

# Intake Record Form

Record ID

## Preparation

Staff username:

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:

- Care Pack 1, containing the Quit Kit, iCOquit guide, and iCOquit Smokerlyzer
- a "Do Not Disturb" sign
- TLFB Handout laminated sheets
- Appointment reminder sheet
- Parking pass (UB Only)
- Payment card
- A pen For the locations of each of the following, please see the RISE In-Person Intake Visit SOP.

Make sure you have the following on hand:

- Care Pack 1, containing the Quit Kit, iCOquit guide, and iCOquit Smokerlyzer
- a "Do Not Disturb" sign
- TLFB Handout PDF
- Appointment reminder doc
- Payment card
- A pen For the locations of each of the following, please see the RISE Remote Intake Visit SOP.

Preferred name of participant: [phone\_screen\_arm\_1][prefname]

If the above is blank, go to the Contact Info form and fill in "What would you like me to call you?" with the participant's first name.

**Cigarettes**

Did the participant show the RA a pack of their usual brand of cigarettes?  
(Select "Yes" if the PPT is 18-20 years old.)

- ☐ Yes  
☐ No

Was the Intake rescheduled?

- ☐ Yes  
☐ No

Cigarette brand:

- ☐ Camel  
☐ Kool  
☐ Marlboro  
☐ Maverick  
☐ Newport  
☐ Pall Mall  
☐ Santa Fe  
☐ Seneca  
☐ Winston  
☐ Other (please specify):  
☐ Don't know

Please specify other cigarette brand:

\_\_\_\_\_

Flavor

- ☐ Tobacco flavor  
☐ Menthol  
☐ Other (please specify):  
☐ Don't know  
(select Tobacco unless package says menthol or other flavor)

Specify other flavor:

\_\_\_\_\_

Cigarette Comments:

**Visit Overview**

Today we will be doing several things with you. First, we will have you read the consent form. We will answer any questions you have then you can sign the form if you are interested in participating in this study. Then, we will ask you questions about your use of nicotine products and about the medications you take. Finally, you will answer survey questions electronically.

Was a visit overview provided?

- ☐ Yes  
☐ No

Please explain why visit overview was not provided.

**Consent**

As I just mentioned, I will first have you read the consent form on the device in front of you. Please read it carefully and let me know if you have any questions. As you progress through the form, you will click boxes to view the next section. Once you have reached the bolded red letters saying, "wait for experimenter", wait there and do NOT check the box, just let me know that you've reached that point in the consent form, and I will check it off for you. At this point, I will ask if you have any questions about what you read, and then I will ask you some questions to make sure you fully understand your participation in this study. If you decide you'd like to participate, I will have you provide your signature on the form. Do you have any questions?

As I just mentioned, I will first have you read the consent form that you will receive via a link sent to you. Please click on the link when you receive it. Read this form carefully and let me know if you have any questions. I will be here in the meeting with my camera off, so if you have questions as you go you can just ask me. As you progress through the form, you will click boxes to view the next section. Once you have reached the bolded red letters saying "wait for experimenter," wait there and do NOT check the box, just let me know that you've reached that point in the consent form and I will walk you through the next steps. I will ask if you have any questions about what you read, and then I will ask you some questions to make sure you fully understand your participation in this study. If you decide you'd like to participate, I will have you provide your signature on the form. Do you have any questions?

Did [phone\_screen\_arm\_1][prefname] complete and sign the Consent Form?

\_\_\_\_\_

Did you complete the Consent Overview?

- ☐ Yes  
☐ No

Any issues with consent process?

- ☐ Yes  
☐ No

Please describe the issue:

**TLFB**

Did you complete TLFB?

- ☐ Yes  
☐ No

Please explain why TLFB was not completed.

**Survey Set 1**

Note: In order for [phone\_screen\_arm\_1][prefname] to complete Survey Set 1, you must send them the survey link to Smoking History and Demographics.

Did [phone\_screen\_arm\_1][prefname] complete Survey Set 1?

Smoking History and Demographics FTCD Cost Measure SE Checklist V20

☐ Yes

☐ No

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Please explain why Survey Set 1 was 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.

**Medications**

Did you complete the Medications form?

☐ Yes

☐ No

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Please explain why the Medications form was not completed.

**Breath CO (IP Only)**

Did you complete the Intake BreathCO form?

☐ Yes

☐ No

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Please explain why you did not complete the Intake BreathCO form.

## Phenx Health Literacy

Note: In order for [phone\_screen\_arm\_1][prefname] to complete the health literacy assessment, you may send them the survey link to Phenx Health Literacy for Participant.

Did you and [phone\_screen\_arm\_1][prefname] complete Phenx HealthLiteracy?

- ☐ Yes  
☐ No

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Please explain why Phenx Health Literacy was not completed.

## Survey Set 2

Note: the surveys in Survey Set 2 are queued up after Phenx Health Literacy for Participant. Tell [phone\_screen\_arm\_1][prefname] that the first two surveys may seem very similar, but the first is about computers, while the second is about mobile devices, like a smartphone.

Did [phone\_screen\_arm\_1][prefname] complete Survey Set 2?

CPQ-12 - Computer Proficiency Questionnaire MDPQ-16 Trust Medical Care Research 4 Item Discrimination Health Care AUDIT PHQ 8 NIDA

- ☐ Yes  
☐ No

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Please explain why Survey Set 2 was not completed.

## Eligibility Summary

Is [phone\_screen\_arm\_1][prefname] eligible for RISE?

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Referral may be indicated for [phone\_screen\_arm\_1][prefname] - check the Intake Eligibility Summary.

Did you offer any referral information?

- ☐ Yes  
☐ No

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Did [phone\_screen\_arm\_1][prefname] accept the referral information?

- ☐ Yes  
☐ No

**Randomization to R or IP T/A Visits**

What type of T/A visits are [phone\_screen\_arm\_1][prefname] going to have?

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**T/A Visit Scheduler**

Have all T/A visits been scheduled?

- ☐ Yes  
☐ No

Please explain why all T/A visits are not yet scheduled.

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Ask [phone\_screen\_arm\_1][prefname]: "Are you okay with getting your payment card at your next visit, which will be in-person, or do you want us to mail it to you?"

- ☐ Okay with getting payment card at IP T/A 1  
☐ Wants payment card mailed

**Zoom**

Did you and [phone\_screen\_arm\_1][prefname] make a plan for them to use Zoom on a computer or tablet?

- ☐ Yes  
☐ No

Briefly describe the plan.

Ask [phone\_screen\_arm\_1][prefname]: "Do you already have Zoom installed on your smartphone?"

- ☐ Yes  
☐ No

Did you and [phone\_screen\_arm\_1][prefname] complete Zoom installation on their smartphone?

- ☐ Yes  
☐ No

Please explain why neither Zoom installation nor a plan to use Zoom on a computer or tablet were completed.

**iCOquit**

This device will allow us to measure the amount of carbon monoxide in your lungs at each visit. You will need to download an app onto your smartphone. To make sure we are all set for the next visit, we will do that now.

This device will allow us to measure the amount of carbon monoxide in your lungs at each visit. You will need to download an app onto your smartphone. Would you like me to help with that now? If not, we will need to do so at your next Zoom visit."

Since you have an [phone\_screen\_arm\_1][ps\_phone\_os] device, download the iCOquit app from (if Apple) The App Store (or, if Android) Google Play. Once it has downloaded, register for an account with the email you shared with us previously ([phone\_screen\_arm\_1][email]) or let me know if you would prefer to use a different email.

Please use the following password for iCOquit account: R!se[record\_id]

Did you and [phone\_screen\_arm\_1][prefname] complete registration for an iCOquit account?

- ☐ Yes  
☐ No

Please explain why iCOquit registration was not completed.

Input the email address for [phone\_screen\_arm\_1][prefname]'s iCOquit account. Make sure you've written their log-in info in their copy of the iCOquit guide, too.

**Intake Tasks Completed**

Have all relevant tasks been completed?

- ☐ Yes  
☐ No

Please explain why all relevant tasks were not completed.

**Parking**

Is parking payment warranted?

- ☐ Yes  
☐ No

Please explain why parking payment is not warranted.

**Payment**

Here is the US Bank Visa card onto which we will be loading your study payments. You should register the card and set up a PIN if you want to use an ATM. Payments should appear 1-2 BUSINESS DAYS after your visit. Our study staff will add the payment to your card then the US Bank Card administrator at UB will have to approve the payment before it will show up on your card. If you have questions about your payment, please call us on our study line at 716-829-2323.

Here is the ClinCard (also known as a prepaid debit card) onto which we will be loading your study payments. You should register the card and set up a PIN if you want to take cash off of the card. If you want to get cash we recommend going to the teller window at any bank with your photo ID, or getting cash back at a store, since the company that runs ClinCard charges fees for ATM use. Payments should appear within 24 hours after your visit, but it is typically much faster than that. If you have questions about your payment, please call me at 215-XXX-XXXX or the customer service number on the back of your card. Would you like me to add an option for you to receive text notifications when payment is added?

Was the HSV completed?

- ☐ Yes  
☐ No

If HSV was not completed, please note why below:

Upload a scan of the payment card with RISE [record\_id] and [irf\_appt\_date] written just over the window that displays the payment card number.

**Care Pack 1**

This booklet reviews some of the best resources out there for quitting smoking and includes a section that walks you through some of the most important parts of a good quit plan. We will talk more about this Kit at your first Treatment and Assessment visit. You are welcome to review the contents of the booklet prior to your next visit, if you are interested.

Did you confirm the address Care Pack 1 will be shipped to?

- ☐ Yes  
☐ No

Upload a photo of the open Care Pack 1 assigned to [phone\_screen\_arm\_1][prefname]. All of the following must be clearly visible:

- iCOquit Smokerlyzer
- iCOquit guide, with email address & password
- Quit Kit
- Appointment reminder sheet
- Payment card with Record ID & Date

Upload a photo of the open Care Pack 1 assigned to [phone\_screen\_arm\_1][prefname]. All of the following must be clearly visible:

- iCOquit Smokerlyzer
- iCOquit guide, with email address & password
- Quit Kit
- Appointment reminder sheet
- Payment card with Record ID & Date



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Upload a photo of the open Care Pack 1 assigned to [phone\_screen\_arm\_1][prefname]. All of the following must be clearly visible:

- iCOquit Smokerlyzer
- iCOquit guide, WITHOUT email address & password
- Quit Kit
- Appointment reminder sheet
- Payment card with Record ID & Date

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Upload a photo of the open Care Pack 1 assigned to [phone\_screen\_arm\_1][prefname]. All of the following must be clearly visible:

- iCOquit Smokerlyzer
- iCOquit guide, WITHOUT email address & password
- Quit Kit
- Payment card with Record ID & Date

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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**

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**

Update the following forms:

- Under the Intake event, update the Post-Intake Record Form and Visit Status form.
- If applicable, under each T/A event, update the Visit Status form.
- Under the Tracking event, update the Study Status form (if PPT is scheduled for T/A V1, please note this since the overall status will not change)

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Notes: