

Quit Tobacco Pre-Class Questionnaire & Contract
County of San Luis Obispo

ABOUT YOU

Name: _____

Today's Date: _____

Email: _____

Address: _____

City: _____ Zip _____

Home/Cell Phone (circle which one): _____ Other Phone: _____

Best way to contact you: _____

Date of Birth: _____ Gender: Male Female Non-binary

Are you pregnant, or do you live with a woman who is pregnant? Yes No

Do you have, or live with children who are five years old or younger? Yes No

Please select the race/ethnic identity, which best describes you (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |

HEALTH INSURANCE: *Please check 1 of the following boxes*

Medi-Cal Health Insurance

Private Health Insurance

If yes, Please list the type of Private Health Insurance _____

I **DO NOT** have Health Insurance

Are you currently in an alcohol, drug or mental health program Yes No

Have you been in an alcohol, drug or mental health program? Yes No

Are you currently taking any prescription medications? Yes No

How did you learn about this class?

- Past Client Friend/Family Member Mental Health Drug & Alcohol Flyer/Ad
 Internet CHC Doctor Other Doctor/Hospital _____
 Other: _____

TOBACCO USE/ HISTORY

Which of the following do you do?

___ Smoke? *(Check all that apply)*

- Cigarettes
- Cigars
- Cigarillos
- Marijuana

___ Dip? *(Check all that apply)*

- Moist Snuff
- Dry snuff
- Snus packs
- Plug
- Twist

___ E-cigarettes/Vape? *(Check all that apply)*

- Nicotine juices
- Non-nicotine flavored juices
- THC oil or other marijuana substance
- I starting vaping to try to quit smoking

About how long have you used tobacco? _____ year(s) _____ months

How soon after you wake up do you use tobacco?

- Within 30 minutes After 30 minutes

How many cigarettes do you usually smoke per day? (1 pack = 20 cigarettes) _____ cigarettes

How many people in your household (including yourself) use tobacco? _____ people

A quit attempt is any attempt to quit tobacco that lasted at least 24 hours

How many times have you tried to quit using tobacco in the past? _____ times

What is the longest time that you have gone without using tobacco?

_____ year(s) _____ month(s) _____ day(s) _____ hour(s)

If you have tried to quit tobacco in the past, what helped you?

- | | | |
|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Nicotine Patch | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Nicotine Gum/ Lozenges | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Zyban or Wellbutrin | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Chantix or Varenicline | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Cessation Program | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Helped | <input type="checkbox"/> Didn't Help |

On a scale of 1 to 10 (1=lowest, 10=highest)

This is how important it is to me to quit. _____

This is how confident I am in my ability to quit. _____

This is how ready I am to quit. _____

This is how motivated I am to quit tobacco. _____

Requirements of Participants & Class Rules

1. Maintain a sincere commitment to quit tobacco.
2. Attend every meeting (**8 weeks**), unless faced with an emergency.
→ *If you do not attend the previous week class, you will not receive NRT the following week.*
4. Show up to meetings on time (5 minute grace period) or will not receive any NRT that week.
3. Do all requested exercises and/or assignments.
4. Participate in discussions the best you can.
5. Follow the program and recommendations from the cessation counselor.
→ *This will help you reach your desired goal.*
6. Maintain strict confidence and respect for self and others.
7. Understand that achievement of your desired goal requires effort and commitment.

I understand that within one week of starting cessation classes I must meet *individually* with the cessation counselor, either in person or via telephone.

I am aware that the Tobacco Control Program will contact me in three (3) months, six (6) months and twelve (12) months and I agree to participate in a brief follow-up survey by telephone or e-mail.

Signature of Participant

Today's Date

**REQUEST FOR OVER-THE COUNTER
NICOTINE REPLACEMENT THERAPY PRODUCTS
AND RELEASE FROM LIABILITY**

I hereby agree to the following:

- I. My request. I have requested nicotine replacement therapy products (the Products) from the San Luis Obispo County Public Health Agency, Tobacco Control Program (TCP). The Products are over-the-counter products which may be obtained and used without a physician's prescription.

- II. Tobacco Control Program's Conditions. I understand that the TCP is willing to furnish the Products, but only if I accept responsibility for the matters listed below in item 3.

- III. Acceptance of Conditions. I hereby accept the TCP's conditions, which are as follows:
 - 1. I agree to read, understand, and follow all instructions accompanying the Products.
 - 2. I understand that the combination dosing recommendations I am given by the TCP may not be contained in the current Product labeling information.
 - 3. I agree to consult with my own physician regarding any questions or concerns about my health and the advisability of using the Products.
 - 4. I agree that the TCP will only furnish the Products for **8 week** increments.
 - 5. **I agree to abstain from using any electronic cigarettes, vape pens, e-hookahs, tanks or other similar devices while receiving Products from the TCP.**
 - 6. I agree that the TCP may discontinue furnishing the Products to me without prior notice.
 - 7. I hereby release the TCP, its employees, and the County of San Luis Obispo from any liability for injury or illness that relates, in any way, to the TCP's provision of or my use of the Products.

- IV. Right to Discontinue Use. I understand that I am free to make my own decisions regarding continuance or discontinuance of use of the Products.

Date: _____

Signature: _____

Printed name: _____

STATEMENT OF WITNESS

I provided the above release to the person whose name is printed and signed above. Before signing above, that person acknowledged to me that s/he understood the form.

Signature _____

Date _____

TCP TEXT MESSAGING AGREEMENT

Do you like to text? The San Luis Obispo County Tobacco Control program (TCP) would like to send you educational and supportive text messages from a TCP counselor. This agreement describes some of the risks associated with text messaging and the rules for participating in this service.

PARTICIPATION IS VOLUNTARY

- You don't have to receive text messages from us, and your decision will not affect your TCP services.
- If you agree now, you can change your mind at any time.

UNDERSTAND THE RISKS OF USING TEXT MESSAGING

- Your mobile phone company might charge you for receiving text messages.
- Text messages are not always private; they can be read by anyone with access to your phone.
- Text messages can be intercepted, altered, forwarded, or used without you ever knowing.
- Back-up copies of text messages may exist even after they have been deleted.
- Text messages can be used as evidence in court.

RULES FOR TEXT MESSAGING WITH US

- It is not appropriate to send us text messages for emergency situations.
- Do not send us text messages that include your private or confidential information.
- You are responsible for making sure others do not see text messages on your mobile phone.
- We are not responsible if you or someone else reveals private information from your text message.
- Let us know, if your texting mobile phone number changes.

HOW TO PARTICIPATE

- To join: Text the keyword SLOQUIT to the short code 20121.
- To opt out: Text STOP to 20121 and you will not receive any further messages.
- For technical support: Text HELP.
- San Luis Obispo County TCP has contracted with Educational Message Services, Inc., for this text messaging service. Terms and conditions are available at www.preventionpaystext.com/policies.php.

ACKNOWLEDGEMENT AND AGREEMENT

I have read and fully understand the information above regarding the risks of using text messaging and the rules for text messaging with San Luis Obispo County TCP. I agree to the rules outlined above, and understand that the San Luis Obispo County TCP may add other conditions regarding text message use in the future.

Print Name
Number

Cell Phone

Signature

Date