

Freedom From Smoking Documentation

Please mark with an "X" which scenarios best describes your participant and complete the sentence.

_____ This _____ year old male/female (please circle one) currently smokes _____ ppd.

_____ This _____ year old male/female (please circle one) currently uses dip _____ cans /week.

_____ This _____ year old male/female (please circle one) currently uses electronic nicotine delivery devices _____ times per day.

_____ This _____ year old male/female (please circle one) dual uses _____ and _____.

_____ This female is currently pregnant.

Date/Time _____ Attended ALA FFS session 1 of 8.

Date/Time _____ Attended ALA FFS session 2 of 8.

Date/Time _____ Attended ALA FFS session 3 of 8.

Date/Time _____ Attended ALA FFS session 4 of 8. Medication: _____

Date/Time _____ Attended ALA FFS session 5 of 8.

Date/Time _____ Attended ALA FFS session 6 of 8.

Date/Time _____ Attended ALA FFS session 7 of 8.

Date/Time _____ Attended ALA FFS session 8 of 8.

_____ Certificate of Quitting awarded.

_____ Certificate of Completion awarded.

Date/Time of Certificate _____

Facilitator Signature _____

Authorized Signature _____