T/A 1 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)

Nicotine patch concentration
Add @HIDDEN after testing

_____

How many [ta1rf_nicpat_conc] mg patches were provided?

_____

How many 2mg lozenges were provided?

_____

Make sure you have the following on hand:

- Care Pack 2, containing 1 box of [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc] mg patches, [ta1rf_numloz_cp2] 2mg lozenges, and 2 stickers
- The Quit Kit
- a "Do Not Disturb" sign
- Parking pass (UB Only)
- A pen For the locations of each of the following, please see the RISE In-Person T/A 1 Visit SOP.

Make sure you have the following on hand:

- Care Pack 2, containing 1 box of [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc]mg patches, [ta1rf_numloz_cp2] 2mg lozenges, and 2 stickers
- The Quit Kit
- a "Do Not Disturb" sign
- Parking pass
- Payment card
- A pen For the locations of each of the following, please see the RISE In-Person T/A 1 Visit SOP.

Make sure you have the following on hand:

- Care Pack 2, containing 1 box of [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc]mg patches, [ta1rf_numloz_cp2] 2mg lozenges, and 2 stickers
- The Quit Kit
- The iCOquit guide
- a "Do Not Disturb" sign
- A pen
- The iCOquit app on your smartphone, logged into [phone_screen_arm_1][prefname]'s account.
- Email address: [intake_arm_1][irf_ico_email]
- Password: R!se[record_id] If the email address is blank, you will complete iCOquit registration during this visit!

For the locations of each of the following, please see the RISE In-Person T/A 1 Visit SOP.

Visit Overview

I'm going to start with an overview of today's session. First, we will review the contents of Care Pack 1 that you received at your Intake appointment. Then I'll ask you questions about your use of nicotine and other tobacco products as well as about any medications you use. You will also complete surveys and do a breath sample. At the end of the visit, we will review Care Pack 2. Do you have any questions for me?

Was a visit overview provided?

◯ Yes
◯ No

Please explain why visit overview was not provided.

Quit Kit

As you read in the consent form last time, the treatment in this study is nicotine replacement therapy patches and lozenges along with self-help materials to help you reach your quit smoking goal. You will receive those medications at the end of this visit and you will begin using them on the morning of your T/A visit 2 - also known as your Target Quit Date - the date you plan to stop smoking.

[RA - Hold up Quit Kit] Have you already read through this Kit?

[If yes, RA can congratulate them and thank them for doing so!]

[If no, say] It would be super helpful for you to read through this Quit Kit BEFORE the morning of your Target Quit Date, which will be your next visit.

The most important things to know today are:

WHEN IS YOUR QUIT DAY? [RA let them answer]
AND
WHEN WILL YOU START USING YOUR STUDY MEDICATION? [RA let them answer but confirm that they know to start first thing in the morning when they wake up on their TQD]

This Kit has several sections that will help you along the way during your quit smoking journey. The first 3 sections include an introduction and information about what you will be doing throughout the study.

The 4th section on page 5 reviews Nicotine Replacement Therapy (NRT) treatment basics, directions for use of patches and lozenges, and a short section on Side Effects of using NRT. You'll put your patch on first thing in the morning when you wake up and you'll use the lozenges to help you deal with stronger cravings throughout the day. We will talk more about this at the end of the visit when I give you your patches and lozenges.

On page 10, you will find quit-smoking resources, including a comprehensive quit smoking website, a text messaging program, an app, and a quit line number. These resources are there for you IF you want to use them - they are not required.

Starting on page 11, you will find strategies and worksheets to help you prepare for your quit day and to stay on track during your quit attempt.

We hope you will use whatever resources and strategies you think will help you.

Did you go through the Quit Kit?

◯ Yes
◯ No

What questions did [phone_screen_arm_1][prefname] have about the Quit Kit?

Please explain why you did not go through the Quit Kit.

Medications

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

◯ Updates were made in the Medications form
◯ There was nothing to update in the Medications form

iCOquit

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. Encourage them to write in the blue-outlined box in their copy of the iCOquit guide, too.

_____

TLFB

Did you complete the TLFB?

◯ Yes
◯ No

Please explain why you did not complete the TLFB.

T/A Visit 2

Did you confirm the date and time of T/A Visit 2?

Date and Time of T/A Visit 2 currently in Visit Status:
[ta_v2_tqd_arm_1][vs_ta2_currdate] at [ta_v2_tqd_arm_1][vs_ta2_currtime]

◯ Yes
◯ No

Please explain why you did not confirm the date and time of T/A Visit 2.

Target Quit Day (T/A 2)

_____

By hand, write on both stickers:
"Use from [ta1rf_ta2targquit_date] to..."

_____

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

Surveys

Did [phone_screen_arm_1][prefname] complete all surveys in the T/A 1 Survey Queue?

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

◯ Yes
◯ No

Please explain why the surveys were not completed.

Side Effect Tracking

Did you complete the Side Effect Tracking form?

◯ Yes
◯ No

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

Please explain why you did not complete the BreathCO form.

Payment

Was the HSV completed?

Upload a scan of the payment card with RISE [record_id] and [ta1rf_appt_date] written just over the window that displays the payment card number.

Once you've uploaded a scan of the payment card assigned to Pixie, hand it to them.

Care Pack 2

Did you confirm the address that Care Pack 2 will be shipped to?

◯ Yes
◯ No

Upload a photo of the open Care Pack 2 assigned to [phone_screen_arm_1][prefname]. All of the following must be clearly visible:

- Payment card with Record ID & Date
- Quit Kit
- [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc] mg patches
- [ta1rf_numloz_cp2] 2mg lozenges
- Both date-range stickers on the NRT boxes

Upload a photo of the open Care Pack 2 assigned to [phone_screen_arm_1][prefname]. All of the following must be clearly visible:

- Quit Kit
- [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc] mg patches
- [ta1rf_numloz_cp2] 2mg lozenges
- Both date-range stickers on the NRT boxes

Upload a photo of the open Care Pack 2 assigned to [phone_screen_arm_1][prefname]. All of the following must be clearly visible:

- [ta1rf_numpatch_cp2] [ta1rf_nicpat_conc] mg patches
- [ta1rf_numloz_cp2] 2mg lozenges
- Both date-range stickers on the NRT boxes

Once you've uploaded a photo of Care Pack 2 assigned to [phone_screen_arm_1][prefname], hand it to them.

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.

_____

Completion & Next Steps

Update the following forms:

- Under the T/A 1 event, update the Post-T/A Record Form and Visit Status form.
- Under the Tracking event, update the Study Status form.
- Under the T/A 2 event, update the Visit Status form, if applicable.

Notes: