

TOBBGEST STUDY DATA COLLECTION NOTEBOOK

RECRUITMENT

PATIENT INFORMATION

Birth date: _____

Date of the last period: _____

INCLUSION CRITERIA

Pregnant smoker woman: ☐Yes/☐No

The pregnancy will be monitored at the ASSIR: ☐Yes /☐No

Has smoked in the last 30 days: ☐Yes/☐No

Has a smartphone (with Android or iOS operating system): ☐Yes/☐No

Has an internet connection on the phone: ☐Yes/☐No

He regularly uses applications and games on his smartphone: ☐Yes/☐No

EXCLUSION CRITERIA

Suffers from addiction to other psychoactive substances (cocaine, heroin, designer drugs, alcoholism, etc.): ☐Yes/☐No

Suffers from underlying psychotic illnesses (schizophrenia, bipolar disorder, etc.): ☐Yes/☐No

Have you participated in any smoking cessation study in the last 12 months?: ☐Yes/☐No

RICHMOND TEST

Would you like to quit smoking if you could do so easily? ☐Yes/☐No

How interested are you in quitting?

- ☐ None at all
- ☐ A little
- ☐ Pretty much
- ☐ Lots of interest

Will you try to quit smoking in the next few weeks?

- ☐ Definitely not
- ☐ Maybe
- ☐ Yes
- ☐ Definitely Yes

What is the probability that within the next 6 months you will be a non-smoker?

- ☐ None
- ☐ Probably none
- ☐ Probably yes
- ☐ Sure Yes

NEW PATIENT DISCHARGE

Name: _____

Surname: _____

Gender:

- ☐ Woman
- ☐ Man
- ☐ Non binary

Mobile Phonenumber: _____

Culture/Nation:

- ☐ Occidental
- ☐ Oriental
- ☐ Arabic
- ☐ South American
- ☐ North American
- ☐ Gypsy
- ☐ Others: _____

Civil status:

- ☐ Single
- ☐ Married/ Lives as a couple
- ☐ Widow
- ☐ Divorced
- ☐ Other possibilities

Core coexistence

- ☐ Alone
- ☐ In partnership with a woman
- ☐ In partnership with a man
- ☐ With family
- ☐ Other possibilities

Physical activity (hours/week): _____

Alcohol consumption (units/week): _____

Level of studies:

- ☐ No education
- ☐ Primary
- ☐ Secondary
- ☐ University studies
- ☐ Master studies
- ☐ Others

Current employment situation (multiple options can be checked):

- ☐ Working
- ☐ Stopped
- ☐ Disability or permanent disability
- ☐ Housewife

- ☐ Retired
- ☐ Student
- ☐ Others. **Specify:** _____

Current job, or the last one you had (if you have never had a paid job, specify that of the person on whom you are financially dependent).

- ☐ Graduates or higher (pharmacists, doctors, lawyers...), company directors and large employers.
- ☐ Graduates (teachers, nurses, accountants...), small executives, managers and farmers.
- ☐ Non-manual qualifications (secretary, clerk, city guard, regional police...).
- ☐ Skilled manual workers (carpenter, plumber, cook...).
- ☐ Partially qualified (postman, bus driver, machine operator, agricultural workers...).
- ☐ Unqualified (garbage collector, cleaner, janitor, security guard, day laborers, fishermen, seafood collectors, plain soldier...).
- ☐ If you are not sure, please specify the job: _____

FIRST VISIT

MODIFIED FAGERSTRÖM TEST

How long does it take after you wake up to smoke your first cigarette?

- ☐ < 5 minutes
- ☐ from 6 to 30 minutes
- ☐ from 31 to 60 minutes
- ☐ > 60 minutes

Do you find it difficult not to smoke in places where it is prohibited?

- ☐ Yes
- ☐ No

Which cigarette is the hardest for you to give up?

- ☐ The first
- ☐ Others

How many cigarettes do you smoke a day?:

- ☐ More than 30
- ☐ From 21 to 30
- ☐ From 11 to 20
- ☐ Less than 11

Do you smoke more in the first hours after getting up than during the rest of the day?:

- ☐ Yes
- ☐ No

Do you smoke, even when he is sick in bed?:

- ☐ Yes
- ☐ No

CONSUMPTION DATA

Date First Visit: _____

Age of start of consumption (minimum 5 - maximum age of the patient): _____

Number of cigarettes smoked per day (currently and/or in the last 30 days): _____

Have you tried to quit smoking before?:

- ☐ Yes
- ☐ No

Smokers in the family environment?:

- ☐ Yes
- ☐ No

If you check yes before, degree of kinship, (several options can be chosen):

- ☐ Partner
- ☐ Son/Daughter
- ☐ Father/Mother
- ☐ Sister/Brother
- ☐ Others: _____

Type of tobacco consumed by the participant (multiple options can be chosen):

- ☐ Traditional cigarettes
- ☐ Rolling Tobacco
- ☐ Cigars
- ☐ Electronic cigarettes
- ☐ Vaping
- ☐ Hookah/Shisha
- ☐ Others. Specify: _____

DAY D PROGRAMMING

What day does he want to stop smoking (the patient must tell us a date): _____

☐ **Written consent has been provided and signed.**

Follow-up visit

Visit Day: _____

Type of visit:

- ☐ Attended
- ☐ Telephone

If attended, indicate CO levels (between 0-99):: _____

Continue with the indicated treatments:

- ☐ Yes
- ☐ No

Treatments currently indicated (as of this visit):

- ☐ Nicotine replacement therapy
- ☐ Bupropion
- ☐ Varenicycline
- ☐ Others (Specify : _____)

Presence of withdrawal symptoms:

- ☐ Yes
- ☐ No

Have you smoked any drag?

- ☐ Yes
- ☐ No

Have you had a relapse? (Defined relapse with continued tobacco use for more than 7 consecutive days after a period of abstinence of at least 24 hours or a carboxymetry greater than 10.)

- ☐ Yes
- ☐ No

In case of relapse, indicate the reason:

- ☐ Body weight gain
- ☐ Stress
- ☐ Withdrawal symptoms
- ☐ Others. Specify: _____

In case of relapse, indicate the number of cigarettes/day: _____

Is still pregnant?:

- ☐ Yes
- ☐ No

If not, indicate the reason for termination of pregnancy:

- ☐ Abortion
- ☐ Eutocic birth (vaginal)
- ☐ Dystosic Birth (instrumental delivery, caesarean)

In case of delivery, indicate date of delivery: _____

In case of delivery, indicate the baby's first and last name: _____

In case of delivery, indicate the CIF of the baby: _____