### Participant Information

- **Name:**
- **Phone:**
- **Email:**
- **Comments:**

### Participant Attendance Record (attend= √ )

<table>
<thead>
<tr>
<th>Session</th>
<th>Registration</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
<th>Session 7</th>
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<tbody>
<tr>
<td>Date(s) of call attempt(s):</td>
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### Smoking Status at Last Session (7)

(Indicate # using key below)

1 = Not smoking  
2 = Smoking, but quit at least once during program  
3 = Smoking  
4 = Don't know status

### Directions:

**30 Day follow-up for participants completing registration and at least 1 session:**

- Are you currently smoking? ☐ YES ☐ NO
- **IF YES:** On average, on how many days per week do you smoke? ____________
- **IF YES:** On the days that you smoke, how many cigarettes do you smoke? ____________
- During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit? ☐ YES ☐ NO
- **IF YES:** How many separate attempts? _________________

**6 Month follow-up for participants completing registration and at least 1 session:**

- Are you currently smoking? ☐ YES ☐ NO
- **IF YES:** On average, on how many days per week do you smoke? ____________
- **IF YES:** On the days that you smoke, how many cigarettes do you smoke? ____________
- During the past 6 months, have you stopped smoking for one day or longer because you were trying to quit? ☐ YES ☐ NO
- **IF YES:** How many separate attempts? _________________

### Date(s) of call attempt(s):

- 1) ____________________
- 2) ____________________
- 3) ____________________

### Comments:

- **Agency Name:** _______________________
- **Program Site:** _______________________
- **Date of Session:** _________ to ____________