

# T/A 5 Record Form

Record ID

## Preparation

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:

- 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.

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?  
(Save the form as "Complete" since PPT will be done with the study after this visit.)

- ☐ 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

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.

**Reminder about Qualitative Interviews**

This is a reminder that you may be contacted to complete an interview about your experiences in this study. This is a voluntary interview that will take about 60 minutes and you may choose not to participate. If you are chosen and you do complete the interview, you will receive \$50.

**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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**Visit Wrap-Up**

Thank the PPT for their time and effort in completing the study!

(If applicable, ask if they are interested in participating in future studies. Penn PPTs may be able to be triaged to other CIRNA studies)

**Completion & Next Steps**

Update the following forms:

- Under the T/A 5 event, update the Post-T/A Record Form and Visit Status form.
- Under the Tracking event, update the Study Status form.
- Under the Qualitative Interviews event, update the Visit Status form, if applicable.

Notes: