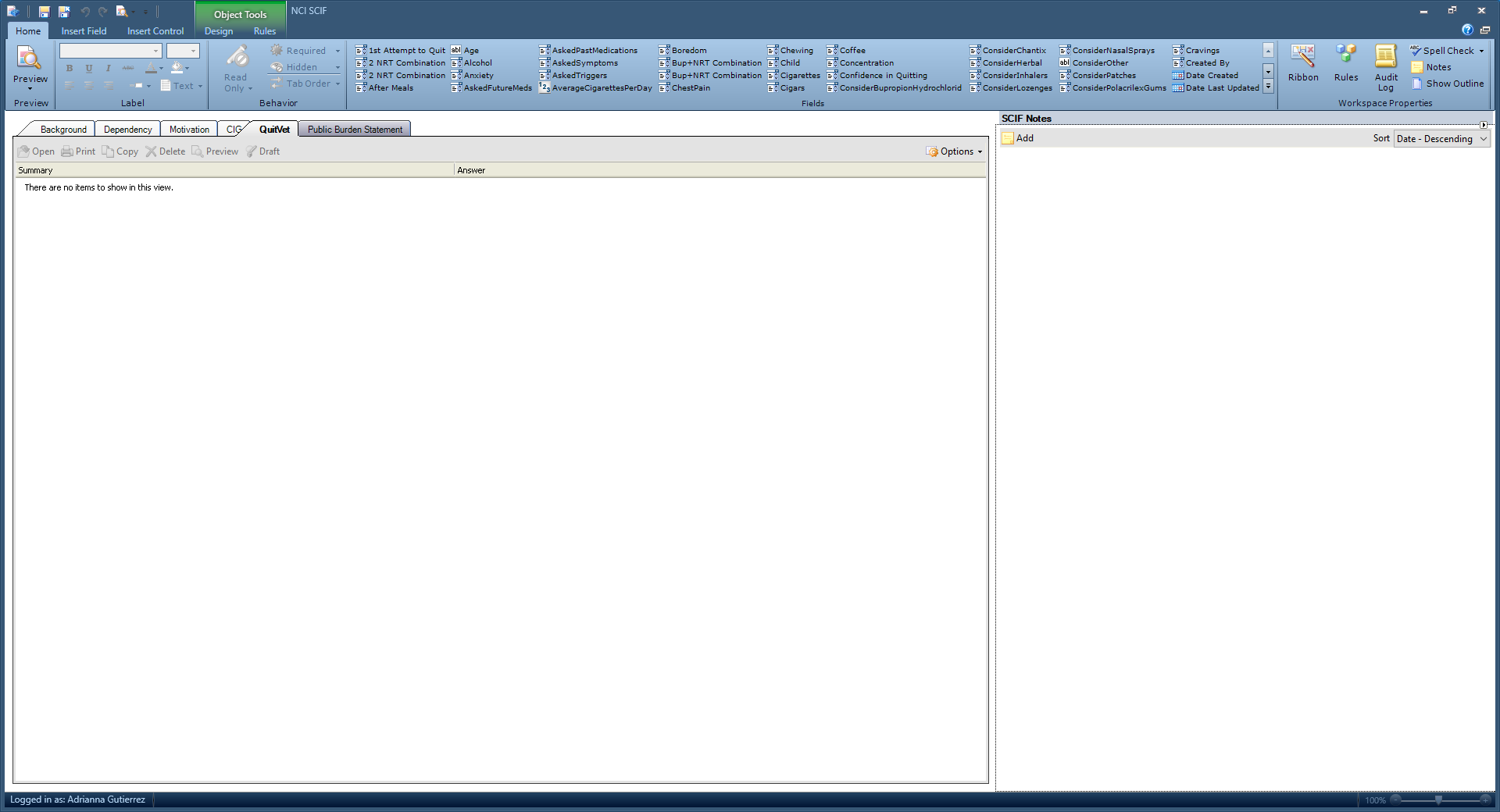
**Motivation**



CIG



QuitVet

Service

* **Subject of Interaction**
* Subject 1
  + G-COVID-19
  + G-General Cancer Questions
  + G-Symptoms
  + G-Cancer Statistics/Epidemiological Stats
  + G-Prognosis
  + G-Research Donations
  + G-General Donations
  + G-Suicidal Client
  + G-Other Inquiries
  + CP-Risk Factors
  + CP-Genetics
  + CP-Prevention
  + Tests
  + TX-General Treatment
  + TX Surgery
  + TX-Radiation Therapy
  + TX-Chemotherapy
  + TX-Immunotherapy
  + TX-Targeted Therapy
  + TX-Hormone Therapy
  + TX-Stem Cell Transplant
  + TX-Complementary and Alternative Medicine
  + CAM-Medical Marijuana
  + CAM-Biological Based Products
  + CAM-Manual Therapies
  + CAM-Whole Systems
  + CAM-Mind Body/Spiritual/Energy Med.
  + CAM-High Does Vitamin C
  + Side Effects
  + CT-General Information Only
  + CT-General Information & Search
  + CT-CCR Clinical Trials
  + CT-Results and Outcomes
  + Coping
  + MC-Finding Health Care Services
  + MC-Managing Costs and Medical Information
  + MC-Palliative/Hospice Care
  + Publication Requests
  + SM-Cigarettes
  + SM-Cigars, Cigarillos or Little Cigars
  + SM-Pipes
  + SM-Chewing Tobacco
  + SM-Other Tobacco
  + SM-Marijuana (recreational use)
  + SM-Cessation Counseling/Information
  + SM-E-cigs
  + SM-NRT (nicotine replacement therapy)
  + NCI-About NCI
  + NCI-Key Initiatives
  + NCI-Budget
  + NCI-Problems with a CT Search
  + NCI-Permissions Requests
  + NCI-Other
  + NCI-Risk Tools
  + NCI-QuitSTART and other apps
  + SEER Cancer Statistics
  + SEER Datasets and Software
  + SEER Manuals
  + SEER Registries/Training etc.
  + SEER-other
  + FB-Advertising (products/services)
  + FB-Fundraising
  + FB-Other Languages
  + FB-CAM Cures
* 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
* COVID-19
* NCCAPS (NCI COVID study)
* CTCA Calls
* VA Smoking Chat
* TMIST
* All of Us Research Program Dr. Rosenberg Affordable Care Act (ACA)
* In the News (anything people saw on TV e.g. Angelina Jolie, etc.)
* Vice President’s Cancer Initiative
* First in Human
* CT Feedback (PIQ only)
* Cancer Research Initiative Mailbox
* Genomics Podcast
* VA Lung Screening
* Pediatric Petitions/Funding
* FDA Referral (quit smoking)
* Exceptional Responders
* MATCH
* Ped MATCH
* Emperor of All Maladies
* VM Callback
* FB Live Event
* Hurricane
* DART
* Every Try Counts
* Cell Phone Risk
* E2112
* PIQ Custom Phone Response
* PIQ Referred by DOC
* PIO Referred by Center for Global
* Health
* PIQ Incarcerated Client
* **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)**
* Follow-up Actions
* **Action 1**
* No Value
* None
* Sent information by mail
* Emailed information
* Social Media post
* Warm transfer org/agency
* Scheduled call back
* Other
* **Action 2 (same as 1)**
* **Clinical Trials**
* N/A
* Client Initiated
* IS Initiated
* **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?