West Virginia Department of Health and Human Resources
RIGHT FROM THE START PROGRAM
Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT)

☐ Prenatal
☐ Postpartum
# of weeks: _____
Date: _____
MM DD YYYY

CO VALUE _____ PPM
☐ Refused
☐ Equipment Problem
☐ Explanation in Progress Notes

DOB: _____

SSN: _____

Name: _____
Last Name First Name MI

Region: _____ County: _____

DCC: _____

Agency: _____

1. Which type of tobacco do you use? (Check all that apply.)
   ☐ I have **never** smoked cigarettes. (Mark here if you have only tried smoking)
   ☐ I have stopped smoking - I am not currently smoking.
   ☐ I dip, chew, or use smokeless tobacco.
   ☐ I use electronic cigarettes/vaping.
   ☐ I currently smoke cigarettes. Per day, I smoke the following amount of cigarettes:
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ More than one pack per day ☐ 2 packs or more per day
2. How many cigarette smokers live in the same house with you? (choose only one)
   ☐ 0 ☐ 1 ☐ 2 or more
3. How is cigarette smoking handled where you live? (choose only one)
   ☐ No one smokes where I live - they smoke outside.
   ☐ People may only smoke in certain rooms where I live. ☐ People may smoke anywhere I live.
4. How many of your family and friends are cigarette smokers? (choose only one)
   ☐ None ☐ A few ☐ Some ☐ Most

If Never Smoked or Quit - STOP HERE. Continue ONLY if Currently Smoking.

5. How soon after you wake up do you usually use tobacco? (choose only one)
   ☐ 5 minutes or less ☐ 6 to 30 minutes ☐ 31 to 59 minutes ☐ 1 to 2 hours ☐ Greater than 2 hours
6. Do you want to quit now? (choose only one)
   ☐ Yes ☐ I would like to reduce my cigarette smoking. ☐ I would like more information about quitting. ☐ No
7. SCRIPT intervention was given? (refer to handout, choose all that apply, summarize counseling in progress notes)
   ☐ ASK ☐ ASSESS ☐ ADVISE ☐ ASSIST ☐ ARRANGE
8. Are any of your family and friends who smoke cigarettes ready to quit with you? (choose only one)
   ☐ Yes ☐ No ☐ I haven't talked to any of them about quitting.
9. The SCRIPT Program provided me with: (choose all that apply) ☐ Guide ☐ Counseling Time Spent _____ (In Minutes)
10. My doctor advised me to quit. ☐ Yes ☐ No
11. I have been referred to the WV Quitline. ☐ Yes ☐ No
12. I have used the WV Quitline. ☐ Yes ☐ No

White: RCC
Yellow: DCC
Pink: OB Provider
Goldenrod: Client