

New York University School of Medicine			Community Service Plan			FOLLOW-UP: WK 6 after Baseline ESP				
Survey start time: _____ Finish time: _____										
Date	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	/	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	/	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>		
	Month			Day			Year			
						Interviewer's Initials.	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	Subj. No.	<input style="width: 30px; height: 25px;" type="text"/>
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Hello. My name is \_\_\_\_\_ and I am calling from NYU. I wanted to ask you a few questions to see how you are doing. Is that ok? (If **YES** thank participant and go to Q1. If **NO**, ask participant if there is another time that you can speak with them. Set up another time to call. If participant does not want to answer questions thank them for their time.)

1. Have you smoked, even one puff from a cigarette, in the last 7 days?
  - A. Yes
  - B. No (**Go to Q4**)
  
2. Did you smoke in the last 6 weeks?
  - A. Not at all (**Go to Q4**)
  - B. Some days
  - C. Every day
  
3. On the days that you smoke how many cigarettes do you smoke per day?
  - A. 1-5
  - B. 6-10
  - C. 10-20
  - D. 21 and up
  
4. **Since your last counseling session with the AAFE Navigator, have you stopped smoking for one day or longer because you were trying to quit?**
  - A. Yes
  - B. No
  
- 5a. Since your last counseling session with the AAFE Navigator, did you complete a counseling call with New York State Smokers' Quitline?
  - A. Yes
  - B. No
  
- 5b. Since your last counseling session with the AAFE Navigator, did you use the text program with smokefree.gov?
  - A. Yes
  - B. No
  
6. Since your last counseling session with the AAFE Navigator, did you receive NRT from New York State Smokers' Quitline?
  - A. Yes
  - B. No

7. Since your last counseling session with the AAFE Navigator, have you USED the nicotine gum and/or patch that you received from the AAFE program or New York State Smokers' Quitline? (Interviewer should be aware of which form of NRT was given to the participant before)

A. Yes

B. No

7a. If yes, in the last 6 weeks, how many days did you use the patch? \_\_\_\_\_ (specify)

7b. If yes, in the last 6 weeks, how many days did you use the gum/lozenge? \_\_\_\_\_ (specify if gum or lozenge)

7c. If participant **did not** use every day ask why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_