**Measure 6 – Tobacco Cessation Referrals – Non NFP**

**Caregiver Measure**

**Data Collection Time Point(s)**

Entry

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was data for this measure collected?**

☐ Yes (Continue to 2)

☐ No (Continue to 1)

☐ Yes, with incomplete data (Continue to 2)

**1. Please provide the reason data was not collected**

☐ Caregiver exited prior to this data being collected

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Are you (Caregiver) currently using tobacco, cigarettes, or other forms of nicotine[[1]](#footnote-1)?**

Yes, Cigarettes

Yes, Other

No (End)

**3. If yes, did you (home visitor) refer the client to tobacco cessation counseling or services?**

Yes (End)  No (end)

1. 1 Combustibles (Cigars, Pipes, Hookahs, Bidis), Non-Combustibles (Chew, Dip, Snuff, Snus, Dissolvable), Electronic Nicotine Delivery Systems (ENDS) aka Vaping [↑](#footnote-ref-1)