

# T/A 3 Record Form

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Record ID

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## Preparation

Staff username:

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Date of visit:

\_\_\_\_\_

Time of visit:

\_\_\_\_\_

Interview room:

- 319
- 307A
- 307B
- 304B

Running Room

- 4020
- 4019
- 4018
- 4080
- RA Office (Remote Intake Only)

Make sure you have the following on hand:

- Two sets of Care Pack 3, containing 1 box of 28 [ta\_v1\_arm\_1][ta1rf\_nicpat\_conc] mg patches each, [ta\_v1\_arm\_1][ta1rf\_numloz\_cp2] 2mg lozenges, and 2 stickers
- a "Do Not Disturb" sign
- T/A 3 Visit Overview laminated sheet
- TLFB Handout laminated sheet
- Parking pass (UB Only)
- A pen For the locations of each of the following, please see the RISE In-Person T/A 3 Visit SOP.

Make sure you have the following on hand:

- Two sets of Care Pack 3, containing 1 box of 28 [ta\_v1\_arm\_1][ta1rf\_nicpat\_conc] mg patches each, [ta\_v1\_arm\_1][ta1rf\_numloz\_cp2] 2mg lozenges, and 2 stickers
- a "Do Not Disturb" sign
- T/A 3 Visit Overview laminated sheet
- TLFB Handout PDF
- A pen For the locations of each of the following, please see the RISE In-Person T/A 3 Visit SOP.

**Visit Overview**

Was visit overview provided?

- Yes  
 No

Please explain why visit overview was not provided.

**TLFB**

Did you complete the TLFB?

- Yes  
 No

Please explain why you did not complete the TLFB.

**Medications**

Did you go through the Medications form (under the Intake event) and update it as needed?

- Yes  
 No

Please explain why you did not go through the Medications form.

**Med Accountability**

Did you complete the Medication Accountability Form?

- Yes  
 No

Please explain why you did not go through the Medications form.

**Surveys**

Did [phone\_screen\_arm\_1][prefname] complete all surveys in the T/A 3 Survey Queue?

- QSU Phenx
- MNWS Phenx
- Cost Measure
- Quick Kit
- SE Checklist V20
- TOEs and AbstSE

- Yes  
 No

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Please explain why the surveys were not completed.

**Side Effect Tracking**

Did you complete the Side Effect Tracking form?

- Yes  
 No

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Please explain why Side Effect Tracking was not completed.

**BreathCO**

Did you collect a valid BreathCO reading in the specified amount of time OR did the PPT attempt to collect CO during their session but was unsuccessful?

- Yes  
 No

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Please explain why you did not complete the BreathCO form.

**Care Pack 3**

Based on med accountability, how many patches will be provided in Care Pack 3?

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Based on med accountability, how many lozenges will be provided in Care Pack 3?

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Place the amount of indicated patches and lozenges in [phone\_screen\_arm\_1][prefname]'s Care Pack 3. If needed, supplement NRT from your second set of CP3.

Then, by hand, write on both stickers:  
"Use from ..."

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"...to ..."

Then, stick 1 sticker on a box of patches and the other on a box of lozenges.

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Did you confirm the address that Care Pack 3 will be shipped to?

- Yes  
 No

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Once you've uploaded a photo of Care Pack 3 assigned to [phone\_screen\_arm\_1][prefname], close it and hand it to them.

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Upload a photo of the open Care Pack 3 assigned to [phone\_screen\_arm\_1][prefname]. All NRT boxes or loose sleeves must be visible, as well as the sticker containing the date range of use.

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#### **T/A Visit 4**

Did you confirm the date and time of T/A Visit 4 and, if needed, update the T/A 4 Visit Status form?

[ta\_v4\_eot\_arm\_1][vs\_ta4\_currrdate] [ta\_v4\_eot\_arm\_1][vs\_ta4\_currtime]

- Yes  
 No

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Please explain why you did not confirm the date and time of T/A Visit 4.

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#### **PPT's Use of Nicotine or Tobacco Products During Visit**

Did you observe the PPT smoking a cigarette or using any other nicotine or tobacco product at any point during this visit?

- Yes  
 No

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**Distractions During Visit**

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Was there anything that significantly distracted the PPT from completing today's visit?

- Yes  
 No

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Please describe.

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**Completion & Next Steps**

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Update the following forms:

- Under the T/A 3 event, update the Post-T/A Record Form and Visit Status form.
- Under the Tracking event, update the Study Status form, as needed.
- Under the T/A 4 event, update the Visit Status form, if applicable.

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Notes: