

# T/A 4 Record Form

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Record ID \_\_\_\_\_

## Preparation

Staff username: \_\_\_\_\_

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Date of visit: \_\_\_\_\_

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Time of visit: \_\_\_\_\_

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Interview room:

- 319
- 307A
- 307B
- 304B

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Running Room

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

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Make sure you have the following on hand:

- a "Do Not Disturb" sign
- TLFB laminated sheet
- Parking pass (UB Only) For the locations of each of the following, please see the RISE In-Person T/A 2 Visit SOP.

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Make sure you have the following on hand:

- a "Do Not Disturb" sign
- TLFB Handout PDF
- The iCOquit app on your smartphone, logged into [phone\_screen\_arm\_1][prefname]'s account.

Email address: [intake\_arm\_1][irf\_ico\_email]

If the above is blank, then Email address: [ta1rf\_ico\_email]

Password: R!se[record\_id] For the locations of each of the following, please see the RISE In-Person T/A 2 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 complete the med accountability form.

**Surveys**

Did [phone\_screen\_arm\_1][prefname] complete all surveys in the T/A 4 Survey Queue?

- QSU Phenx
- MNWS Phenx
- SE Checklist V20
- Cost Measure

- 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.

**T/A Visit 5**

Did you confirm the date and time of T/A Visit 5, and, if needed, update it in T/A 5 Visit Status?

[ta\_v5\_3mth\_arm\_1][vs\_ta5\_currdate] [ta\_v5\_3mth\_arm\_1][vs\_ta5\_currttime]

- Yes  
 No

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Please explain why you did not confirm the date and time of T/A Visit 5.

**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

**Distractions During Visit**

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

- Yes  
 No

Please describe.

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**Completion & Next Steps**

Update the following forms:

- Under the T/A 4 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 5 event, update the Visit Status form, if applicable.

Notes: