

1 What is today's date? Month Date Year **2** What time is it? AM / PM

3 Have you used any tobacco today? YES NO

4 Have you used any tobacco in the past 4 weeks? YES NO

Think about the past 7 days...

5 a) Have you used any tobacco in the past 7 days? YES NO

b) If you answered yes, add up how much tobacco you used during the past 7 days and write in the spaces below:

_____ Total number of cigarettes smoked
 _____ Total number of other tobacco products
(include cigars, bidis, kreteks, chew, etc.)

6 During the past 7 days... *Fill in the blanks.* *Note: Answers to 5a and b should total 7.*

a) **I have smoked/used** other tobacco products on _____ days.
number
 b) **I have NOT smoked/used** other tobacco products on _____ days.
number

7 At the beginning of this group, how would you rate your motivation to quit smoking/tobacco use? *Check only one answer:*

- Not At All Motivated
- Slightly Motivated
- Motivated
- Very Motivated

8 How many times have you spoken with the Q2W group leader in the past 4 weeks? ___ # times

9 What helped you **NOT SMOKE**/use tobacco during these past 4 weeks?
Write in your answer:

1 Please rate yourself for the past 4 weeks using the following scale:

	0 None	1 Slight	2 Mild	3 Moderate	4 Severe
Depressed mood (sad)	0	1	2	3	4
Insomnia (sleeping problems, awakening at night)	0	1	2	3	4
Irritable, frustrated, angry	0	1	2	3	4
Anxious	0	1	2	3	4
Difficulty concentrating	0	1	2	3	4
Restless	0	1	2	3	4
Increased appetite (hungry)	0	1	2	3	4
Desire or craving to smoke	0	1	2	3	4

At the end of group...

11 After attending this group, I would rate my motivation to quit smoking/tobacco use as: *Check only one answer:*

- Not At All Motivated
- Slightly Motivated
- Motivated
- Very Motivated

Student ID #:

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Group #:

11

CO Reading:

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Quit2Win Student Follow Up Report C O N F I D E N T I A L