

# **Smoking Cessation: A Step Down Guide and Patient Education**

A pilot program targeting gradual nicotine reduction and patient education as a strategy for smoking cessation over five weeks at Bayou Clinic in Bayou La Batre, AL.

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## **Abstract**

Tobacco abuse is one of the most preventable causes of death in the United States today. Despite rates having declined in recent years, smoking still remains a serious obstacle for primary care providers. After receiving a smoking cessation strategies lecture in my first year of medical school I chose to revitalize one of the strategies and implement it at Bayou Clinic in Bayou La Batre, AL. By doing so I was able to generate recommendations to Bayou Clinic to expand and improve their current tobacco abuse counseling methods. Smoking pre-surveys were given to patients to assess their smoking habits, interest in receiving tobacco abuse counseling and motivation to quit smoking. Interested patients were offered to enroll in pilot smoking cessation program. Pre-survey results found that 84% of patients felt that smoking negatively impacted their health and 77% had been told previously that their smoking is a problem. Interestingly of the patients surveyed 23% did not think that second hand smoke was harmful to the health of others. Patients that enrolled in the nicotine reduction pilot program were successful in reducing their nicotine levels below their original starting values. On average patients were able to reduce their nicotine intake by 0.3 mg of nicotine per cigarette from their original starting value. In a post survey a majority of patients indicated that they were satisfied with the pilot program and planned to continue.

**Keywords:** smoking cessation, nicotine reduction, patient education

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## Introduction

I have always been passionate about smoking education and preventative medicine. At a young age I lost my grandmother to esophageal cancer because of her tobacco abuse, prior to which she had lung cancer. She died at age 68 and had been smoke free for five years. While its best if individuals never start smoking, as a physician I need to do all that I can to educate and help those patients that wish to quit. Quitting smoking is one of the single most important ways a patient can positively impact their health.

Bayou La Batre Rural Health Clinic is a non-profit clinic that was founded by Dr. Regina Benjamin, M.D. in 1987. The clinic is located in Bayou La Batre, Alabama a small impoverished Shrimping community on the Gulf Coast. The Bayou Clinic is part of a larger population of Federally Qualified Health Centers (FQHC), which distinguishes health centers that provide comprehensive services in an underserved or impoverished area (HRSA). Additionally, the Bayou Clinic is part of a collaboration of academic, community, and health center partners working to establish the Gulf State Health Policy Center. The Gulf State Health Policy Center is funded by a National Institute of Health Grant to promote integration of community partners with academic research centers. Some of the GSHPC research topics target preventative medicine issues and patient education, which provided a supportive atmosphere for my smoking cessation program.

In my clinical medicine course in medical school we received a smoking cessation strategies lecture. I chose to revitalize one of the strategies and implement it at Bayou La Batre Rural Health Clinic in Bayou La Batre, AL. One of my aims was to assess how many patients I was able to provide tobacco abuse counseling in comparison to the number of patients that visited the clinic that acknowledged smoking on their social history. Based on this I would be

able recommendations for Bayou Clinic to improve their current methodology. I also wanted to assess how feasible this pilot program could be for patients as a strategy for tobacco abuse treatment.

### **Background**

In 2012 there were approximately 42.1 million individuals over 18 years old in the United States that were smokers (CDC, 2014). Despite a steady decline in smoking over the years the United State's smokers make up nearly 13% of the total population. Tobacco abuse is one of the most preventable causes of chronic illness and leads the nation in cause of death each year. An individual's smoking habit not only impacts their own health and livelihood, but also has ramifications on the nation as a whole. According to the American Lung Association smoking costs the United States approximately \$301 billion dollars every year in healthcare expenditures and loss of work productivity (American Lung Association, 2013). Smoking is more common among low-income populations; individuals that are more likely to have healthcare costs covered by Medicare, Medicaid or go uninsured. Campaign for Tobacco Free Kids cites that \$40.1 billion of Medicaid coverage is responsible for tobacco abuse (Schmidt, 2014). Smokers are more likely to develop health conditions such as Chronic Obstructive Pulmonary Disease, hypertension, Type II Diabetes, stroke and most cancers. For some disorders there are no cures only a lifetime of management and the treatment cost can be just as devastating.

Primary Care physicians and Community Health Centers represent the "frontlines" of preventative medicine issues such as smoking cessation. Primary Care physicians and community health centers are generally association with impoverished or medically underserved areas associated with higher instances of tobacco abuse. A study preformed by Dr. Michael Ong

at University of California Los Angeles Jonsson Comprehensive Cancer Center found that Primary Care physicians played an important role in helping patients quit smoking. The study found the probability of an individual to quit smoking without receiving counseling to be 6%-10%. Conversely, those who received counseling from their primary care physician were five times more likely to be able to quit (Ong, 2011). This study is not alone in its findings. A randomized trial of 112 primary care physicians and their smoking patients, found that patients the number of patients that received no counseling by their provider and where able to quit in a year was 6%. Those that received counseling in addition to reminders at each office visit had a success rate of 15% (Stuart et. al., 1989).

What makes quitting smoking so difficult? The answer lies in nicotine, a chemical naturally found in tobacco leaves. Nicotine targets nerve receptors throughout the body causing increased heart rate, stroke volume, and induces a transient state of relaxation. Over time the body becomes dependent on nicotine and addiction is established. According to the American Heart Association nicotine addiction is about as difficult to overcome as heroin (American Heart Association, 2013). Given the addictiveness of nicotine it is easy to understand why many patients may fail when suddenly ceasing tobacco use or going “cold turkey”. Withdrawal symptoms can be severe and lead to relapse. This contributes to the patient mentality that they are unable to quit and numerous studies have indicated that nicotine addiction is as much psychological as it is physiological. There is a proposed threshold a blood concentration of 5mg of nicotine per day over a period of days is enough to establish addiction (Benowitz, 1994). Thus, a gradual nicotine reduction plan benefits the patient by allowing their body time to slowly adjust to the new intake levels, but allow patients the satisfaction of continuing to smoke. If

patients are able to reach a nicotine intake value below the proposed addiction threshold they have the opportunity to set themselves up for greater success.

## **Methodology**

### **Guide Development**

The step down guide that was presented in our smoking cessation lectures was used as a strategy at Florida Hospital East Orlando as part of a research study. The problem with the guide was that it was developed in the early 1990's and some of the cigarette brands on the guide were no longer sold. Additionally, since 1997 nicotine content of cigarettes changed in order to meet the new qualifications for cigarette subtypes: Full, Light, and Ultra-Light. I wanted to update the guide as well as customize it for cigarette brands sold by retailers in the Bayou La Batre area. To accomplish this I visited all cigarette retailers in the area around Bayou Clinic to survey what brands and types were sold. I used the Nicotine, Tar, and CO Content Report of 2007 to reference nicotine contents (Nicotine, Tar and CO Content of Regular and Menthol Cigarette Brands in 2007). The different types of cigarettes were categorized into eleven levels ranging from 1.6mg – 0.4mg of nicotine per cigarette (Appendix, Figure 5 and 6).

### **Patient Pre Survey**

Using the electronic medical records system, eClinical works, I was able to identify incoming patients that had indicated tobacco use on a previous social history. Only patients that had scheduled office visits were selected in order to comply with the Health Insurance Portability and Accountability Act Patient Privacy Rule. Identified patients were asked if they would take a survey on their smoking habits. The pre-survey had twenty-five questions that asked about the patients' knowledge of how smoking affects their health, demographic information, how much they smoke, previous smoking cessation attempts, presence of comorbid conditions and if they

were interested in participation in a program to quit smoking (see Appendix 1). Patients that answered “other” or did not find a suitable response explained verbally and their responses recorded. In addition to the survey questions the patients were asked verbally to describe their motivation to quit using a 1-10 scale, 10 being extremely motivated and 1 being not at all motivated. This response was recorded on the patient’s survey sheet. Patients that did not want to take the pre-survey were asked if they still wanted to receive educational counseling on smoking cessation (See Appendix).

### **Patient Education**

After taking the pre-survey patients were asked if they would like to discuss the benefits to quitting smoking and talk about developing a plan to quit. With each patient I reviewed with them the answers to their survey questions. The patient was educated on the negative impacts that smoking has on their body systems as well as the specific harmful effects of nicotine. Also, how smoking elevates the patient’s risks for chronic or life threatening conditions. Individuals were educated on the repercussions of second hand smoke on the health of family members, friends and those around them. I asked the patient what they were spending per pack of cigarettes and using the amount they smoked daily we calculated how much they spent per week, month and year on smoking. I asked the patient to name at least one thing they could put that money towards if they were to quit. For patients who had previous smoking cessation attempts we discussed why it might have been unsuccessful and resources to help them quit smoking. Each of my talking points along with other educational information was compiled onto a handout for the patient to take with them (See Appendix).

### **Program Enrollment**

While educating the patients I informed them about the pilot program and explained how the program worked. The patients were asked if they were interested in being enrolled and to select how they would like to follow up during the study. Using the brand of cigarettes the patient currently smoked, we determined their current nicotine intake and selected one level below their starting intake for the next 7 days. Patients were informed that upon reaching the final level (Level 11 0.4mg nicotine) they could either transition to nicotine replacement therapy or beginning cutting back the number of cigarettes smoked per day over time. Each patient was given a copy of the step down guide with written instructions. Before exiting I reviewed the instructions with the patient and asked them to verbalize understanding. On the patient's survey I indicated the date that they were enrolled as well as assigned the patient a reference number based on the numerical order they were enrolled.

### **Patient Follow-up**

Patients were scheduled for weekly follow-ups from the date of their enrollment. Patients who elected to receive follow-up calls were called and asked how they had done the previous week at their new level, answered any questions, and informed of their new level for the upcoming week. If the patient had any concerns or difficulties they were addressed during the phone call. Before ending the call the patient was informed of when I would be calling them next and encouraged to call the clinic at any time. Patients who chose to call in the clinic with their progress were given the clinic's main line as well as the number to the after hours recording service. Patient progress was recorded on a data spreadsheet in Excel.

### **Post Survey**

At the conclusion of the five-week study time frame patients who participated in the step down program were given a post survey of thirteen questions. The survey asked the patients to

again rate their motivation to quit smoking on a scale of 1- Very Unmotivated to 10-Very Motivated. The patients were asked questions about problems or situations they may have experienced in the program as well as asked to rank their satisfaction with the program on the same 1 – 10 scale. Additionally, the patients were asked a series of questions about how smoking and nicotine affect their health. The patient was able to answer: true, false or unsure to for these responses. One question assessed their desire to continue with the step down program and another asked what additional educational information the patient would be interested in receiving at future medical appointments. The post survey was administered over the phone for patients who opted to receive follow-up calls and copies were left with the front desk staff for the patients who elected to phone in their progress.

## **Results**

### **Patient Pre-Survey**

Of the total tobacco abuse patients that came into the clinic from June 16<sup>th</sup> to July 18<sup>th</sup> 29 took the pre-survey. The gender ratio of individuals completing the survey: 56% male and 44% female. The types of insurance broke down: Blue Cross Blue Shield 16%, Medicare 13%, Medicaid 26%, Cigna-HealthSpring 10%, No Insurance 19%, Other 3% and dual coverage by Medicare & Medicaid 13%. 83% of patients surveyed had tried previously to quit smoking. 84% of patients agreed that smoking was negatively impacting their health, but interestingly 23% of those surveyed did not feel that second hand smoke was harmful. 77% of patients had been told by another individual that their smoking was a health problem. The most common amount of cigarettes smoked per day was less than one pack at 57% (Appendix, Figure 1). Patients were asked to select from a list of comorbid conditions commonly associated with tobacco abuse in which 76% had at least one condition (Appendix, Figure 2).

## **Patient Education**

In the time period from June 16<sup>th</sup> to July 18<sup>th</sup> the clinic had 70 patients with office visits that indicated they were smokers on their social history. Of those 70 patients, 41 were provided smoking cessation counseling giving me an encounter rate of 59%. As stated previously 31 patients agreed to take the pre-survey and of those patients, 21 enrolled in the pilot program.

## **Program Results**

Of the 21 patients that participated in the pilot program I had 3 withdraw, 4 elect to self-report their progress, and 3 that I was unable to contact for follow up calls (Figure 3, Appendix). Of the 4 patients that chose to call in their progress 0% followed through. This left me with 10 remaining patients. Of the 10 remaining patients all 10 made progress in that they had successfully transitioned to a nicotine level below their original starting value. Participating patients had an average motivation score of 8. Patients were enrolled on a rolling basis over the 4-week period so I was unable to assess an average progress made by patients as a whole. However, I examined the number of patients by levels of improvement in that they were improving below their starting value. I had 2 patients make one level of improvement, 1 patient make two levels of improvement, 4 patients make 3 levels of improvement and 3 patients make four or more levels of improvement. Two patients ultimately made it to the final level and began to reduce their number of cigarettes per day towards quitting. At the end of the five-week period the patients were contacted to inform them that the study was ending, but were counseled individually to establish a continuation plan.

## **Post-Survey Results**

Patients who participated in the pilot program were given a post survey. Of the 10 patients participating, 8 patients responded to the post survey and 2 could not be reached. The

average motivation of patients in the post survey was 7.1. 100% of patients agreed that smoking was negatively impacting their health and 13% of patients felt that second hand smoke did not negatively affect those around them. When asked if nicotine was an addictive chemical in cigarettes 8 out of 8 patients picked true and when asked if nicotine could contribute to high blood pressure 7 out of 8 patients agreed and 1 patient answered unsure. For overall satisfaction with the smoking cessation program patients averaged 9 and 8.2 when asked how confident they felt that they could quit smoking in the future. The most common complaints in the program were an increased desire to smoke more as well as difficulty affording some brands of cigarettes. All patients surveyed agreed that the follow up calls greatly helped them stay on track with their smoking cessation. In post survey patients were asked how soon after they woke up did they have their first cigarette and these were compared to their pre-survey results (Appendix, Figure 4).

### **Discussion**

The results of the pre-survey showed that while many patients are aware of the health consequences there is still more to be done in terms of patient education. It was concerning to see in the pre-survey the number of patients that vehemently believed that second hand smoke was not harmful to other individuals. Those that participated in the smoking cessation program had a much lower rate in comparison, but these were also individuals that had high motivation score. A quick glance of the pre-survey results will show a population of individuals that for the most part are aware of the health risks association with their tobacco abuse, have tried quitting before, but are just not aware of the resources to help them be successful.

The pre-survey results indicated that a greater majority of patients were covered by Medicare, Medicaid or dually covered by both. Prior to 2014 Medicaid in Alabama would not

cover the cost for any smoking cessation treatment by enrollees. Recent changes in state policy have led to Medicaid coverage for smoking cessation. During the smoking counseling many patients were under the impression that they could not afford the nicotine replacement products or medications and were unaware of programs such as the 1800QuitNow or Alabama Quitline that would provide them discounted supplies. They have tried multiple times and ways to quit but have yet to find the right fit. When educating patients I continuously found two themes that motivated patients to make the decision to try again: when they visually saw on paper how much annually their smoking habit was costing them and the knowledge that I would be following up with them and they were free to call me at any time.

My education-encounter rate at the clinic was only 59%, which I attribute to the moderate difficulty that I had identifying smoking patients. Under the eClinical Works system to pull up the patient's social history is a multi-step process and requires scrolling down to look for where the nurse entered this information. For a busy provider this is not a convenient process to undertake and I can see how bringing up smoking counseling could be easily overlooked.

I was greatly encouraged by the success of the patients that enrolled in the pilot program to have 10 patients make progress was inspiring. What I feel differentiated this program from than that described in my smoking cessation lecture was that in this case I was actively following up with patients. By doing so I feel the patients felt they were being held accountable for their participation. Additionally, patients were encouraged to discuss with me any problems they were experiencing so that as a team we could develop a solution. This provider-patient team based approach is what I attribute the success of this study. A notable point was that the four patients who agreed to call in the clinic weekly to report their progress failed to do so and I would imagine, if contacted, that these patients would not have the same success as those receiving the

follow up calls. Another part of the program that I feel contributed to the successful results was the psychology of asking patients to make gradual changes over time. Initially when I would counsel a patient on smoking cessation they were typically guarded and withdrawn. However, when describing that the pilot program would guide them to making better smoking choices to work towards quitting the patients became noticeably more relaxed and engaged.

The post survey results showed the average motivation level to be 7.1, which was down from 8 in the pre survey. I attribute this to the fact that at the time of the post survey the patients were actively engaged in the program and combating the difficulty of quitting. The post survey results did show that there was improvement on patient awareness of the negative health impacts of smoking: pre-survey 88% to 100% post survey. However, the post survey was targeting a smaller subset of the individuals taking the pre-survey. This was also true concerning beliefs on second hand smoke in the pre survey 23% did not believe it to be harmful where as the post survey had only 13%. A strong majority of patients chose the correct answers to questions concerning nicotine's actions on the body, which indicated the retention of information from the smoking counseling sessions. Hopefully the high patient satisfaction rate will translate to continuation of the program despite the end of the 5-week study. By far the most common complaint of the pilot program was the increased desire to quit for patients that were moving into the lower nicotine levels (0.6mg or lower). Whenever this was encountered the patients were educated on why this was occurring as well as resources to help them battle cravings.

With the completion of my study I was able to provide recommendations to Bayou Clinic to improve how they approached tobacco abuse. My first recommendation was to change how the nurses entered in that a patient was a smoker. On the main page of every patient's electronical medical record is a list of the patient's chronic conditions for convenient viewing by

their provider. It was my recommendation that it become clinic policy to list tobacco abuse for any patient that indicated smoking on their social history. This would allow the physician to quickly see that it needed to be reviewed with each patient encounter. This recommendation would greatly benefit the clinic as it was discovered that tobacco cessation counseling was billable to most insurances for reimbursement as long as the session was ten minutes or more in duration.

My second recommendation was to have providers strive for at least a 75% annual encounter-education rate in that they were able to provide tobacco abuse counseling to 75% of smoking patients that come into the clinic. If even a small fraction of these patients were to quit smoking in a year's time it would be making a great stride in the right direction.

My final recommendation was to encourage providers to make regular follow up calls with patients that had entered into smoking cessation program. Just this small study at Bayou Clinic has clearly indicated the tremendous benefit that these follow up calls can be to patient success. To quote a professor of mine, "Your patients will not care how much you know, until they know how much you care."

### **Conclusion**

As said previously smoking is one of the most preventable causes of chronic illness and death facing healthcare today. Primary Care providers stand on the frontlines in clinics across the country treating patients with the devastating conditions associated with tobacco abuse. After having completed this study I strongly feel that this program is a feasible strategy for healthcare providers to offer their patients.

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## Appendix: Pre Smoking Survey

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

1. What is your yearly household income?
  - A.) Less than \$10,000
  - B.) \$10,000 - \$19,999
  - C.) \$20,000 - \$29,999
  - D.) \$30,000 - \$39,999
  - E.) \$40,000 - \$49,000
2. What type of insurance do you have?
  - A.) Blue Cross Blue Shield
  - B.) Medicare
  - C.) Medicaid
  - D.) Health Springs
  - E.) Other
  - F.) No Insurance
3. What is your ethnicity?
  - A. African-American
  - B. Caucasian
  - C. Hispanic
  - D. Asian
  - E. Pacific Islander
  - F. Other
4. How many children (people under 18 years old are living with you)?
  - A. 0
  - B. 1
  - C. 2 - 3
  - D. 4 - 5
  - E. 6 or more
5. How many adults (over 18 years old) are living with you?
  - A. 0
  - B. 1
  - C. 2 - 3
  - D. 4 - 5
  - E. 6 or more
6. Do you currently smoke cigarettes?
  - A. Yes
  - B. No
7. Do you use an electronic-cigarette?
  - A. Yes
  - B. No
8. Do you use chewing tobacco?
  - A. Yes
  - B. No
9. How many packs per day do you smoke?
  - A. Less than 1 pack
  - B. 1 pack
  - C. 1 - 2 packs
  - D. 3 packs or more
10. How long have you smoked or chewed tobacco?
  - A. Less than 1 year
  - B. 2 - 10 years
  - C. 11 - 20 years
  - D. 21 - 30 years
  - E. 31 or more
11. Where do you usually buy cigarettes?
  - A. Greer's Food Tiger
  - B. Walgreens
  - C. Family Dollar or Dollar General
  - D. Gas Station
  - E. Fred's Super Dollar
  - F. Online
  - G. Other
12. Have you ever tried to quit smoking?
  - A. Yes
  - B. No
13. How did you try to quit smoking?
  - A. Nicotine patch or gum
  - B. Stopped smoking or "cold turkey"
  - C. Reduce number of cigarettes each day
  - D. Medication
  - E. Other
14. Has someone told you that your smoking is a health problem?
  - A. Yes
  - B. No
15. Do you think your smoking is negatively affecting your health?
  - A. Yes
  - B. No
16. Do you think second hand smoke is harmful to other people's health?
  - A. Yes
  - B. No
17. At home where do you usually smoke?
  - A. Indoors
  - B. Outside
  - C. Both indoors and outdoors
18. How soon after you wake up do you have your first cigarette of a day?
  - A. Within 15 minutes
  - B. 15 - 30 minutes
  - C. 30 - 45 minutes
  - D. 45 - 60 minutes
  - E. 60 - 90 minutes
  - F. 90 - 120 minutes
  - G. 120 - 150 minutes
  - H. 150 - 180 minutes
  - I. 180 - 210 minutes
  - J. 210 - 240 minutes
  - K. 240 - 270 minutes
  - L. 270 - 300 minutes
  - M. 300 - 330 minutes
  - N. 330 - 360 minutes
  - O. 360 - 390 minutes
  - P. 390 - 420 minutes
  - Q. 420 - 450 minutes
  - R. 450 - 480 minutes
  - S. 480 - 510 minutes
  - T. 510 - 540 minutes
  - U. 540 - 570 minutes
  - V. 570 - 600 minutes
  - W. 600 - 630 minutes
  - X. 630 - 660 minutes
  - Y. 660 - 690 minutes
  - Z. 690 - 720 minutes
  - AA. 720 - 750 minutes
  - AB. 750 - 780 minutes
  - AC. 780 - 810 minutes
  - AD. 810 - 840 minutes
  - AE. 840 - 870 minutes
  - AF. 870 - 900 minutes
  - AG. 900 - 930 minutes
  - AH. 930 - 960 minutes
  - AI. 960 - 990 minutes
  - AJ. 990 - 1020 minutes
  - AK. 1020 - 1050 minutes
  - AL. 1050 - 1080 minutes
  - AM. 1080 - 1110 minutes
  - AN. 1110 - 1140 minutes
  - AO. 1140 - 1170 minutes
  - AP. 1170 - 1200 minutes
  - AQ. 1200 - 1230 minutes
  - AR. 1230 - 1260 minutes
  - AS. 1260 - 1290 minutes
  - AT. 1290 - 1320 minutes
  - AU. 1320 - 1350 minutes
  - AV. 1350 - 1380 minutes
  - AW. 1380 - 1410 minutes
  - AX. 1410 - 1440 minutes
  - AY. 1440 - 1470 minutes
  - AZ. 1470 - 1500 minutes
  - BA. 1500 - 1530 minutes
  - BB. 1530 - 1560 minutes
  - BC. 1560 - 1590 minutes
  - BD. 1590 - 1620 minutes
  - BE. 1620 - 1650 minutes
  - BF. 1650 - 1680 minutes
  - BG. 1680 - 1710 minutes
  - BH. 1710 - 1740 minutes
  - BI. 1740 - 1770 minutes
  - BJ. 1770 - 1800 minutes
  - BK. 1800 - 1830 minutes
  - BL. 1830 - 1860 minutes
  - BM. 1860 - 1890 minutes
  - BN. 1890 - 1920 minutes
  - BO. 1920 - 1950 minutes
  - BP. 1950 - 1980 minutes
  - BQ. 1980 - 2010 minutes
  - BR. 2010 - 2040 minutes
  - BS. 2040 - 2070 minutes
  - BT. 2070 - 2100 minutes
  - BU. 2100 - 2130 minutes
  - BV. 2130 - 2160 minutes
  - BW. 2160 - 2190 minutes
  - BX. 2190 - 2220 minutes
  - BY. 2220 - 2250 minutes
  - BZ. 2250 - 2280 minutes
  - CA. 2280 - 2310 minutes
  - CB. 2310 - 2340 minutes
  - CC. 2340 - 2370 minutes
  - CD. 2370 - 2400 minutes
  - CE. 2400 - 2430 minutes
  - CF. 2430 - 2460 minutes
  - CG. 2460 - 2490 minutes
  - CH. 2490 - 2520 minutes
  - CI. 2520 - 2550 minutes
  - CJ. 2550 - 2580 minutes
  - CK. 2580 - 2610 minutes
  - CL. 2610 - 2640 minutes
  - CM. 2640 - 2670 minutes
  - CN. 2670 - 2700 minutes
  - CO. 2700 - 2730 minutes
  - CP. 2730 - 2760 minutes
  - CQ. 2760 - 2790 minutes
  - CR. 2790 - 2820 minutes
  - CS. 2820 - 2850 minutes
  - CT. 2850 - 2880 minutes
  - CU. 2880 - 2910 minutes
  - CV. 2910 - 2940 minutes
  - CW. 2940 - 2970 minutes
  - CX. 2970 - 3000 minutes
  - CY. 3000 - 3030 minutes
  - CA. 3030 - 3060 minutes
  - CB. 3060 - 3090 minutes
  - CC. 3090 - 3120 minutes
  - CD. 3120 - 3150 minutes
  - CE. 3150 - 3180 minutes
  - CF. 3180 - 3210 minutes
  - CG. 3210 - 3240 minutes
  - CH. 3240 - 3270 minutes
  - CI. 3270 - 3300 minutes
  - CJ. 3300 - 3330 minutes
  - CK. 3330 - 3360 minutes
  - CL. 3360 - 3390 minutes
  - CM. 3390 - 3420 minutes
  - CN. 3420 - 3450 minutes
  - CO. 3450 - 3480 minutes
  - CP. 3480 - 3510 minutes
  - CQ. 3510 - 3540 minutes
  - CR. 3540 - 3570 minutes
  - CS. 3570 - 3600 minutes
  - CT. 3600 - 3630 minutes
  - CU. 3630 - 3660 minutes
  - CV. 3660 - 3690 minutes
  - CW. 3690 - 3720 minutes
  - CX. 3720 - 3750 minutes
  - CY. 3750 - 3780 minutes
  - CA. 3780 - 3810 minutes
  - CB. 3810 - 3840 minutes
  - CC. 3840 - 3870 minutes
  - CD. 3870 - 3900 minutes
  - CE. 3900 - 3930 minutes
  - CF. 3930 - 3960 minutes
  - CG. 3960 - 3990 minutes
  - CH. 3990 - 4020 minutes
  - CI. 4020 - 4050 minutes
  - CJ. 4050 - 4080 minutes
  - CK. 4080 - 4110 minutes
  - CL. 4110 - 4140 minutes
  - CM. 4140 - 4170 minutes
  - CN. 4170 - 4200 minutes
  - CO. 4200 - 4230 minutes
  - CP. 4230 - 4260 minutes
  - CQ. 4260 - 4290 minutes
  - CR. 4290 - 4320 minutes
  - CS. 4320 - 4350 minutes
  - CT. 4350 - 4380 minutes
  - CU. 4380 - 4410 minutes
  - CV. 4410 - 4440 minutes
  - CW. 4440 - 4470 minutes
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  - CH. 4740 - 4770 minutes
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  - CJ. 4800 - 4830 minutes
  - CK. 4830 - 4860 minutes
  - CL. 4860 - 4890 minutes
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  - CN. 4920 - 4950 minutes
  - CO. 4950 - 4980 minutes
  - CP. 4980 - 5010 minutes
  - CQ. 5010 - 5040 minutes
  - CR. 5040 - 5070 minutes
  - CS. 5070 - 5100 minutes
  - CT. 5100 - 5130 minutes
  - CU. 5130 - 5160 minutes
  - CV. 5160 - 5190 minutes
  - CW. 5190 - 5220 minutes
  - CX. 5220 - 5250 minutes
  - CY. 5250 - 5280 minutes
  - CA. 5280 - 5310 minutes
  - CB. 5310 - 5340 minutes
  - CC. 5340 - 5370 minutes
  - CD. 5370 - 5400 minutes
  - CE. 5400 - 5430 minutes
  - CF. 5430 - 5460 minutes
  - CG. 5460 - 5490 minutes
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  - CT. 5850 - 5880 minutes
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  - CW. 5940 - 5970 minutes
  - CX. 5970 - 6000 minutes
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  - CC. 6090 - 6120 minutes
  - CD. 6120 - 6150 minutes
  - CE. 6150 - 6180 minutes
  - CF. 6180 - 6210 minutes
  - CG. 6210 - 6240 minutes
  - CH. 6240 - 6270 minutes
  - CI. 6270 - 6300 minutes
  - CJ. 6300 - 6330 minutes
  - CK. 6330 - 6360 minutes
  - CL. 6360 - 6390 minutes
  - CM. 6390 - 6420 minutes
  - CN. 6420 - 6450 minutes
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  - CS. 6570 - 6600 minutes
  - CT. 6600 - 6630 minutes
  - CU. 6630 - 6660 minutes
  - CV. 6660 - 6690 minutes
  - CW. 6690 - 6720 minutes
  - CX. 6720 - 6750 minutes
  - CY. 6750 - 6780 minutes
  - CA. 6780 - 6810 minutes
  - CB. 6810 - 6840 minutes
  - CC. 6840 - 6870 minutes
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  - CJ. 7050 - 7080 minutes
  - CK. 7080 - 7110 minutes
  - CL. 7110 - 7140 minutes
  - CM. 7140 - 7170 minutes
  - CN. 7170 - 7200 minutes
  - CO. 7200 - 7230 minutes
  - CP. 7230 - 7260 minutes
  - CQ. 7260 - 7290 minutes
  - CR. 7290 - 7320 minutes
  - CS. 7320 - 7350 minutes
  - CT. 7350 - 7380 minutes
  - CU. 7380 - 7410 minutes
  - CV. 7410 - 7440 minutes
  - CW. 7440 - 7470 minutes
  - CX. 7470 - 7500 minutes
  - CY. 7500 - 7530 minutes
  - CA. 7530 - 7560 minutes
  - CB. 7560 - 7590 minutes
  - CC. 7590 - 7620 minutes
  - CD. 7620 - 7650 minutes
  - CE. 7650 - 7680 minutes
  - CF. 7680 - 7710 minutes
  - CG. 7710 - 7740 minutes
  - CH. 7740 - 7770 minutes
  - CI. 7770 - 7800 minutes
  - CJ. 7800 - 7830 minutes
  - CK. 7830 - 7860 minutes
  - CL. 7860 - 7890 minutes
  - CM. 7890 - 7920 minutes
  - CN. 7920 - 7950 minutes
  - CO. 7950 - 7980 minutes
  - CP. 7980 - 8010 minutes
  - CQ. 8010 - 8040 minutes
  - CR. 8040 - 8070 minutes
  - CS. 8070 - 8100 minutes
  - CT. 8100 - 8130 minutes
  - CU. 8130 - 8160 minutes
  - CV. 8160 - 8190 minutes
  - CW. 8190 - 8220 minutes
  - CX. 8220 - 8250 minutes
  - CY. 8250 - 8280 minutes
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  - CC. 8340 - 8370 minutes
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  - CE. 8400 - 8430 minutes
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  - CG. 8460 - 8490 minutes
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  - CN. 8670 - 8700 minutes
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  - CQ. 8760 - 8790 minutes
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  - CT. 8850 - 8880 minutes
  - CU. 8880 - 8910 minutes
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  - CW. 8940 - 8970 minutes
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  - CE. 9150 - 9180 minutes
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  - CG. 9210 - 9240 minutes
  - CH. 9240 - 9270 minutes
  - CI. 9270 - 9300 minutes
  - CJ. 9300 - 9330 minutes
  - CK. 9330 - 9360 minutes
  - CL. 9360 - 9390 minutes
  - CM. 9390 - 9420 minutes
  - CN. 9420 - 9450 minutes
  - CO. 9450 - 9480 minutes
  - CP. 9480 - 9510 minutes
  - CQ. 9510 - 9540 minutes
  - CR. 9540 - 9570 minutes
  - CS. 9570 - 9600 minutes
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  - CU. 9630 - 9660 minutes
  - CV. 9660 - 9690 minutes
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  - CC. 9840 - 9870 minutes
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  - CF. 9930 - 9960 minutes
  - CG. 9960 - 9990 minutes
  - CH. 9990 - 10020 minutes
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  - CJ. 10050 - 10080 minutes
  - CK. 10080 - 10110 minutes
  - CL. 10110 - 10140 minutes
  - CM. 10140 - 10170 minutes
  - CN. 10170 - 10200 minutes
  - CO. 10200 - 10230 minutes
  - CP. 10230 - 10260 minutes
  - CQ. 10260 - 10290 minutes
  - CR. 10290 - 10320 minutes
  - CS. 10320 - 10350 minutes
  - CT. 10350 - 10380 minutes
  - CU. 10380 - 10410 minutes
  - CV. 10410 - 10440 minutes
  - CW. 10440 - 10470 minutes
  - CX. 10470 - 10500 minutes
  - CY. 10500 - 10530 minutes
  - CA. 10530 - 10560 minutes
  - CB. 10560 - 10590 minutes
  - CC. 10590 - 10620 minutes
  - CD. 10620 - 10650 minutes
  - CE. 10650 - 10680 minutes
  - CF. 10680 - 10710 minutes
  - CG. 10710 - 10740 minutes
  - CH. 10740 - 10770 minutes
  - CI. 10770 - 10800 minutes
  - CJ. 10800 - 10830 minutes
  - CK. 10830 - 10860 minutes
  - CL. 10860 - 10890 minutes
  - CM. 10890 - 10920 minutes
  - CN. 10920 - 10950 minutes
  - CO. 10950 - 10980 minutes
  - CP. 10980 - 11010 minutes
  - CQ. 11010 - 11040 minutes
  - CR. 11040 - 11070 minutes
  - CS. 11070 - 11100 minutes
  - CT. 11100 - 11130 minutes
  - CU. 11130 - 11160 minutes
  - CV. 11160 - 11190 minutes
  - CW. 11190 - 11220 minutes
  - CX. 11220 - 11250 minutes
  - CY. 11250 - 11280 minutes
  - CA. 11280 - 11310 minutes
  - CB. 11310 - 11340 minutes
  - CC. 11340 - 11370 minutes
  - CD. 11370 - 11400 minutes
  - CE. 11400 - 11430 minutes
  - CF. 11430 - 11460 minutes
  - CG. 11460 - 11490 minutes
  - CH. 11490 - 11520 minutes
  - CI. 11520 - 11550 minutes
  - CJ. 11550 - 11580 minutes
  - CK. 11580 - 11610 minutes
  - CL. 11610 - 11640 minutes
  - CM. 11640 - 11670 minutes
  - CN. 11670 - 11700 minutes
  - CO. 11700 - 11730 minutes
  - CP. 11730 - 11760 minutes
  - CQ. 11760 - 11790 minutes
  - CR. 11790 - 11820 minutes
  - CS. 11820 - 11850 minutes
  - CT. 11850 - 11880 minutes
  - CU. 11880 - 11910 minutes
  - CV. 11910 - 11940 minutes
  - CW. 11940 - 11970 minutes
  - CX. 11970 - 12000 minutes
  - CY. 12000 - 12030 minutes
  - CA. 12030 - 12060 minutes
  - CB. 12060 - 12090 minutes
  - CC. 12090 - 12120 minutes
  - CD. 12120 - 12150 minutes
  - CE. 12150 - 12180 minutes
  - CF. 12180 - 12210 minutes
  - CG. 12210 - 12240 minutes
  - CH. 12240 - 12270 minutes
  - CI. 12270 - 12300 minutes
  - CJ. 12300 - 12330 minutes
  - CK. 12330 - 12360 minutes
  - CL. 12360 - 12390 minutes
  - CM. 12390 - 12420 minutes
  - CN. 12420 - 12450 minutes
  - CO. 12450 - 12480 minutes
  - CP. 12480 - 12510 minutes
  - CQ. 12510 - 12540 minutes
  - CR. 12540 - 12570 minutes
  - CS. 12570 - 12600 minutes
  - CT. 12600 - 12630 minutes
  - CU. 12630 - 12660 minutes
  - CV. 12660 - 12690 minutes
  - CW. 12690 - 12720 minutes
  - CX. 12720 - 12750 minutes
  - CY. 12750 - 12780 minutes
  - CA. 12780 - 12810 minutes
  - CB. 12810 - 12840 minutes
  - CC. 12840 - 12870 minutes
  - CD. 12870 - 12900 minutes
  - CE. 12900 - 12930 minutes
  - CF. 12930 - 12960 minutes
  - CG. 12960 - 12990 minutes
  - CH. 12990 - 13020 minutes
  - CI. 13020 - 13050 minutes
  - CJ. 13050 - 13080 minutes
  - CK. 13080 - 13110 minutes
  - CL. 13110 - 13140 minutes
  - CM. 13140 - 13170 minutes
  - CN. 13170 - 13200 minutes
  - CO. 13200 - 13230 minutes
  - CP. 13230 - 13260 minutes
  - CQ. 13260 - 13290 minutes
  - CR. 13290 - 13320 minutes
  - CS. 13320 - 13350 minutes
  - CT. 13350 - 13380 minutes
  - CU. 13380 - 13410 minutes
  - CV. 13410 - 13440 minutes
  - CW. 13440 - 13470 minutes
  - CX. 13470 - 13500 minutes
  - CY. 13500 - 13530 minutes
  - CA. 13530 - 13560 minutes
  - CB. 13560 - 13590 minutes
  - CC. 13590 - 13620 minutes
  - CD. 13620 - 13650 minutes
  - CE. 13650 - 13680 minutes
  - CF. 13680 - 13710 minutes
  - CG. 13710 - 13740 minutes
  - CH. 13740 - 13770 minutes
  - CI. 13770 - 13800 minutes
  - CJ. 13800 - 13830 minutes
  - CK. 13830 - 13860 minutes
  - CL. 13860 - 13890 minutes
  - CM. 13890 - 13920 minutes
  - CN. 13920 - 13950 minutes
  - CO. 13950 - 13980 minutes
  - CP. 13980 - 14010 minutes
  - CQ. 14010 - 14040 minutes
  - CR. 14040 - 14070 minutes
  - CS. 14070 - 14100 minutes
  - CT. 14100 - 14130 minutes
  - CU. 14130 - 14160 minutes
  - CV. 14160 - 14190 minutes
  - CW. 14190 - 14220 minutes
  - CX. 14220 - 14250 minutes
  - CY. 14250 - 14280 minutes
  - CA. 14280 - 14310 minutes
  - CB. 14310 - 14340 minutes
  - CC. 14340 - 14370 minutes
  - CD. 14370 - 14400 minutes
  - CE. 14400 - 14430 minutes
  - CF. 14430 - 14460 minutes
  - CG. 14460 - 14490 minutes
  - CH. 14490 - 14520 minutes
  - CI. 14520 - 14550 minutes
  - CJ. 14550 - 14580 minutes
  - CK. 14580 - 14610 minutes
  - CL. 14610 - 14640 minutes
  - CM. 14640 - 14670 minutes
  - CN. 14670 - 14700 minutes
  - CO. 14700 - 14730 minutes
  - CP. 14730 - 14760 minutes
  - CQ. 14760 - 14790 minutes
  - CR. 14790 - 14820 minutes
  - CS. 14820 - 14850 minutes
  - CT. 14850 - 14880 minutes
  - CU. 14880 - 14910 minutes
  - CV. 14910 - 14940 minutes
  - CW. 14940 - 14970 minutes
  - CX. 14970 - 15000 minutes
  - CY. 15000 - 15030 minutes
  - CA. 15030 - 15060 minutes
  - CB. 15060 - 15090 minutes
  - CC. 15090 - 15120 minutes
  - CD. 15120 - 15150 minutes
  - CE. 15150 - 15180 minutes
  - CF. 15180 - 15210 minutes
  - CG. 15210 - 15240 minutes
  - CH. 15240 - 15270 minutes
  - CI. 15270 - 15300 minutes
  - CJ. 15300 - 15330 minutes
  - CK. 15330 - 15360 minutes
  - CL. 15360 - 15390 minutes
  - CM. 15390 - 15420 minutes
  - CN. 15420 - 15450 minutes
  - CO. 15450 - 15480 minutes
  - CP. 15480 - 15510 minutes
  - CQ. 15510 - 15540 minutes
  - CR. 15540 - 15570 minutes
  - CS. 15570 - 15600 minutes
  - CT. 15600 - 15630 minutes
  - CU. 15630 - 15660 minutes
  - CV. 15660 - 15690 minutes
  - CW. 15690 - 15720 minutes
  - CX. 15720 - 15750 minutes
  - CY. 15750 - 15780 minutes
  - CA. 15780 - 15810 minutes
  - CB. 15810 - 15840 minutes
  - CC. 15840 - 1

- A. Immediately
- B. 5 - 10 minutes
- C. 11 - 20 minutes
- D. 21 - 30 minutes
- E. 40 - 60 minutes
- F. 60 minutes or more

- A. COPD or Emphysema
- B. Chronic Bronchitis
- C. High Blood Pressure
- D. Lung Cancer
- E. Heart Disease

20. Does someone living with you have one or more of these conditions:

(Circle all that apply)

- A. COPD or Emphysema
- B. Chronic Bronchitis
- C. High Blood Pressure
- D. Lung Cancer
- E. Heart Disease
- F. Asthma

21. When do you feel like you need to smoke the most?

(Circle all that apply)

- A. Before work or school
- B. During work or school
- C. After work or school
- D. When I am nervous
- E. When I am stressed
- F. Socially with family and friends
- G. When eating or drinking

22. If you could still smoke, but slowly reduce the amount of nicotine you smoke would you be willing to try quitting?

- A. Yes
- B. No

23. What has stopped you from wanting to quit?

- A. Do not think I am able to succeed
- B. Cost of supplies such as patches or gum
- C. I do not know how to quit
- D. Worried about feeling sick once I quit
- E. I do not think I need to quit

24. How did you get to the clinic today?

- A. My car
- B. Bus
- C. Ride from family or friend
- D. Walk
- E. Bike

25. I have a program to help patients to quit smoking. Would you be willing to participate and can we contact you to see how you are doing? If yes, please write down your contact information:

- A. Yes \_\_\_\_\_
- B. No
- C. I can come or call the clinic and tell how I am doing

## Post Smoking Survey

Name: \_\_\_\_\_

1. Please rate your motivation to quit smoking:

1- not at all      5- unsure/moderately      10- very motivated

2. Have you experienced any of the following while participating in the smoking cessation program?

- A. Confusion with instructions
- B. Increased desire to smoke
- C. Could not find brand I liked in next category
- D. Could find brand when I went to purchase cigarettes
- E. Could not afford the new brand
- F. None of these above

3. I feel that smoking is negatively impacting my health.

- Yes
- No
- Unsure

4 I feel that second-hand smoke is harmful to my family and those around me:

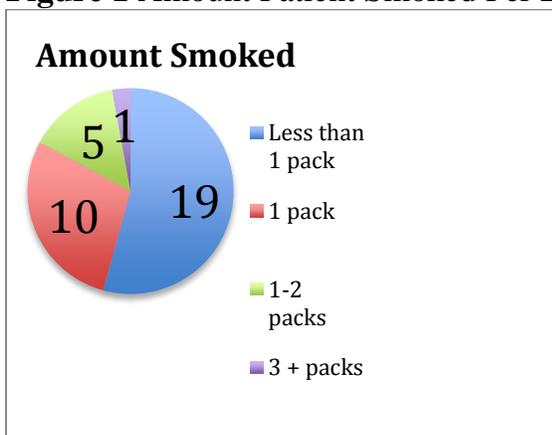
- Yes
- No
- Unsure

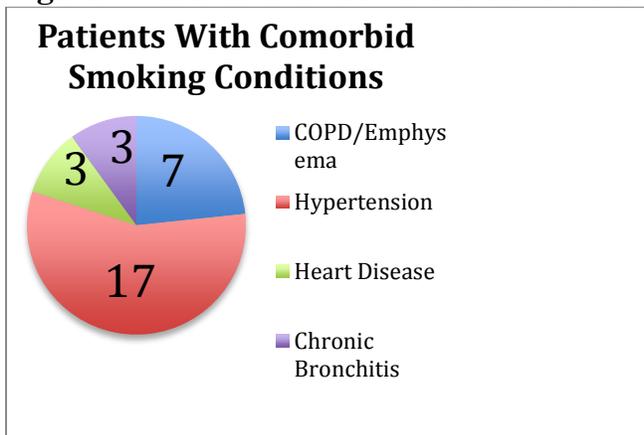
5 Nicotine can cause me to have high blood pressure

- True
- False
- Unsure

- 6 Nicotine is an addictive chemical in cigarettes:  
 True  
 False  
 Unsure
- 7 What is your satisfaction with participating in the smoking cessation program?  
 1. Very Unsatisfied 5. Neither Satisfied nor Unsatisfied 10. Very Satisfied
- 8 How confident are you that you would be able to quit smoking in the future?  
 1. Very Unconfident 5. Neither Confident nor Unconfident 10. Very Confident
- 9 How soon after you wake up do you have your first cigarette of a day?  
 A: \_\_\_\_\_  
 A. Immediately  
 B. 5-10 minutes  
 C. 11-20 minutes  
 D. 21-30 minutes  
 E. 40 – 60 minutes  
 F. 60 minutes or more
- 10 In the handout given to you what information was most helpful for you?  
 A. Health Benefits to Quitting Smoking  
 B. Financial Benefits to Quitting Smoking  
 C. Diagram  
 D. Resources to Help You Quit  
 E. All the above  
 F. I did not look at the handout
- 11 Do you still plan to continue with the step down smoking cessation program?  
 A. Yes  
 B. No
- 12 Were telephone follow-ups helpful in you staying on track?  
 Yes  
 No  
 Indifferent
- 13 What would you like more information on at your next office visit?  
 A. Health Benefits to Quitting Smoking  
 B. Financial Benefits to Quitting Smoking  
 C. Diagrams  
 D. Resources to Help You Quit  
 E. Tips to combat cravings  
 F. Other

**Figure 1** Amount Patient Smoked Per Day



**Figure 2** Patients With Comorbid Conditions**Figure 3** Program Participants Breakdown

<b>Program Participants</b>	<b>21</b>
Patients Withdrawn	3
Patients Self-Reporting Progress	4
Failure to Contact	3
<b>Remaining Patients</b>	<b>10</b>

**Figure 4** Change in Morning Cigarette Time

Patient ID Number	Pre-Survey	Post Survey
8	Immediately	60 min. or more
12	11-20 min.	60 min. or more
13	5-10 min.	5-10 min.
17	5-10 min.	60 min. or more
21	11-20 min.	11 – 20 min.
24	60 min. or more	40–60 min.
30	Immediately	21-30 min.

## Figure 5 Step Down Guide – Page 1

Find your current brand of cigarette from the boxes below. For 7 days choose another brand of cigarettes from the next box in order (for example if you are at box #3 choose a brand from box #4).

Each week move to a brand from the next box in the order. Circle or indicate what brand you are moving to each week.

When you complete Box 11 for one week you are ready to quit.

<b>1 Nicotine Level</b>	<b>1.6 mg/cigarette +</b>	<b>2 Nicotine Level</b>	<b>1.4 - 1.3mg/cigarette</b>
Doral Non-Filtered Pall Mall Non Filtered  Camel Non Filtered (1.7mg) American Spirit (1.8mg) American Spirit Menthol (2.2mg)		American Spirit Menthol Light Sonoma  Winston Menthol (1.3mg) American Spirit Light (1.3mg) Crowns Full Flavor 100's (1.3mg)	
<b>3 Nicotine Level</b>	<b>1.2 mg/cigarette</b>	<b>4 Nicotine Level</b>	<b>1.1 mg/cigarette</b>
Camel Filtered Newport Menthol 100's Winston 100's USA Gold 100's Lucky Strike Maverick 100's Maverick Menthol Specials Sonoma 100's Pall Mall's 100's Marlboro Crowns Light 100's		Marlboro Menthol 100's Basic Non Filtered Camel Menthol Kool's Winston Full Flavor USA Gold USA Gold Menthol Sonoma Menthol Sonoma Menthol 100's Pall Mall Virginia Slims Virginia Slims Menthol	
<b>5 Nicotine Level</b>	<b>1.0 mg/cigarette</b>	<b>6 Nicotine Level</b>	<b>0.9 mg/cigarette</b>
Basic 100's Basic Menthol 100's Doral Kools 100's (Super Long) Newport Menthol Slim Light Pyramid Full Flavor Marlboro Virginia Blend 100's Marlboro Virginia Blend Marlboro Menthol Smooths Marlboro 100's		Marlboro Menthol 100's Mild Marlboro Mild Marlboro Menthol 72's Pall Mall Menthol 100's Pall Mall Menthol Light Pall Mall Light Sonoma Menthol Lights Sonoma 100's Lights Sonoma Light L & M Full Flavor USA Gold Lights Winston 100's Light Winston Light Kool 100's (Super Long) Mild Kool Mild Doral Menthol Basic Full Flavor Camel Lights Fortuna	

Figure 6 Step Down Guide – Page 2

7 Nicotine Level      0.8 mg/cigarette	8 Nicotine Level      0.7 mg/cigarette
Marlboro Blend 27 Basic Menthol 100's Light Doral 100's Light Newport 100's Light USA Gold Menthol Light Pyramid Light American Spirit Ultra Light Maverick 100's Light Marlboro Light Marlboro Menthol 100's Light Marlboro 100's Light	Virginia Slims Light Virginia Slims Menthol Light L&M Light Misty Slim Menthol Light Misty Slims Doral Light Camel Blue (Light) Basic Menthol Lights Basic Lights Basic 100's Light
9 Nicotine Level      0.6 mg/cigarette	10 Nicotine Level      0.5 mg/cigarette
Doral Menthol Lights Misty Slims Ultra Light Misty Slims Menthol Ultra Light USA Gold 100's Ultra light Mavericks Menthol Lights (Gold Kings) Sonoma Ultra Lights Virginia Slims Super Slims	Virginia Slims Ultra Light Marlboro Menthol 100's Ultra Light Marlboro Ultra Light Pall Mall Ultra Light (Orange) Pyramid 100's Ultra Light USA Gold Ultra Lights Winston Ultra Light Kools 100's Super Light Kools Ultra Light Basic Menthol Ultra Lights
11 Nicotine Level      0.4 mg/cigarette	<p data-bbox="834 1098 1446 1150"><b>CONGRATULATIONS! YOU ARE READY TO QUIT! IT WAS NOT EASY BUT YOU SUCCEEDED.</b></p> <p data-bbox="834 1182 1446 1234">Now you can transition to the nicotine patch and gum. You can work on reducing the number of cigarettes you smoke each day.</p>
Basic Ultra Lights Basic 100's Ultra Light Camel Ultra Light Doral Ultra Light	