

**Tobacco Cessation Program  
Facilitator Guide Appendix**

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DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT KNOX, KENTUCKY 40121-5520

MCXM-PMH

26 December 2002

SUBJECT: Standard Operating Procedure for Tobacco Cessation Program

1. PURPOSE: To outline procedures for managing the Tobacco Cessation (TC) Program.
2. SCOPE: This Standard Operating Procedure (SOP) applies to sections within Preventive Medicine Service who participate in the operation of the TC program.
3. AUTHORITY: AR 600-63, U.S. Army Health Promotion Program, 28 April 96
4. GENERAL: N/A
5. ABBREVIATIONS AND TERMS: N/A
6. RESPONSIBILITIES:
  - a. Chief, Preventive Medicine (PM), designates policy and insures compliance.
  - b. Nurse Consultant, Health and Wellness Center (HAWC), is responsible for implementing the policy designated by the Chief, PM.
7. PROCEDURES:
  - a. The Tobacco Cessation Program consists of a series of six classes each approximately one hour in length. Each client scheduled for class is given an appointment for an initial interview. A health care provider does the initial interview which includes a review of the medical record. Physician's assistants trained and certified by the Chief, PM have been credentialed to prescribe nicotine replacement therapy and/or bupropion with record review by the Chief, PM.
  - b. All participants in the TC program are scheduled into the program by the HAWC staff based on class dates and appointment availability. At the time of scheduling, each client receives a description of the program and its requirements. Clients are encouraged to attend all classes in order to continue on nicotine replacement therapy/bupropion.
  - c. Clients' medical records are ordered for the initial interview appointment. The appointment is to review the client's medical and tobacco use history. The level of nicotine replacement therapy to be used will be determined at this appointment as well as possible use of bupropion. The initial interview must occur within 90 days of the start of the classes.
  - d. At the initial evaluation, participants who use bupropion are given prescriptions that start one week prior to class one. This allows a minimum of 7-10 days on medication prior to initiation of nicotine replacement therapy.

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e. HAWC staff provides a folder of all blank forms (see attachments) required for each individual entering the TC program.

f. At the initial evaluation the provider reviews the use of diary/daily tobacco log with each patient. The log sheet is used to help insure tobacco use is accurately measured; it also establishes patterns of heaviest use.

g. HAWC staff obtains the required NRT from the pharmacy prior to each class. Packages are labeled by the HAWC staff to comply with pharmacy guidelines.

h. HAWC staff insures clients sign in each week on log sheets. Each attendee is then interviewed by a HAWC staff member to verify their folder information and to insure that the amount of medication available for them is correct. If the client is a smoker, he/she has a carbon monoxide level measured and recorded. Each client is asked if they are tobacco free at class time. A client who is not tobacco free after the second class or who still has a carbon monoxide level measurement above eight is noted to the TC class facilitator for personal interview prior to receiving the week's medication. Each client is given NRT at the time of interview. All tobacco users on bupropion have a weekly BP check.

i. If an individual must miss a class, a one-on-one interview which includes carbon monoxide measurement is carried out by HAWC staff before medication is issued. Problems with compliance or medication are discussed with the class facilitator.

j. At the final class, customers complete one-month follow-up questions on the appropriate forms.

k. The TC class facilitator directs the materials that are to be available for each class. The HAWC staff insures that all required materials are available for each participant at each class session.

l. Secretary, HAWC, serves as administrator for the TC program. He/she arranges speakers for classes, sends schedules to speakers, and develops log sheets for class. Designated personnel in HAWC maintain and enter database information and notify staff of telephone calls needed to obtain follow-up information.

m. The HAWC staff performs follow-up phone calls at one month, three months, six months and one year. Discussions are documented and results entered into TC database.

8. SAFETY CONSIDERATIONS: None.

9. REFERENCES: N/A

CAROLYN H. APPLER  
Nurse Consultant  
Health and Wellness Center

PAUL D. BENNE  
MAJ, MC  
C, Preventive Medicine

# Tobacco Cessation Database

## Suggested key codes for data entry in the Tobacco Cessation Database

Class Attend = number of classes attended. The program involves six classes total.

Quit date = the date the participant selected as their date to become tobacco free on the **Nicotine Replacement Therapy Counseling Form**.

M1, M3, M6, Y1 = the dates the participants are contacted to determine tobacco cessation success. M1 = one month and is normally collected on the last day of class. If the participant does not attend the final class, they should be contacted by phone to determine their tobacco status.

M3 = 3 months after the end of class

M6 = 6 months after the end of class

Y1 = 1 year after the end of class.

Participants can be contacted via phone, email or during clinic visits. A minimum of three attempts is made to contact the participant at the specified intervals. Data fields are left blank if 1) the data could not be obtained or 2) the data is not due yet.

Entry codes are:

T = using tobacco

F = tobacco free

M = moved and lost to follow up

D = deceased

Mot = motivation. This is measured on a scale of 1 through 4 on the **Tobacco Cessation Evaluation**.

Mg/NRT = Dosage of nicotine replacement therapy at the start of the program.

NRT = the code used to identify a participant's nicotine replacement therapy status after the second week of class.

T = using NRT

F = not using NRT

Zyban = whether the participant used Zyban.

Y = yes

N = no

Category = participant status as beneficiaries

A = active duty

C = civilian employee

D = family member

R = retiree

V = Veteran's Clinic

Cmon = the month the tobacco cessation class began for the participant.

FEB9 = Feb 99

Times Tried = the number of times the participant has tried to quit tobacco.

CESD = CESD Depression Scale Score.

# Tobacco Cessation Program

## Schedule of Sessions

Session		Date and Time
1	“Orientation” Are You Ready to Quit?	Date: Time:
2	“Knowledge Is Power” Understanding Nicotine Addiction Setting a Quit Date	Date: Time:
3	“Getting Started” Stress Management Dealing with Withdrawal	Date: Time:
4	“Examining the Hurdles” Avoiding Weight Gain	Date: Time:
5	“Making a Plan” Stress and Coping Strategies	Date: Time:
6	“Making It Last” Relapse Prevention	Date: Time:
<b>Location:</b>		
<b>Facilitator:</b>		
<b>Phone:</b>		

# Tobacco Cessation Program Evaluation

The feedback you provide will be used to improve this program.

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Circle the number that best describes your response to the statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Adequate time was spent on group sharing and discussion.	5	4	3	2	1
Adequate time was spent discussing stress management.	5	4	3	2	1
Adequate time was spent discussing and practicing relaxation techniques.					
Adequate time was spent discussing nutrition and weight control.	5	4	3	2	1
Adequate time was spent discussing the harmful effects of tobacco.	5	4	3	2	1
Outside speakers are an important part of the program.	5	4	3	2	1
The information in the workbooks was easy to understand.	5	4	3	2	1
I found the workbooks to be a valuable tool during the tobacco cessation process.	5	4	3	2	1
The class met my expectations.	5	4	3	2	1
I would recommend this class to others interested in quitting tobacco.	5	4	3	2	1
The facilitator was knowledgeable about tobacco cessation.	5	4	3	2	1
There was adequate one-on-one attention from the facilitator.	5	4	3	2	1

The Tobacco Cessation Program has six sessions. How many sessions did you attend?

How often should the class meet?	Once a week	Twice Weekly	Other:
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Should spouses be able to attend/sit in on classes?	Yes	No
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What activity did you find the most helpful?

What activity did you find the least helpful?

Are you currently smoking or using other tobacco products?

Would you be interested in speaking to classes in the future? If yes, list your name and phone number.

Do you have any suggestions to improve the program?

## Tobacco Cessation Post-Program Evaluation

<b>Follow-Up Interview Form</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Phone Number:</b>				
<b>E-mail Address:</b>				
	1 Month	3 Months	6 Months	1 Year
<b>Date:</b>				
<b>Initials of person completing follow-up:</b>				
<b>1. Have you been tobacco-free since your quit date?</b> (If YES, proceed to Question 2.)	YES or NO	YES or NO	YES or NO	YES or NO
1a. What was the longest period you were tobacco-free after your quit date?				
1b. On approximately what date did you begin using tobacco again?				
1c. What was the major event that led to your relapse?				
1d. Did you use the NRT (patches, gum) that were prescribed to you?				
<b>2. Are you currently using tobacco products?</b> (If NO, proceed to Question 3.)	YES or NO	YES or NO	YES or NO	YES or NO
2a. Approximately how many cigarettes are you currently smoking each day?				
2b. Approximately how much smokeless tobacco are you using each day?				
<b>3. Do you have any questions or concerns?</b> If YES:	YES or NO	YES or NO	YES or NO	YES or NO
<b>4. Do you have any specific questions for a health care provider?</b>	YES or NO	YES or NO	YES or NO	YES or NO

In order to evaluate the success of your program, you need to find out if participants are still tobacco-free after the class has ended. A follow-up at one, three, six, and twelve months is recommended. Follow-up can be via telephone, postal mail, or e-mail.

### Cover Letter or Email Sample

Dear \_\_\_\_\_,

One month ago, (three months, six months, twelve months), you participated in a Tobacco Cessation Program at (organization).

To determine the effectiveness of the program, we ask your help. Please take a moment to complete the (enclosed postcard) (survey below) and return it by (date).

Thank you for your help. Please remember to call us at (phone number) if we can be of assistance to you. Remember, if you have gone back to using tobacco, we want to help you get back on track. The benefits last a lifetime.

Sincerely,  
(Facilitator)

Include the following survey. If sending via postal mail, also include a self-addressed, stamped envelope.

### **Tobacco Cessation Program Survey**

Name:

Date:

1. Have you been tobacco-free since your quit date? (If YES, proceed to Question 2.)
  - 1a. What was the longest period you were tobacco-free after your quit date?
  - 1b. On approximately what date did you begin using tobacco again?
  - 1c. What was the major event that led to your relapse?
  - 1d. Did you use the NRT (patches, gum )that were prescribed to you?
2. Are you currently using tobacco products? (If NO, proceed to Question 3.)
  - 2a. Approximately how many cigarettes are you currently smoking each day?
  - 2b. Approximately how much smokeless tobacco are you using each day?

3. Do you have any questions or concerns?

If YES:

Please return this survey as soon as possible. Thank you for your time.

## Telephone Script

If you are unable to contact participants via mail or email, follow-up with a telephone call to the participant. Below is a sample script. Use the questions to complete the Follow-Up Interview Form.

*Hello, my name is \_\_\_\_\_ . I'm calling for the (organization). You took part in a Tobacco Cessation Program (three, six, twelve) months ago. To improve the class, we are asking past participants a few questions. Do you have a minute to talk?*

1. Have you been tobacco-free since your quit date? (If YES, proceed to Question 2.)
  - 1a. What was the longest period you were tobacco-free after your quit date?
  - 1b. On approximately what date did you begin using tobacco again?
  - 1c. What was the major event that led to your relapse?
  - 1d. Did you use the NRT (patches, gum) that were prescribed to you?
  
2. Are you currently using tobacco products? (If NO, proceed to Question 3.)
  - 2a. Approximately how many cigarettes are you currently smoking each day?
  - 2b. Approximately how much smokeless tobacco are you using each day?
  
3. Do you have any questions or concerns?  
If YES:

# Tobacco Cessation Attendance Roster

Participants	Telephone	Attendance						Total Sessions
		1	2	3	4	5	6	
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							
Name: _____ Address: _____	Home: _____ Work: _____							

# **Tobacco Cessation Program**

## **Tobacco-Free Certification**

Congratulations to

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### **For Quitting Tobacco**

You have taken one of the most important steps toward improving your health and increasing your years of physical well-being.

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Clinic Facilitator

Date

## **News Release**

Name of Organization

Address

Contact and phone

### ***For Immediate Release***

The (organization name) announces the Tobacco Cessation Program at (time and place). We will offer the latest information on how to become free from tobacco use. An orientation session will be held (time and place). Interested parties can register at the session or by calling (organization) at (phone number).

The Tobacco Cessation Program is a six-session class sponsored by (organization). A trained facilitator helps the group create a supportive environment which helps participants break the tobacco addiction. Each tobacco user who joins the class develops an individual plan for quitting.

In the class, emphasis will be on long-term freedom from tobacco. Guest speakers, including ex-smokers, will provide information about stress management, weight control, the pitfalls of relapse and how to prevent it.

During the class, the facilitator will teach a step-by-step method for changing behavior and quitting tobacco. This approach uses positive thinking, alternative behaviors, one-on-one help, rewards, and group support to help participants quit tobacco.