Consent Overview

Record ID _____

Date of consent _____

Staff username _____

Now that you've had a chance to read through the full consent form, do you have any questions about what you read?

Questions posed by the participant:
(Please document your answers to the participant's questions as well. Mark as "N/A" if PPT has no questions.)

Now, I will ask you some questions to make sure you fully understand your participation in this study.

Q1) Approximately how many weeks will your participation in this entire study last?
A1) This visit and the next 5 will be completed in about 13 weeks.

Q2) Can you decide to not participate in this study at any point during your participation?
A2) Yes.

Q3) How long is each treatment and assessment visit?
A3) 30-60 minutes.

Q4) How will you receive payment for participation in this study?
A4) For UB: Reloadable US Bank Card / For Penn: ClinCard a.k.a. Reloadable Debit Card

Q5) What kind of nicotine replacement therapy will you receive in this study?
A5) Patches and lozenges.

The study was explained to the participant, along with the risks and benefits, and the participant was asked if they had any further questions about the study and/or consent form before the consent form was signed.	◯ Yes ◯ No
Has the participant signed and dated the consent form?	◯ Yes ◯ No
Has a member of the research staff signed and dated the consent form?	◯ Yes ◯ No