

**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 ☐ Virtual Visit
☐ Equipment Problem
☐ Explanation in Progress Notes

Name: _____ DOB: ____ / ____ / ____

Region: ____ County: _____ Agency: _____ DCC: _____

1. Are you currently using any of the following products:
☐ Cigarettes ☐ Other tobacco product _____ ☐ E-cigarettes/vaping ☐ No
2. Have you used any of the following products in the past:
☐ Cigarettes ☐ Other tobacco product _____ ☐ E-cigarettes/vaping ☐ No
3. Are you currently enrolled in a smoking cessation program? ☐ Yes _____ (program) ☐ No

IF QUIT IN THE PAST

4. The last time you quit, how long was it for? ____ ☐ year(s) ☐ month(s) ☐ week(s) ☐ day(s)
5. How did you quit? ☐ Nicotine Replacement Therapy (NRT) _____ ☐ Cold Turkey (on my own)
☐ Tapering (gradually reduced) ☐ Other

6. Does anyone living with you currently smoke cigarettes, if yes, how many people?
☐ No ☐ 1 ☐ 2 or more
7. Approximately, how many of your family and friends smoke cigarettes?
☐ None ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ More than 20
8. Which one of the following statements best describes smoking rules inside your home?
☐ Smoking is NOT allowed inside my home
☐ Smoking is allowed in only some rooms of my home
☐ Smoking is allowed anywhere in my home
9. Is your baby exposed to tobacco smoke inside or outside your home (cars, parks, etc.)? ☐ Yes ☐ No

STOP HERE – If Never Smoked or Has Quit.

CONTINUE ONLY – If Currently Smoking.

10. On an average how many cigarettes do you smoke per day?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ More than a pack ☐ More than 2 packs
11. How soon after waking up do you usually use tobacco or e-cigarettes/vape?
☐ 5 minutes or less ☐ 6-30 minutes ☐ 31-59 minutes ☐ 1 to 2 hours ☐ More than 2 hours
12. Are you interested in:
☐ Quitting ☐ Reducing ☐ Receiving more information about quitting ☐ None
13. Are any of your friends and family interested in quitting smoking with you?
☐ Yes ☐ No ☐ Do not know (have not talked to them about it)
14. Has your doctor advised you to quit? ☐ Yes ☐ No
15. Have you been referred to the Quitline? ☐ Yes ☐ No
16. Have you ever used the Quitline? ☐ Yes ☐ No

17. SCRIPT intervention used (refer to handout, summarize counseling in progress notes)

☐ ASK ☐ ASSESS ☐ ADVISE ☐ ASSIST ☐ ARRANGE

18. The SCRIPT Program provided client with: (select all that apply)

☐ Educational Material ☐ Counseling

Time Spent (in minutes) _____