

Quit Smoking App Clinical Trial

PROFORMA

Randomized Controlled Trial for Smartphone based Smoking Cessation Program –
QuitSure Proforma

1. Date of birth:

2. Sex:

3. Place of residence:

4. Occupation:

5. Married or Unmarried:

6. Number of children:

7. What is the highest level of education you have completed?

(a) No Formal Schooling

(b) Less Than Primary School Completed

(c) Primary School Completed

(d) Less Than Secondary School Completed

(e) Secondary School Completed

(f) High School Completed

(g) College/University Completed

(h) Post Graduate Degree Completed

(i) Don't Know

(j) Refused

8. Which of the following best describes your main work status over the past 12 months?

(a) Government employee (b) Non-government employee

(c) Self-employed..... (d) Student

(e) Homemaker (f) Retired

(g) Unemployed, able to work (h) Unemployed, unable to work

(i) Don't know (j) Refused

9. We have explained to you regarding our study. Do you agreed to participate in a smoking cessation programme with written informed consent? (a) Yes (b) No

10. Which of the following best describes your smoking frequency (at least 1 per day)?

(a) Daily (b) Less than daily (c) Not at all (d) Don't know (e) Refused

11. Have you smoked daily, without any gap in last 100 days? (a) Yes (b) No (c) Don't know (d) Refused

12. Are you comfortable in reading, writing and understanding English? (a) Yes..... (b) No.....

13. Have daily access to an Android or iOS smartphone? (a) Yes..... (b) No.....

14. Can you use a smartphone without difficulty? (a) Yes..... (b) No.....

15. Has a doctor or any counselor recently advised you not to quit smoking cold-turkey (abruptly)? (a) Yes..... (b) No.....

16. Do you have any psychiatric/ mental health related problem? (a) Yes..... (b) No..... (c) Refused.....

17. Will you be able to attend follow-up clinic visits during the study period? (a) Yes..... (b) No..... (c) Refused.....

18. Have you taken any smoking cessation medication within 1 year from today? (a) Yes----- (b) No----- (c) Refused-----

19. Have you recently planned to use any smoking cessation aids and/or to participate in any kind of smoking-cessation activities (not limited to smoking cessation therapy) outside of this trial? (a) Yes----- (b) No----- (c) Refused-----

20. Do you any or more of the items listed below, in your household?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Electricity?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
b. Flush toilet?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
c. Internet access via mobile phone, tablet, laptop or other computer?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
d. Cell telephone?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
e. Television?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
f. Radio?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
g. Refrigerator?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
h. Car, truck, or van?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
i. Moped/scooter/motorcycle?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....
j. Washing machine?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9.....

21. Have you smoked tobacco daily in the past? (a) Yes (b) No
 (c) Don't know (d) Refused

22. In the past, have you smoked tobacco on a (a) Yes (b) No
 (c) Don't know (d) Refused

23. How old were you when you first tried smoking tobacco, even once?

Or

how many years ago did you first try smoking tobacco, even once?

24. How old were you when you first started smoking tobacco daily?

25. On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day. Can select multiple answers.

Sl	Type	Yes (Tick/ cross)	No (Tick/ cross)	Per Day (Numbers)	Per Week (Numbers)	Occasionally
(a)	Manufactured Cigarettes					
(b)	Hand-rolled Cigarettes					
(c)	Pipes full of tobacco					
(d)	Cigar/ Cheroots					
(e)	Hookah					
(f)	Bidi					
(g)	Electronic Cigarette with Tobacco					
(h)	Any other form of smoking (Please specify)					

26. How soon after you wake up do you usually have your first smoke? (a) Within 5 minutes (b) 6 to 30 minutes..... (c) 31 to 60 minutes (d) More than 60 minutes (e) Refused

27. Does any of the members of the household also smoke? (a) Yes (b) No (c) Refused

28. How long has it been since you stopped smoking? (a) Years (b) Months (c) Weeks (d) Days (e) Less than 1 day (f) Not stopped, continuing..... (g) Don't know (h) Refused

29. Have you visited a doctor or other health care provider in the past 12 months? (a) Yes (b) No (c) Refused

30. If the answer to Qn 29 is yes, how many times did you visit a doctor or health care provider in the past 12 months?

(a) 3 to 5 (b) 6 or more (c) Refused (d) Not applicable.....

31. If the answer to Qn 29 is yes, which disease conditions are you suffering from?

(a) Name of the diseases..... (b) Refused to answer.....

32. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

(a) Yes (b) No (c) Refused

33. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

(a) Yes

(b) No

(c) Refused

34. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

SI	Mode	Yes	No	Refused to answer
(a)	Counseling including at a smoking cessation clinic			
(b)	Nicotine replacement therapy, such as a patch or gum			
(c)	Other prescription medicine			
(d)	Any mobile app programme			
(e)	Support line via call, email, social media			
(f)	Using tobacco free e-cigarettes			
(g)	Heated tobacco product instead			
(h)	Self-motivated quitting without any assistance			

35. During the past 12 months, have you tried to stop smoking?

(a) Yes (b) No (c) Refused

36. Thinking about the last time you tried to quit, how long did you stop smoking?

(a) Months

(b) Weeks

(c) Days

(d) Less than 1 day (24 hours)

(e) Don't know

(f) Refused

37. Which of the following best describes your thinking about quitting smoking?

(a) Quit within the next month

- (b) Thinking within next 12 months
- (c) Quit someday, but not next 12 months
- (d) Not interested in quitting
- (e) Start another form of tobacco consumption instead of smoking
- (f) Don't know
- (g) Refused to answer

38. What is your perception about smoking?

- (a) Good for health
- (b) Bad for health
- (c) No effect on health
- (d) Don't know
- (e) Refused

39. Why do you smoke?

- (a) Habit
- (b) Pleasure
- (c) Stress relief
- (d) Increases stamina
- (e) Helps in socializing
- (f) Compulsion
- (g) Peer pressure
- (h) Increases concentration
- (i) Incentivizes self
- (j) Elevates Mood