

## REACH Quit Call FORM

MRN: \_\_\_\_\_

Date of call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

# Total Call Attempts: \_\_\_\_\_

☐ Reached Date Reached \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
☐ Not Reached

- ☐ Prenatal (# of weeks: \_\_\_\_\_)
- ☐ Postpartum

SCRIPT Counselor: \_\_\_\_\_

1.

Document smoking status and number of cigarettes per day (CPD): (#cigarettes per day): \_\_\_\_\_

- ☐ A. Quit since intervention ☐ B. Not quit ☐ C. Reduced since intervention ☐ D. Don't know ☐ E. Refuse to say

2.

If you have not quit, which **best** describes your status:

- ☐ I smoke about the same number. Number of cigarettes smoked **each day**: \_\_\_\_\_
- ☐ I smoke, but I have cut down on the number of cigarettes. Number of cigarettes smoked **each day**: \_\_\_\_\_
- ☐ I have started/increased smoking. Number of cigarettes smoked **each day**: \_\_\_\_\_
- ☐ I dip, chew, or use smokeless tobacco.
- ☐ Don't know
- ☐ Refused

3.

If you have not quit, please describe what happened:

Which of the following SCRIPT methods or materials did you actually use (check all that apply):

- ☐ A Pregnant Woman's Guide (booklet)
- ☐ Keep Smoking Diary
- ☐ Used a "Yuck Jar"
- ☐ Practiced Deep Breathing
- ☐ Smoke Tasting
- ☐ Have a Stop Smoking Buddy

4.

What support do you need to help you quit smoking: