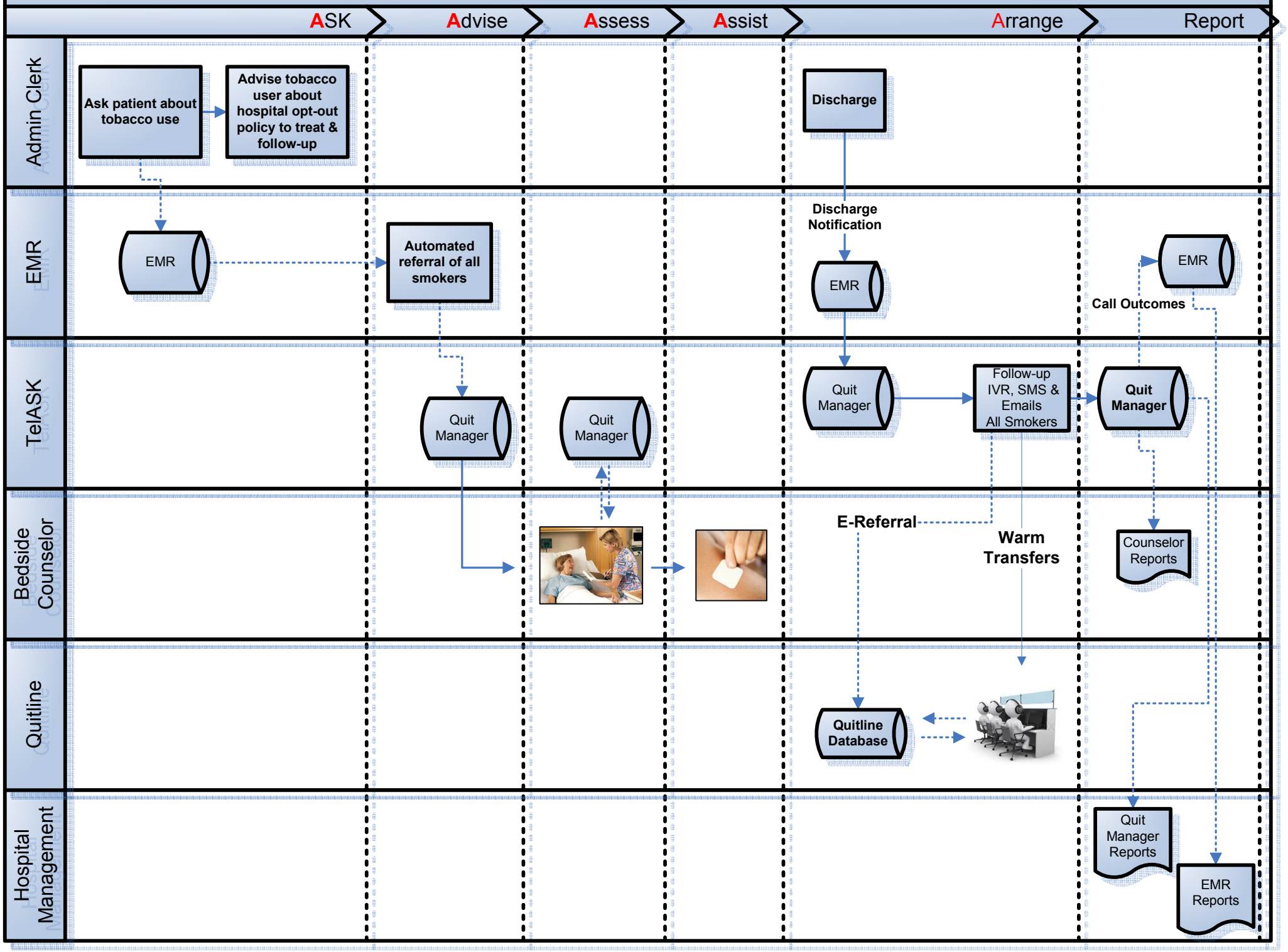
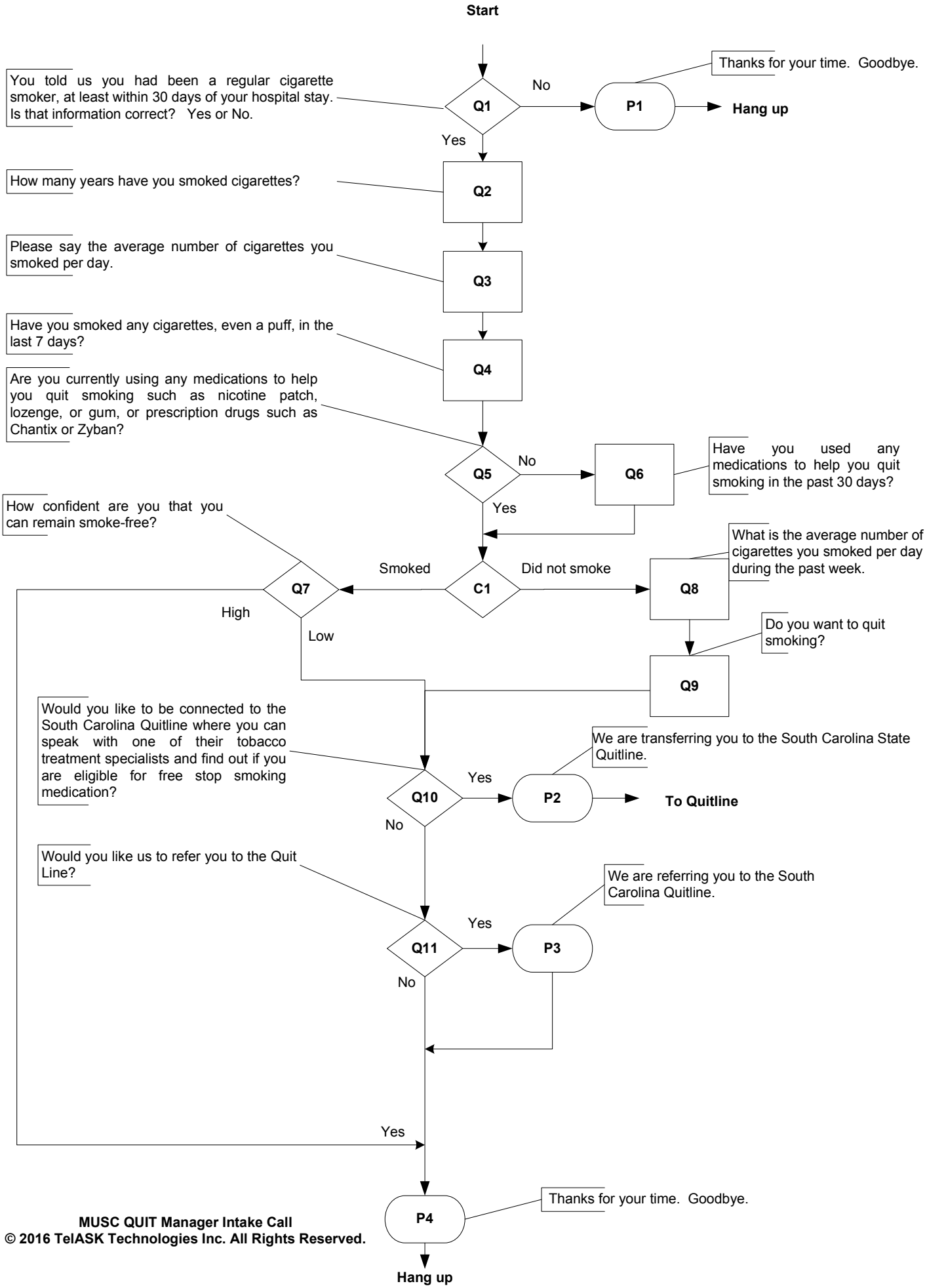
MUSC OPT-OUT Smoking Cessation Program - QUIT Manager Workflow (5 'A's)





MUSC QUIT Manager Intake Call

Medical University of South Carolina

_____ **First Name** _____ **Last Name**	**Visit Date**_____ (mm/dd/yyyy)	**Date of Birth** _____ (mm/dd/yyyy)
Race/ethnicity ❑ White/Caucasian ❑ Asian ❑ Black/African American ❑ Other ❑ American Indian/Alaska Native ❑ Unknown ❑ Hispanic	**Sex** ❑ Male ❑ Female	**Insurance** ❑ Medicare ❑ Medicaid ❑ Commercial/private ❑ Self-pay ❑ Unknown

Have you ever used cigarettes? ❑ Yes ❑ No (next row)	**How many years did you used cigarettes?** ___ years	**Have you used cigarettes in the past 30 days?** ❑ Yes ❑ No – **how long ago did you stop using?** ____ years	**Before coming to the clinic did you use cigarettes…** ❑ every day ❑ non-daily	**On the days that you used cigarettes, how much did you typically use?** ____ cigarettes	**How soon after you wake up do you use cigarettes?** ____ minutes
Have you ever used cigars? ❑ Yes ❑ No (next row)	**How many years did you used cigars?** ___ years	**Have you used cigars in the past 30 days?** ❑ Yes ❑ No – **how long ago did you stop using?**____ years	**Before coming to the clinic did you use cigars …** ❑ every day ❑ non-daily	**On the days that you used cigars, how much did you typically use?** ____ cigarettes	**How soon after you wake up do you use cigars?** ____ minutes
Have you ever used hookah? ❑ Yes ❑ No (next row)	**How many years did you used hookah?** ___ years	**Have you used hookah in the past 30 days?** ❑ Yes ❑ No – **how long ago did you stop using?**____ years	**Before coming to the clinic did you use hookah …** ❑ every day ❑ non-daily	**On the days that you use hookah, how many "heads" or "bowls" do you use per day?** _____	**How soon after you wake up do you use hookah?** ____ minutes
Have you ever used oral tobacco? ❑ Yes ❑ No (next row)	**How many years did you used oral tobacco?** ___ years	**Have you used oral tobacco in the past 30 days?** ❑ Yes ❑ No – **how long ago did you stop using?**____ years	**Before coming to the clinic did you use oral tobacco …** ❑ every day ❑ non-daily	**How many cans of snuff or pouches of chewing tobacco do you use weekly?** _____ cans/pouches	**How soon after you wake up do you use oral tobacco?** ____ minutes
Have you ever used e-cigarettes? ❑ Yes ❑ No (next row)	**How many years did you used e-cigarettes?** ___ years	**Have you used e-cigarettes in the past 30 days?** ❑ Yes ❑ No – **how long ago did you stop using?**____ years	**Before coming to the clinic did you use e-cigarettes…** ❑ every day ❑ non-daily	**On the days that you vape, how many times do you use an e-cigarette per day** _____	**How soon after you wake up do you use e-cigarettes?** ____ minutes

Do others use tobacco at home? ❑ Yes ❑ No

How many quit attempts (of at least 24 hours) have you made in the past? _____ (attempts)

What is the longest time you have quit for? _____ (days)

What method or smoking cessation aids did you use to quit during your most recent quit attempt? Check all that apply

❑ Just tried to quit on my own, with no help
❑ Attended a stop smoking class
❑ Called the a Quit-line
❑ Got a prescription for medication from my doctor
❑ Bought nicotine medication over the counter
❑ Bought an e-cigarette
❑ Patch ❑ Gum ❑ Lozenge ❑ Inhaler ❑ Nasal spray ❑ Zyban / Wellbutrin ❑ Chantix / Varenicline

How motivated are you to stop smoking / remain smoke-free?
❑ Very motivated ❑ Not very motivated ❑ Somewhat motivated ❑ Unsure/don't know

How confident are you that you can stop smoking / remain smoke-free?
❑ Very confident ❑ Not very confident ❑ Somewhat confident ❑ Unsure/don't know

Which statement best describes you now?
❑ Already Quit – more than 30 days
❑ Already Quit – within the past 30 days
❑ Not Quit, but ready to do so today
❑ Not Quit, but plan to stop within the next 30 days
❑ Not Ready to Quit, but will try to reduce the amount smoked
❑ Not Ready to Quit, and no interest in changing smoking behavior at this time

On any day in the past year, have you ever had:
For **MEN**: more than 4 "standard drinks"? ❑ Yes ❑ No
For **WOMEN**: more than 3 "standard drinks"? ❑ Yes ❑ No

Think about your typical week:
On average how many days per week do you drink alcohol? ____
On a typical drinking day, how many drinks do you have? ____

Preferred time to receive calls
❑ Early Morning (7am-9am) ❑ Evening (6pm-9pm)
❑ Morning (9am-12pm) ❑ No Preference (9am-9pm)
❑ Afternoon (1pm-5pm)

Do we have your permission to contact you in the future (for other programs)? ❑ Yes ❑ No

Email _____

Preferred phone number _____

Is this a Cell phone that accepts text messages?
❑ Yes ❑ No

If Yes: Would you prefer text messages instead of phone calls?
❑ Yes ❑ No

Secondary phone number _____

DO NOT PRINT BELOW THIS LINE (CLINICIAN SECTION)

❑ In-Patient ❑ Out-patient Clinic/Unit:_____	MRN:_____ PID:_____	**Counselling duration:** _____ minutes	**Start of Interview** (HH:MM) _____ **End of interview** (HH:MM) _____

Type of pharmacotherapy ❑ recommended or ❑ provided (if a prescription and/or medications are provided at the time of interview)

Type	❑ Patch	❑ Gum	❑ Lozenge	❑ Inhaler	❑ Nasal Spray	❑ Zyban / Wellbutrin	❑ Chantix / Varenicline
Dose	❑ 7mg ❑ 28mg ❑ 14mg ❑ 35mg ❑ 21mg ❑ 42mg	❑ 2mg ❑ 4mg	❑ 2mg ❑ 4mg	❑ 2mg ❑ 4mg	❑ 1-2 sprays (0.5-1mg) in each nostril per hour	❑ 150mg ❑ 300mg	❑ 0.5mg ❑ 1mg

ASSISTANCE:
❑ Stop smoking brochure/handouts provided
❑ Micro Smokelyzer Test____ ppm, ____%COHb
❑ Pharmacotherapy recommended or provided
❑ NRT voucher given to family member

OUT-PATIENTS ONLY:
Return to clinic date:
_____ (month/day/year)

❑ Follow-up treatment appointment scheduled
❑ Follow-up treatment appointment to be scheduled
❑ No further treatment recommended
❑ Other – No Follow-up calls