First Breath Quit Coaching Surveys (HV1, HV2, and HV3) – *last update 1/17/19*

Home Visit #1 – Prenatal Survey (Approx 7 months pregnant)

Participant ID#:	Health Educator:
Date Completed:	Date Entered into SG:

CURRENT SMOKING STATUS

1. CO Test Result #1 _____ppm Re-test Result (if needed) #2 _____ppm

2. Have you smoked at all, even a single puff, in the last 7 days? a. If NO, mark "none in the past 7 days" b. If YES, on average how many cigarettes do you smoke per day?	□ None □ Some days, but not at all □ 1–5 cigarettes □ 6–10 □ 11–15 □ 16–20 □ 21–30 □ 31–40 □ 41+
3. If you did not smoke in the past 7 days – how long has it been since you smoked your last cigarette	□ Less than 2 weeks □ 2 – 4 weeks □ 1 – 3 months □ 3 – 6 months □ More than 6 months

FAGERSTROM TEST FOR NICOTINE DEPENDENCE – ENTER ONLY Q4-5 INTO SURVEYGIZMO

How soon after waking do you smoke your first cigarette?	□ Within 5 minutes (3) □ 5 – 30 mins (2) □ 31- 60 mins (1)
Do you find it difficult to refrain from smoking in places where it is forbidden (church, library, etc)	□ Yes (1) □ No (0)
Which cigarette would you hate to give up?	□ The first in the morning (1) □ Any other (0)
How many cigarettes per day do you smoke?	□ 10 or less (0) □ 11-20 (1) □ 21-30 (2) □ 31 or more (3)
Do you smoke more frequently in the morning?	□ Yes (1) □ No (0)
Do you smoke even if you are sick in bed most of the day?	□ Yes (1) □ No (0)
4. Total Fagerstrom Score	
5. Dependence Level	□ 1-2 Low □ 3-4 Low-Moderate □ 5-7 Moderate □ 8+ High

NIDA QUICK SCREEN

In the past year, how often have you used the following?	Never	1-2X	Monthly	Weekly	Daily/ Almost Daily
Alcohol (4 or more drinks per day)					
Prescription Drugs for Non-medical reasons					
Illegal Drugs					

PHQ9 - ENTER ONLY Q 6-8 INTO SURVEYGIZMO				
Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
6. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	□ Not at all difficult □ Somewhat difficult		□ Very difficult □ Extremely difficult	
7. TOTAL PHQ9 SCORE				
8. Depression Severity Interpretation	□ Minimal (1-4) □ Mild (5-9)	□ Moderate (10-14) □ Moderately severe (15-19)	□ E. Severe (20-27)	

GAD7 – ONLY ENTER Q 9-11 INTO SURVEYGIZMO				
Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	**0**	1	**2**	**3**
Not being able to stop or control worrying	**0**	1	**2**	**3**
Worrying too much about different things	**0**	1	**2**	**3**
Trouble relaxing	**0**	1	**2**	**3**
Being so restless that it's hard to sit still	**0**	1	**2**	**3**
Becoming easily annoyed or irritable	**0**	1	**2**	**3**
Feeling afraid as if something awful might happen	**0**	1	**2**	**3**
9. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	□ Not at all difficult □ Somewhat difficult		□ Very difficult □ Extremely difficult	
10. TOTAL GAD7 SCORE				
11. GAD7 Interpretation	□ Mild (5-9)	□ Moderate (10-14)	□ Severe (15+) □	

HITS Domestic Violence Screening Tool - ENTER ONLY Q 13-14 INTO SURVEYGIZMO					
How often does your partner	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you	1	2	3	4	5
Insult or talk down to you	1	2	3	4	5
Threaten you with harm	1	2	3	4	5
Scream or curse at you	1	2	3	4	5
12. TOTAL HITS Score					
13. DV Risk Level			□ Low Risk (0-9) □ High Risk (10-20)		

GIFT CARDS		
Tracking #	**Gift Card #**	**Reason**
		HV1
		HV1-CO (passed)

Home Visit #2 - Early Postpartum Survey (1 month postpartum)

Participant ID#:	Health Educator:
Date Completed:	Date Entered into SG:

CURRENT SMOKING STATUS

1. CO result

Result #1 _____ppm Re-test Result (if needed) #2 _____ppm

2. Have you smoked at all, even a single puff, in the last 7 days? a. If NO, mark "none in the past 7 days" b. If YES, on average how many cigarettes do you smoke per day?	□ None □ Some days, but not at all □ 1–5 cigarettes □ 6–10 □ 11–15 □ 16–20 □ 21–30 □ 31–40 □ 41+
3. If you did not smoke in the past 7 days – how long has it been since you smoked your last cigarette	□ Less than 2 weeks □ 2 – 4 weeks □ 1 – 3 months □ 3 – 6 months □ More than 6 months

NIDA QUICK SCREEN

In the past year, how often have you used the following?	Never	1-2X	Monthly	Weekly	Daily/ Almost Daily
Alcohol (4 or more drinks per day)					
Prescription Drugs for Non-medical reasons					
Illegal Drugs					

PHQ9 - ENTER ONLY Q 4-6 INTO SURVEYGIZMO

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting	0	1	2	3

yourself in some way				

4. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
   - □ Not at all difficult
   - □ Somewhat difficult
   - □ Very difficult
   - □ Extremely difficult

5. TOTAL PHQ9 SCORE

6. Depression Severity Interpretation
   - □ Minimal (1-4)
   - □ Mild (5-9)
   - □ Moderate (10-14)
   - □ Moderately severe (15-19)
   - □ E. Severe (20-27)

GAD7 – ONLY ENTER Q7-9 INTO SURVEYGIZMO

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it's hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

7. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
   - □ Not at all difficult
   - □ Somewhat difficult
   - □ Very difficult
   - □ Extremely difficult

8. TOTAL GAD7 SCORE

9. GAD7 Interpretation
   - □ Mild (5-9)
   - □ Moderate (10-14)
   - □ Severe (15+)

GIFT CARDS

Tracking #	Gift Card #	Reason
		HV2
		HV2-CO (passed)

Home Visit #3 - Late Postpartum Survey (6 months postpartum)

Participant ID#:	Health Educator:
Date Completed:	Date Entered into SG:

SMOKING ASSESSMENT

1.	CO result	Result #1 _____ppm Re-test Result (if needed) #2 _____ppm
2.	What statement best describes your tobacco use since you became pregnant? (choose only one)	A. I smoked throughout my pregnancy and after delivery; I currently smoke B. I quit while pregnant but relapsed before I delivered; I currently smoke C. I quit while pregnant but relapsed after I delivered; I currently smoke D. I quit during pregnancy and stayed quit; I currently do not smoke E. I didn't quit completely while pregnant, fully quit after delivery but then relapsed; I currently smoke F. I didn't quit completely while pregnant, fully quit after delivery and have stayed quit; I currently do not smoke
3.	Since you became pregnant, what is the longest you went without smoking?	____ #days OR N/A - I quit smoking and haven't started again

4.	Have you smoked at all, even a single puff, in the last 7 days? a. If NO, mark "none in the past 7 days" b. If YES, on average how many cigarettes do you smoke per day?	10. None 11. Some days, but not at all 12. 1–5 cigarettes 13. 6–10 14. 11–15 15. 16–20 16. 21–30 17. 31–40 18. 41+
5.	If you did not smoke in the past 7 days – how long has it been since you smoked your last cigarette	□ Less than 2 weeks □ 2 – 4 weeks □ 1 – 3 months □ 3 – 6 months □ More than 6 months
6.	How soon after you wake do you smoke (on the days that you smoke)?	□ Within 5 minutes □ 6 – 30 minutes □ 31 – 60 minutes □ After 60 minutes □ N/A – I didn't smoke
7.	How confident are you that you will be smoke-free one year from now?	□ Not at all confident □ Not very confident □ In the middle □ Pretty confident □ Very confident
8.	How motivated are you to quit/remain quit?	□ Not at all motivated □ Not motivated very much □ In the middle □ Motivated a little □ Greatly motivated

ENVIRONMENTAL TOBACCO SMOKE ASSESSMENT

9.	Which is the best description of tobacco smoking in your home <u>CURRENTLY</u>? (Choose one)	□ Smoking is never allowed inside your home □ Smoking is allowed only in certain rooms □ Smoking is allowed in all rooms of your home
10.	In the past seven days, were you or your baby exposed to someone else's tobacco smoke at home?	A. Participant YES NO B. Baby YES NO

11. In the past 7 days, did you or your baby experience eye irritation, nose irritation, coughing, wheezing or chest tightness after being exposed to tobacco smoke?	A. Participant YES NO B. Baby YES NO
MATERNAL & CHILD HEALTH OUTCOMES	
12. How many weeks gestation was baby born?	_____ weeks
13. What type of delivery did you have?	□ Planned C-Section □ Unplanned/Emergency C-Section □ Vaginal Delivery
14. What was baby's birth weight?	_____ lbs, _____oz or Unknown
15. What was baby's birth length?	_____ inches or Unknown
16. Did you feed your baby breastmilk?	□ Yes a. How long? i. <1 week ii. <1 month iii. 1 – 3 months iv. 3 - 6 months v. Still feeding baby breastmilk □ No
17. Have you experienced any of the following (during any of your pregnancies)?	A. Prefer not to answer B. Preterm labor YES NO C. Miscarriage YES NO D. Stillbirth YES NO
18. Have any of your children experienced any of the following?	A. Prefer not to answer B. Asthma YES NO C. Cleft Palate/Lip YES NO D. Chronic Ear Infection YES NO E. Chronic Bronchitis YES NO F. Chronic Pneumonia YES NO G. SIDS YES NO
SOCIAL SUPPORT & STRESS	
19. How much support (day-to-day help, emotional support, etc) do you get from the people in your life?	□ Extremely low □ Fairly low □ Medium □ Fairly high □ Extremely high
20. What is your current stress level?	□ Extremely low □ Fairly low □ Medium/Normal □ Fairly high □ Extremely high
21. Have you experienced any major stressors/life changes since your baby was born? Choose all that apply.	□ Prefer not to answer □ Single parenthood □ Relationship problems □ Work stress (looking for a job, job loss, issues at a job) □ Daily life stress (transportation, childcare, etc) □ Difficulty caring for multiple children □ Housing insecurity or homelessness

	□ Food insecurity □ Financial insecurity □ Abuse or Domestic Violence □ Legal problems □ Incarceration of someone close to you □ Personal health problems □ Problems with your pregnancy □ Death or serious illness of friend or family member □ Other: □ Other:
22. Total number of major life stressors	Total # from previous question:

PHQ9 - ENTER ONLY Q 6-8 INTO SURVEYGIZMO

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
23. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	□ Not at all difficult □ Somewhat difficult		□ Very difficult □ Extremely difficult	
24. TOTAL PHQ9 SCORE				
25. Depression Severity Interpretation	□ Minimal (1-4) □ Mild (5-9)	□ Moderate (10-14) □ Moderately severe (15-19)	□ E. Severe (20-27)	

GAD7 – ONLY ENTER Q 9-11 INTO SURVEYGIZMO

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	**0**	1	**2**	**3**
Not being able to stop or control worrying	**0**	1	**2**	**3**
Worrying too much about different things	**0**	1	**2**	**3**
Trouble relaxing	**0**	1	**2**	**3**

Being so restless that it's hard to sit still	**0**	1	**2**	**3**
Becoming easily annoyed or irritable	**0**	1	**2**	**3**
Feeling afraid as if something awful might happen	**0**	1	**2**	**3**

26. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
□ Not at all difficult □ Somewhat difficult □ Very difficult □ Extremely difficult

27. TOTAL GAD7 SCORE

28. GAD7 Interpretation □ Mild (5-9) □ Moderate (10-14) □ Severe (15+) □

PARTICIPANT REFLECTION - EVERYONE

29. How big of a barrier were the following in your quit attempt?

A. Other smokers in life/people smoking around you	□ Not at all	□ Small	□ Medium	□ Large
B. Smoking to cope with stress	□ Not at all	□ Small	□ Medium	□ Large
C. Smoking to manage mental health symptoms	□ Not at all	□ Small	□ Medium	□ Large
D. Low motivation	□ Not at all	□ Small	□ Medium	□ Large
E. Lack of support	□ Not at all	□ Small	□ Medium	□ Large
F. Take a break/alone time	□ Not at all	□ Small	□ Medium	□ Large
G. Like it/feels good/tastes good	□ Not at all	□ Small	□ Medium	□ Large
H. Too accessible	□ Not at all	□ Small	□ Medium	□ Large
I. Withdrawal symptoms	□ Not at all	□ Small	□ Medium	□ Large

30. How helpful were the following?

A. Support from First Breath Quit Coach	□ Not at all	□ A little	□ Medium	□ Very
B. Support from Healthcare Provider	□ Not at all	□ A little	□ Medium	□ Very
C. Home Visits	□ Not at all	□ A little	□ Medium	□ Very
D. Carbon Monoxide Breath Test	□ Not at all	□ A little	□ Medium	□ Very
E. Gift Cards	□ Not at all	□ A little	□ Medium	□ Very
F. Handouts/Information	□ Not at all	□ A little	□ Medium	□ Very
G. Weekly Text Messages from First Breath	□ Not at all	□ A little	□ Medium	□ Very
H. Wisconsin Tobacco Quit line	□ Not at all	□ A little	□ Medium	□ Very

31. Which of the following strategies did you find useful in your quit attempts?
□ Reduced stress level
□ Increased support from others in life
□ Focused on reasons for quitting (baby, health, $, etc)
□ Self-talk/staying positive
□ Avoided smokers
□ Avoided triggers
□ Used substitutes to deal with cravings (gum, candy, food)
□ Used distraction to deal with cravings (kids, physical activity, staying "busy")
□ Set and worked toward goals
□ Changed environment

PARTICIPANT REFLECTION – FULLY QUIT ONLY

32. Did you reduce/cut back before you completely stopped? Or did you stop all at once?	□ Reduce/cut back before you completely stopped □ Stopped all at once
33. Did you use quit smoking medication?	□ Yes and it helped □ Yes, but it didn't help □ No
34. Would you like to share your quit smoking story with others (written or video testimonial)?	□ Yes □ No

GIFT CARDS		
Tracking #	**Gift Card #**	**Reason**
		HV3
		HV3-CO

CASE SUMMARY –HE DOCUMENTATION AFTER VISIT	
1. Total minutes of counseling	_____ minutes
2. Total contacts completed	Home Visits: _____ Phone Calls: _____ Texts: ____ TOTAL: _____
3. Participant engagement level	A. Low B. Medium C. High
4. Difficulty level to reach/complete appointments	A. Easy B. Medium C. High
5. Number of times physical address changed	A. 0 B. 1-2 C. 3 or more
6. HE Interaction with support people/other household smokers	A. Low B. Medium C. High
7. Number of adult smokers received education from HE	#
8. Number of contacts (>5 mins, addressed smoking) with other adult smokers in home/pt's life?	#