

HALT-C Trial Q x Q

Current Cigarette Smoking - Risk Factors AS

Form # 143 Version A: 06/15/2000

Purpose of Form #143: The Current Cigarette Smoking form records the number of cigarettes the patient is currently smoking using a brief, self-administered questionnaire.

When to complete Form #143: This form should be completed at the Month 24 (M24) and Month 48 (M48) visit for all patients participating in the HALT-C Trial. Form #143 will be data entered at each clinical site.

SECTION A: GENERAL INFORMATION

- A1. Affix the patient ID label in the space provided.
 - If the label is not available, record the ID number legibly.
- A2. Enter the patient's initials exactly as recorded on the Trial ID Assignment form.
- A3. Enter the three-digit code corresponding to this visit.
- A4. Record the date of the visit in MM/DD/YYYY format.
- A5. Enter the initials of the person completing Section A of the form.

SECTION B: CURRENT CIGARETTE SMOKING

- The patient should complete section B by following the directions written on the form.
 - All questions and answers refer only to cigarette smoking. Cigar and/or pipe smoking should not be considered when the patient is answering the questions. If the patient offers information on cigar and/or pipe smoking, this can be added as a form level comment.
 - If the patient is not able to complete this form by her/himself, the interviewer may read the questions and answers to the patient and record the answers given by the patient on the form. If the interviewer completes the form in this manner, please note so in the margins of the form by writing "form completed by interviewer" with the initials of the interviewer.
 - It is important that the patient complete all of the items on the form.
 - Review the form for any missing items.
 - Make sure that each item has only a single answer selected.
 - Please ask the patient to complete any missing or doubly marked items.
- B1. The patient should circle one answer, YES or NO.
- B2. The patient should circle one answer. If the answer is NO, then the form is complete. The patient should stop and return the form. If the patient answers YES, then s/he should continue to question B3.

- B3. The patient should write down in the space provided the number of months s/he smoked cigarettes during the past twelve months.
- Note on data entry: If the patient reports months as fraction of a month, then round up.
- B4. The patient should circle one answer from the six choices provided. The form is complete. The patient should stop and return the form.