

CONSENT FORM TO BE PART OF A RESEARCH STUDY: PATIENTS

Title of Research: Free Samples for Health (FreSH) Study 3

UAB IRB Protocol #: 3000010014

Principal Investigator: Sandra Japuntich, Ph.D.

Sponsor: National Institutes of Health

General Information	You are being asked to take part in a research study. This research study is voluntary, meaning you do not have to take part in it. The procedures, risks, and benefits are fully described further in the consent form.
Purpose	The purpose of the study is to test whether samples of nicotine replacement therapy or electric toothbrushes change the smoking habits of dental patients.
Duration & Visits	You will be in this study for six months. There will be 1 in-person visit and 4 follow-up assessments that are conducted via email or text.
Overview of Procedures	This study will include brief advice about your smoking from an oral health provider. You will receive either an electric toothbrush or a 2-week supply of nicotine replacement therapy patches or lozenges. You will be asked to participate in 5 surveys. The surveys will take place at your dental visit, after your dental visit, and at 1-, 3-, and 6-months following your dental visit. Each survey will take approximately 5-20 minutes to complete. These surveys can be completed on any personal device, such as a computer, tablet or a smartphone. You may be sent a self-administered CO (carbon monoxide) monitor to take an exhaled CO breath test. Finally, you may be asked to do a recorded telephone interview. The interview will ask for feedback about the procedures that you experience during the study. This interview will take approximately 60 minutes.
Risks	The most common risks include side effects of nicotine replacement therapy. The nicotine patch and nicotine lozenge are available over the counter. The most common side effects of the nicotine lozenge are nausea/stomach upset, mouth/throat irritation, and hiccups. The most common side effects of the nicotine patch include local skin irritation at the site of the patch, disturbed sleep and vivid dreams, headache, and nausea. Less common are allergic skin reactions to the patch.
Benefits	You may or may not improve your oral or physical health as part of the study by stopping smoking or improving your oral hygiene.
Alternatives	Being in this research study is voluntary. You do not have to take part in this study if you do not want to, it is your choice. Not participating will not affect your care as a patient of your dentist.

Purpose of the Research Study

We are asking you to take part in a research study because you smoke cigarettes, own a smartphone with reliable internet access (data plan and/or Wi-Fi) and are a dental patient at a National Dental Practice-Based Research Network practice participating in this study. The purpose of this current research study is to test whether giving patients samples of either nicotine replacement therapy (nicotine patch and nicotine lozenge) or electric toothbrushes changes their smoking behavior. This study will enroll approximately 1200 participants. There will be up to 24 participants enrolled from your dental practice.

Study Participation & Procedures

In this study, you will receive:

- brief advice from your dental provider about your smoking
- a referral to your state quit line (telephone counseling program to help people stop or reduce smoking).
- a sample of either a 1) nicotine replacement therapy (a two-week supply of 14mg nicotine patches and 4mg nicotine lozenges); or 2) an electric toothbrush.

Your dental practice has been randomly assigned (like flipping a coin) to either give samples of nicotine replacement therapy or electric toothbrushes. You will not know which sample you will receive until after you have enrolled in the study.

You will also be asked to complete five surveys over 6 months about you, your tobacco use, and oral health. These surveys will be completed over the internet and will be sent to you via email or text message on your personal device (computer, tablet, or smartphone). If you do not complete the survey by email or text, we will call you to complete the survey and may send the survey by mail. It will take approximately 5 minutes to complete the baseline survey, 10 minutes to complete the after-visit survey, and 20 minutes to complete each of the three follow-up surveys. The surveys will be completed at the following times:

- Before or during your dental visit.
- After your dental visit (survey will be sent within 24 hours of your visit).
- 1 month after your dental visit.
- 3 months after your dental visit.
- 6 months after your dental visit.

In addition, six months after your dental visit, we may mail you a device called the iCO quit personal smokerlyzer that connects to your smartphone with Bluetooth (wireless connection) and works with the Smokerlyzer app. The Smokerlyzer looks like a tube. To take the test, you will hold your breath for 15 seconds and then slowly exhale into the tube. The Smokerlyzer measures the level of carbon monoxide (CO) in your breath. People who smoke cigarettes have more CO in their breath than people who do not smoke. You will download the Smokerlyzer app on your phone to take the CO test. You will take the CO test within 24 hours of receiving the CO monitor. It will take approximately 5 minutes to complete the CO breath test. You can delete the Smokerlyzer app from your smart phone after you have completed the CO test procedure.

Finally, six months after your dental visit, you may complete a telephone interview about your experiences in the study. This interview will be conducted by study investigators from Northwestern University and will be audiorecorded and professionally transcribed and will take approximately 60 minutes.

Participation in this study will last approximately six months.

You will be asked to provide emergency contacts who would know how to reach you if the study cannot reach you. If we cannot reach you for the surveys, breath test, or interview, we will call your emergency contacts and ask for updated contact information for you. We may also ask your dental provider for your updated contact information if we cannot reach you.

Additional Information:

Your de-identified private information may be used for future research studies or distributed to another researcher for future research studies without additional informed consent.

The clinical results (including individual research results) will not be returned to you.

Risks and Discomforts

You may have some side effects from taking the study drugs.

The side effects of the nicotine patch are:

- Local skin irritation at the site of the patch (about 15% of people)
- Disturbed sleep and vivid dreams (about 11% of people)
- Headache (about 4% of people)
- Nausea (about 4% of people)
- Allergic skin reactions to the patch (rare)

The side effects of the nicotine lozenge are:

- Nausea or upset stomach (about 8% of people)
- Mouth/throat irritation (about 7% of people)
- Hiccups (about 6% of people)

You may find the brief advice from your dentist, or study assessments to be upsetting. You are at risk of loss of confidentiality of your study information.

There may also be risks that are unknown at this time. You will be given more information if other risks are found.

You will be assigned to a group by chance, which may prove to be less effective or to have more side effects than the other study group or alternatives.

Information for Women of Childbearing Potential and Nursing Mothers

Nicotine replacement therapy is not recommended for women who are pregnant or breastfeeding. Therefore, breastfeeding and pregnant women are not allowed to take part in the study. If you decide to take nicotine replacement therapy, you must be using an effective form of birth control. Effective birth control includes birth control pills, patch, IUD, condom, sponge, diaphragm with spermicide, abstinence, or any other method prescribed by your physician. If you become pregnant, do not take nicotine replacement therapy (patches or lozenges).

Benefits

As a result of the study treatment, you may improve your physical or oral health by stopping smoking or improving your oral hygiene. You may not benefit directly from taking part in this study. However, this study may help us better understand how oral health practitioners can help patients stop smoking.

Alternatives

You do not have to take part in this study if you do not want to, it is your choice. Not participating will not affect your care as a patient of record with your dentist.

Confidentiality

Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research. They include:

- the University of Alabama Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- National Institutes of Health (the study sponsor)
- the Office for Human Research Protections (OHRP)
- Landmark Associates (a professional transcription company)
- National Dental Practice-Based Research Network Administrative and Resource Center (University of Alabama at Birmingham) and National Coordinating Center for the National Dental Practice-Based Research Network (Kaiser Permanente Center for Health Research)
- Hennepin Healthcare/Hennepin Healthcare Research Institute (Minneapolis, MN; one of the institutions conducting the study)
- Northwestern University (Chicago, IL; one of the institutions conducting the study)

The information from the research may be published for scientific purposes; however, your identity will not be given out in those publications.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by the National Institute of Dental and Craniofacial Research which is funding this project or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law of child or elder abuse or neglect, risk of harm to self or others.

The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

Voluntary Participation and Withdrawal

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in it. If you decide not to be in the study, you will not lose any benefits you are otherwise owed.

You are free to withdraw from this study at any time. Your choice to leave the study will not affect your dental care in any way. Contact the study doctor if you want to withdraw from the study.

You may be removed from the study without your consent if the sponsor ends the study, if your personal doctor or the study principal investigator decides it is not in the best interest of your health, or if you are not following the study rules.

Cost of Participation

There will be no cost to you for taking part in this study. All study treatments are provided to you at no cost.

Payment for Research-Related Injuries

UAB has not provided for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

Payment for Participation

You will receive \$20 for completing the after-visit survey and \$20 for completing each of the three follow-up surveys (1-month, 3-month, and 6-month). If you are selected to take a CO test, you will be sent an iCO quit personal smokerlyzer CO monitor and will receive \$50 for completing the CO test. If you are selected to complete a telephone interview, you will receive \$50 if you complete the interview.

You will receive payments via ClinCard, a reloadable debit card. Money will be added to the card within two weeks of completing surveys or interviews.

New Findings

You will be told by the study doctor or the study staff if new information becomes available that might affect your choice to stay in the study.

Questions

If you have any questions, concerns, or complaints about the research or a research-related injury including available treatments, please contact the study doctor. You may contact Dr. Japuntich at 612-873-6856.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

Legal Rights

You are not waiving any of your legal rights by signing this consent form.

Signatures

Your signature below indicates that you have read (or been read) the information provided above and agree to participate in this study. You will receive a copy of this signed consent form.

Signature of Participant

Date



Dear <Dentist or Hygienist>

I am a Regional Node Coordinator with the National Dental Practice-Based Research Network (National Dental PBRN).

As a **practicing dentist or hygienist** and a member of the National Dental PBRN, you may be eligible to participate in an upcoming study entitled, “Free Samples for Health (FreSH) Study 3;” IRB-300010014. This study is being conducted by Hennepin Healthcare, the University of Alabama and the National Dental PBRN. The study sponsor is the National Institutes of Health.

General Information	You are being asked to take part in a research study. This research study is voluntary, meaning you do not have to take part in it. Procedures, risks, and benefits are fully described further in this document.
Purpose	The purpose of this study is to understand factors that would affect the feasibility and acceptability for implementing nicotine replacement therapy sampling vs. electric toothbrushes in changing patients’ smoking habits in oral healthcare settings.
Duration & Visits	You will be asked to complete questionnaires two times during the study, before starting recruitment for the FreSH patient study and after completing recruitment. We estimate the questionnaires will take about 20 minutes to complete each time. You may also be invited to take part in a 60 minute interview. Finally, you will be asked to give permission to collect administrative data on the time required to deliver the study interventions.
Overview of Procedures	If you agree to participate, you will be sent questionnaires via email before and after serving as a study site for the FreSH patient study. The data collection system will track the amount of time spent on each screen. Following the end of recruitment at your site, you may be asked to participate in an interview over the phone.
Risks	The most common risk is loss of confidentiality.
Benefits	You will not benefit from participating in this study.
Alternatives	Being in this research study is voluntary. You do not have to take part in this study if you do not want to, it is your choice.

The FreSH trial will test the effectiveness of providing patients with samples of nicotine replacement therapy vs. electric toothbrushes on abstinence from tobacco.

Approximately 50 participating dental practices comprising up to 150 practitioner members of the National Dental PBRN will participate in this study.

If you agree to participate, you will be asked to complete surveys before and after patients' recruitment. You will also be asked if you agree to allow the study team to retain administrative data on how long you spend on each screen on the tablet as you deliver the study intervention. This information is being used to determine the amount of time the intervention would take in real-world practice. You may also be invited to complete a 60-minute telephone interview to provide feedback about nicotine replacement therapy sampling and how it could be implemented in real world clinical practice. The interview will be recorded and transcribed.

Your participation is voluntary, and your participation and responses will remain confidential.

This research will not directly benefit you. However, study results may contribute to the evidence of best practices for addressing smoking cessation during dental visits.

A possible risk of this study is loss of confidentiality. All data will be stored in a secure manner and accessible only by authorized study personnel. All questionnaires will be completed electronically and managed by the coordinating center at Kaiser Permanente Center for Health Research (KPCHR). All interviews will be completed and managed by Northwestern University.

Taking part in this research is not a part of your work duties. You can refuse to enroll, or withdraw after enrolling at any time before the study is over, with no effect on your job. Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in it. If you decide not to be in the study, you will not lose any benefits you are otherwise owed. You are free to withdraw from this study at any time. Contact the study Principal Investigator Dr. Sandra Japuntich at 612-873-6856, if you want to withdraw from the study. You may be removed from the study without your consent if the sponsor ends the study, if the study principal investigator decides it is best for the study for your practice to stop recruiting.

Information about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research.

They include:

- The University of Alabama at Birmingham, Hennepin Healthcare Research Institute, and Health Partners Institutional Review Boards (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- National Institutes of Health
- The Office for Human Research Protections (OHRP)
- National Dental Practice-Based Research Network Administrative and Resource Center (University of Alabama at Birmingham)
- Network Coordinating Center for the National Dental Practice-Based Research Network (Kaiser Permanente Center for Health Research)
- Landmark Associates (a professional transcription service) for transcribing the interviews
- Hennepin Healthcare Research Institute

- University of Rochester
- Health Partners
- Northwestern University (one of the institutions conducting the study)

A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

The information from the research may be published for scientific purposes; however, your identity will not be given out in those publications.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by the National Institutes of Health which is funding this project or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law of child or elder abuse and neglect or harm to self or others. The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

There will be no cost to you for taking part in this study.

There is no compensation for completing the surveys. Participating practitioners and staff will receive \$50 remuneration for completing the interview.

If you are interested in participating in this study or have any questions, please contact me by replying to this email or by telephone at xxx-xxx-xxxx.

If you have any questions, concerns, or complaints about this research, you may contact Dr. Sandra Japuntich at 612-873-6856.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1- 855 860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached, or you wish to speak with someone else.

Thank you for your participation in the National Dental Practice-Based Research Network! I look forward to hearing from you.

Sincerely,

<Insert Regional Coordinator(s) Name(s)>

<Insert Region Coordinator(s) Telephone Number(s)>

FRESH Patient Screen

Your dental practice is participating in a study in the National Dental Practice Based Research Network called the Free Samples for Health (FreSH) Study. In the FreSH study, dental patients who smoke will receive brief advice about their smoking, a referral to the state quit line, and a free sample of either nicotine replacement therapy (nicotine patch and nicotine lozenge) or an electric toothbrush during their upcoming dental visit. Participants will complete 5 surveys and may complete a carbon monoxide breath test and/or an interview over a six-month period. Participants will be paid up to \$180 for the study. The study will take about 2 hours of your time over the next six months.

Are you interested in participating in the FreSH study?

- ☐ Yes
☐ No

If you are interested in participating in the FreSH study, please answer the following questions to see if you are eligible:

1. How old are you?	Age: _____
2. [If age=18] Do you currently receive dental care in Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you smoke at least 1 cigarette per day on at least 25 of the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own a smartphone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently pregnant or breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had a heart attack (myocardial infarction) or stroke in the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the past week, have you used any medication to help you stop smoking (such as the nicotine patch, nicotine lozenge, nicotine gum, nicotine nasal spray, the nicotine inhaler, Bupropion/Zyban or Chantix to stop smoking)?	<input type="checkbox"/> Nicotine patch <input type="checkbox"/> Nicotine lozenge <input type="checkbox"/> Nicotine gum <input type="checkbox"/> Nicotine nasal spray <input type="checkbox"/> Nicotine inhaler <input type="checkbox"/> Chantix <input type="checkbox"/> Bupropion/Zyban <input type="checkbox"/> None of the above
8. If Bupropion/Zyban: Did you take this medicine to help you stop smoking or for some other reason?	<input type="checkbox"/> To stop smoking <input type="checkbox"/> Other reason

Contact Information

Please complete the contact information form so we can reach you for study participation.

1. Name: _____

2. Mailing Address (to receive study materials and/or payment):

3. Please provide your email address below to receive online survey links, reminders to complete surveys, and/or payment. All emails will be sent from Fresh@hhrinsitute.org.

Email address:

Confirm email address:

4. What is your date of birth? _____

Please provide your phone number(s) below. Please only provide phone numbers where we can leave a message saying we are calling from the FreSH study.

5. Home phone: () _____

6. Cell phone: () _____

7. Are you willing to receive texts about this study, including links to the surveys? Yes No

8. Do you prefer to receive study surveys via email or text? Email Text

9. Would you like to receive notifications when payment has been added to your card?

 Email Text None

10. In case we cannot reach you, please list up to 3 alternate contacts who we can contact to get your updated contact information.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subject ID# _____
Date _____

FreSH
(Free Samples for Health)
Baseline Patient Survey

The following questions are about you:

1. What was your biological sex at birth?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ None of these describe me
- ☐ Other _____
- ☐ Prefer not to say

2. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-binary
- ☐ Something else: _____
- ☐ Prefer not to answer

3. What is your age?

_____ years

- ☐ Prefer not to answer

4. Are you of Hispanic or Latino Origin?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

5. What racial categories best describe you? (Check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White/Caucasian
- ☐ Prefer not to answer

The following questions are about your oral health:

6. How often do you brush your teeth?

- ☐ Do not
- ☐ Once per day
- ☐ Twice per day
- ☐ More than twice a day

- ☐ Sporadically
- ☐ N/A (Full dentures – upper and lower)
- ☐ Prefer not to answer

7. What type of toothbrush do you use when you brush your teeth?

- ☐ Mostly or always a manual or non-electric toothbrush
- ☐ Mostly or always an electric toothbrush
- ☐ Sometimes a manual toothbrush and sometimes an electric toothbrush
- ☐ Prefer not to answer

The following questions are about your tobacco use:

8. On average, how many cigarettes do you smoke each day?

_____ cigarettes

- ☐ Prefer not to answer

9. How soon after you wake up do you smoke your first cigarette?

- ☐ Within 5 minutes
- ☐ Within 6-30 minutes
- ☐ Within 31-60 minutes
- ☐ After 60 minutes
- ☐ Prefer not to answer

10. In the past, have you ever made a serious attempt to quit smoking? That is, have you stopped smoking for at least one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

11. In your lifetime, how many times have you stopped smoking for one day or longer because you were trying to quit smoking for good?

_____ times

- ☐ Prefer not to answer

12. After you started smoking regularly, what is the longest period of time you ever went without smoking?

- | | |
|---|--|
| <input type="checkbox"/> Less than a day | <input type="checkbox"/> Between 3 and 6 months |
| <input type="checkbox"/> 1-7 days | <input type="checkbox"/> Between 6 and 12 months |
| <input type="checkbox"/> 8-14 days | <input type="checkbox"/> More than a year |
| <input type="checkbox"/> 15 days to 1 month | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Between 1 and 3 months | |

13. Have you ever used any of the following quit smoking methods? Select all methods that you have ever tried, even if you did not quit successfully or continued smoking while using the method.

	YES	NO	Prefer not to answer
Abruptly quit on my own (cold turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gradually cut down prior to quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine lozenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine lozenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zyban (Bupropion SR)/Wellbutrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chantix (Varenicline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual sessions or counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions/ group classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called a quitline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulted my healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulted the internet	<input type="checkbox"/>	<input type="checkbox"/>	
Smartphone application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How important is stopping smoking to you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**Not
important
at all**

**Most
important
goal of
my life**

☐ Prefer not to answer

15. How ready are you to quit smoking in the next month?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

**Not at all
ready**

**100%
ready**

☐ Prefer not to answer

16. If you decided to quit, how confident are you that you could quit smoking within the next month and stay quit for good?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

Not at all

**100%
Confident**

☐ Prefer not to answer

17. Are you considering quitting smoking during the next 6 months?

- ☐ Yes, plan to stop within the next 30 days,
- ☐ Yes, plan to stop within the next 6 months but not within the next 30 days
- ☐ No, not thinking of quitting in the next 6 months
- ☐ Prefer not to answer

18. Which of the following best describes how you feel about using the nicotine patch?

- | | |
|--|--|
| <input type="checkbox"/> I plan to start using the nicotine patch in the next 30 days | <input type="checkbox"/> I may use the nicotine patch some day |
| <input type="checkbox"/> I plan to start using the nicotine patch in the next 6 months | <input type="checkbox"/> I will never use the nicotine patch |
| | <input type="checkbox"/> Prefer not to answer |

19. Which of the following best describes how you feel about using nicotine lozenges?

- | | |
|---|---|
| <input type="checkbox"/> I plan to start using nicotine lozenges in the next 30 days | <input type="checkbox"/> I may use nicotine lozenges some day |
| <input type="checkbox"/> I plan to start using nicotine lozenges in the next 6 months | <input type="checkbox"/> I will never use nicotine lozenges |
| | <input type="checkbox"/> Prefer not to answer |

20. Nicotine replacement therapy products (also known as NRT) include the nicotine patch, gum, lozenge, nasal spray, and inhaler. On a scale from 1 to 5, where 1 is not at all and 5 is very, how concerned are you about the safety of NRT products?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | | Very | |
| <input type="checkbox"/> Prefer not to answer | | | | |

21. On a scale from 1 to 5, where 1 is not at all and 5 is a lot, how much do you think NRT products improve a smoker's chance of quitting successfully?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| Not at all | | | Very | |
| <input type="checkbox"/> Prefer not to answer | | | | |

Subject ID# _____
Date _____

FreSH
(Free Samples for Health)
After Visit Patient Survey

The following are questions about your most recent dental visit:

Our records indicate that you visited your dentist on _____ (date). Thinking back on that visit, did your dentist or hygienist....

1. Ask whether you smoke cigarettes?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

2. Advise you to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

3. Ask about your willingness or readiness to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

4. Discuss medications that may help you to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

5. Advise you to use medication to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

6. Provide you with medication to quit smoking?

- ☐ Yes

- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

7. Refer you to the state smoking cessation quitline?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

The following are questions about you:

8. Indicate your highest level of formal education

- | | |
|--|---|
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college/associate's degree | <input type="checkbox"/> Prefer not to answer |

9. How would you describe the community where you live?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Prefer not to answer

10. What is the zip code where you live? _____

- ☐ Prefer not to answer

11. Including you, how many people live in your household? _____

- ☐ Prefer not to answer

12. What is your current family household income?

- | | |
|---|---|
| <input type="checkbox"/> Up to (less than or equal to) \$25,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$25,001-\$50,000 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$50,001-\$100,000 | |

13. The next question asks about your health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized. Are you currently covered by any of the following types of health insurance or health coverage plans? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Medicare, for people 65 and older, or people with certain disabilities |
| <input type="checkbox"/> Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage | <input type="checkbox"/> Medicaid or any kind of state or government-sponsored assistance plan based on income or disability |
| <input type="checkbox"/> Insurance purchased directly from an insurance company (by you or another family member) This would include coverage purchased through an exchange or marketplace, such as healthcare.gov | <input type="checkbox"/> TRICARE or other military health care, including VA health care |
| | <input type="checkbox"/> Indian Health Service |
| | <input type="checkbox"/> Any other type of health insurance coverage or health coverage plan |
| | <input type="checkbox"/> I don't know |
| | <input type="checkbox"/> Prefer not to answer |

14. What type of dental insurance do you have? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No dental insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Private insurance (e.g., employer sponsored, commercial, HMO, etc.) | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Public/government insurance (Medicaid, military or veterans benefit, etc.) | <input type="checkbox"/> Prefer not to answer |

15. In the past 30 days, on how many days did you use each of the following products (if you did not use the product, enter 0):

- ☐ Electronic cigarettes, e-cigarettes, or vapes: _____ days (0-30)
- ☐ Prefer not to answer
- ☐ Cigars, little cigars, cigarillos: _____ days (0-30)
- ☐ Prefer not to answer

- ☐ Smokeless tobacco, chewing tobacco, snuff, or snus: _____ days (0-30)
- ☐ Prefer not to answer
- ☐ Hookah or pipe tobacco: _____ days (0-30)
- ☐ Prefer not to answer

The following questions are about your dental care:

16. How long have you been going to this practice to receive dental care? Answer in months or years. If you do not know, provide your best guess.

_____ months, or _____ years

- ☐ Prefer not to answer

17. How much would you say you trust your dentist and the other staff (e.g., dental hygienists) at this practice?

- | | |
|--|---|
| <input type="checkbox"/> Do not trust at all | <input type="checkbox"/> Completely trust |
| <input type="checkbox"/> Somewhat trust | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Moderately trust | |

The following are questions about your oral health:

18. How would you rate your overall oral health (teeth, gums, inside of mouth)?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know
- ☐ Prefer not to answer

19. During the past month, have you...

	0 Never	1 Hardly ever	2 Occasionally	3 Fairly often	4 Very often	Prefer not to answer
a. Had difficulty chewing any foods because of problems with your teeth, mouth, dentures or jaw?	0	1	2	3	4	777
b. Had painful aching in your mouth?	0	1	2	3	4	777
c. Felt uncomfortable about the appearance of your teeth, mouth dentures or jaws?	0	1	2	3	4	777
d. Felt that there has been less flavor in your food because of problems with your teeth, mouth, dentures or jaws?	0	1	2	3	4	777
e. Had difficulty doing your usual jobs because of problems with your teeth, mouth, dentures or jaws?	0	1	2	3	4	777

[NRT condition only] The following questions are about your experience with receiving nicotine replacement therapy samples and talking to your provider about your smoking during the FreSH study:

[ET condition only] The following questions are about your experience with receiving an electric toothbrush and talking to your provider about your smoking during the FreSH study:

20. How would you rate the quality of service you received from the FreSH study?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Prefer not to answer

21. Did you get the kind of service you wanted from the FreSH study?

- | | |
|---|---|
| <input type="checkbox"/> No, definitely not | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No, not really | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Yes, generally | |

22. To what extent has the FreSH study met your needs?

- | | |
|---|---|
| <input type="checkbox"/> Almost all of my needs have been met | <input type="checkbox"/> Only a few of my needs have been met |
| <input type="checkbox"/> Most of my needs have been met | <input type="checkbox"/> None of my needs have been met |
| | <input type="checkbox"/> Prefer not to answer |

23. If a friend were in need of help quitting smoking, would you recommend the FreSH study intervention to them?

- | | |
|---|---|
| <input type="checkbox"/> No, definitely not | <input type="checkbox"/> Yes, definitely |
| <input type="checkbox"/> No, I don't think so | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Yes, I think so | |

24. How satisfied are you with the amount of help you received from the FreSH study?

- | | |
|---|---|
| <input type="checkbox"/> Quite dissatisfied | <input type="checkbox"/> Very satisfied |
| <input type="checkbox"/> Indifferent or mildly dissatisfied | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Mostly satisfied | |

25. Have the services you received from the FreSH study helped you to deal more effectively with your smoking?

- ☐ Yes, they helped somewhat
- ☐ No, they really didn't help,
- ☐ No, they seemed to make things worse
- ☐ Prefer not to answer

26. In an overall, general sense, how satisfied are you with the service you received from the FreSH study?

- | | |
|---|---|
| <input type="checkbox"/> Mostly Satisfied | <input type="checkbox"/> Quite dissatisfied |
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Indifferent or mildly dissatisfied | |

27. If you were to want help with your smoking in the future, would you come back to the FreSH study?

- ☐ No, definitely not
- ☐ No, I don't think so
- ☐ Yes, I think so
- ☐ Yes, definitely
- ☐ Prefer not to answer

Subject ID# _____

Date _____

FreSH
(Free Samples for Health)
Follow Up Patient Survey

The following questions are about your tobacco use:

1. Since your [visit with your dentist on (date)]/[your last survey on (date)], have you had any cigarettes at all, even a puff?

- ☐ Yes **[go to question 2]**
- ☐ No **[go to question 4]**
- ☐ Prefer not to answer

2. [if yes to question 1] How many cigarettes did you smoke on:

Day 1 (this day last week) _____ cigarettes

Day 2: _____ cigarettes

Day 3: _____ cigarettes

Day 4: _____ cigarettes

Day 5: _____ cigarettes

Day 6: _____ cigarettes

Day 7 (yesterday) _____ cigarettes

- ☐ Prefer not to answer

3. [if 0 on all of the past 7 days] When was the last day you had a cigarette? (If you do not remember the exact date, take your best guess) _____

- ☐ Prefer not to answer

4. Have you used any other tobacco products besides cigarettes in the past 7 days? Check all that apply.

- ☐ Electronic cigarettes (e-cigarettes) or vapes
- ☐ Hookah
- ☐ Cigars
- ☐ Chewing tobacco, smokeless tobacco, or snuff
- ☐ Snus
- ☐ Pipes
- ☐ Other: _____
- ☐ Prefer not to answer

5. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)] have you made a serious attempt to quit smoking? That is, have you stopped smoking for at least one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

6. If yes: How many times did you stop smoking for at least one day or longer because you were trying to quit? _____

- ☐ Prefer not to answer

7. When was the first such attempt to stop smoking? (Enter the date it started.)

- ☐ Prefer not to answer

8. Of the number of times you tried to stop smoking since [date], think about the longest - how many days did that last? _____

- ☐ Prefer not to answer

Medication use:

5. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)], have you used a nicotine patch?

- ☐ Yes **[continue to item 6]**
- ☐ No **[skip to item 11 if NRT condition, item 13 for ET condition]**
- ☐ Prefer not to answer

6. Since your [visit with your dentist on (date)]/ [last follow-up survey on (date)], on how many days did you use a nicotine patch?

- ☐ Prefer not to answer

7. Did you use the patch on: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Day 1 (this day last week) | <input type="checkbox"/> Day 6 |
| <input type="checkbox"/> Day 2 | <input type="checkbox"/> Day 7 (yesterday) |
| <input type="checkbox"/> Day 3 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Day 4 | |
| <input type="checkbox"/> Day 5 | |

8. Why did you use the patch? (check all that apply)

- ☐ To help me try quit smoking completely
- ☐ To help me try to reduce how much I smoke
- ☐ To help me get through times when I cannot smoke
- ☐ I was curious or I wanted to see if I liked it
- ☐ Other: (describe)

- ☐ Prefer not to answer

9. On a scale from 0-10, how much did you like the patch?

_____ (0 = didn't like it at all, 10 = loved it)

- ☐ Prefer not to answer

10. On a scale from 0-10, how effective was the patch in helping you deal with cravings to smoke? _____ (0 = not effective at all, 10 = extremely effective)

- ☐ Prefer not to answer

11. (NRT only) What did you do with the nicotine patches that you received from your dental office for the FreSH study?

- | | |
|--|--|
| <input type="checkbox"/> Used them myself | <input type="checkbox"/> Haven't tried them yet and don't plan to try them in the future |
| <input type="checkbox"/> Haven't tried them yet but plan to try them in the future | <input type="checkbox"/> Threw them away |
| | <input type="checkbox"/> Gave them away |

- ☐ Other _____
- ☐ Prefer not to answer

12. (NRT only) Did you obtain any of your own patches (patches that you did NOT receive from your dental office for the FreSH study)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

13. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)], have you used a nicotine lozenge?

- ☐ Yes **[continue to item 14]**
- ☐ No **[skip to 22 for ET condition, 20 for NRTS condition]**
- ☐ Prefer not to answer

14. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)], on how many days did you use a nicotine lozenge? _____ days

- ☐ Prefer not to answer

15. On a typical day when you used the lozenge, how many lozenges did you use?
_____ lozenges

- ☐ Prefer not to answer

16. How many lozenges did you use on:

_____ Day 1 (this day last week)

_____ Day 2

_____ Day 3

_____ Day 4

_____ Day 5

_____ Day 6

_____ Day 7 (yesterday)

- ☐ Prefer not to answer

17. Why did you use the lozenge? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> To help me try to quit smoking completely | <input type="checkbox"/> I was curious or I wanted to see if I liked it |
| <input type="checkbox"/> To help me try to reduce how much I smoke | <input type="checkbox"/> Other: (describe)
_____ |
| <input type="checkbox"/> To help me get through times when I cannot smoke | _____
_____ |
| | <input type="checkbox"/> Prefer not to answer |

18. On a scale from 0-10, how much did you like the lozenge?

_____ (0 = didn't like it at all, 10 = loved it)

- ☐ Prefer not to answer

19. On a scale from 0-10, how effective was the lozenge in helping you deal with cravings to smoke? _____ (0 = not effective at all, 10 = extremely effective)

- ☐ Prefer not to answer

20. **[NRTS only]** What did you do with the nicotine lozenges that you received from your dental office for the FreSH study?

- | | |
|--|---|
| <input type="checkbox"/> Used them myself | <input type="checkbox"/> Gave them away |
| <input type="checkbox"/> Haven't tried them but plan to try them in the future | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> Haven't tried them and don't plan to try them in the future | _____ |
| <input type="checkbox"/> Threw them away | <input type="checkbox"/> Prefer not to answer |

21. **[NRTS only]** Did you obtain any of your own lozenges (lozenges that you did NOT receive from the FreSH study)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

22. Nicotine replacement therapy products (also known as NRT) include the nicotine patch, gum, lozenge, nasal spray, and inhaler. On a scale from 1 to 5, where 1 is not at all and 5 is very, how concerned are you about the safety of NRT products?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not at all				A lot

☐ Prefer not to answer

23. On a scale from 1 to 5, where 1 is not at all and 5 is a lot, how much do you think NRT products improve a smoker's chance of quitting successfully?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Not at all				A lot

☐ Prefer not to answer

24. Which of the following best describes how you feel about using the nicotine patch?

- | | |
|--|--|
| <input type="checkbox"/> I am currently using the nicotine patch | <input type="checkbox"/> I may use the nicotine patch some day |
| <input type="checkbox"/> I plan to start using the nicotine patch in the next 30 days | <input type="checkbox"/> I will never use the nicotine patch |
| <input type="checkbox"/> I plan to start using the nicotine patch in the next 6 months | <input type="checkbox"/> Prefer not to answer |

25. Which of the following best describes how you feel about using nicotine lozenges?

- | | |
|---|---|
| <input type="checkbox"/> I am currently using nicotine lozenges | <input type="checkbox"/> I may use nicotine lozenges some day |
| <input type="checkbox"/> I plan to start using nicotine lozenges in the next 30 days | <input type="checkbox"/> I will never use nicotine lozenges |
| <input type="checkbox"/> I plan to start using nicotine lozenges in the next 6 months | <input type="checkbox"/> Prefer not to answer |

26. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)] have you.....

	YES	NO	Prefer not to answer
Used Nicotine Gum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Nicotine Inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Nicotine nasal spray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Zyban (Bupropion SR)/Wellbutrin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES: Was the Zyban/Bupropion/Wellbutrin prescribed for smoking cessation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Chantix (Varenicline)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a physician or healthcare provider about quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulted the internet or used a smartphone app about quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seen a counselor for smoking cessation or participated in smoking cessation classes or groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called a quitline or phone-based quit smoking service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)] have you experienced....?

	0 None	1 Mild	2 Moderate	3 Severe	777 Prefer not to answer
Nausea	0	1	2	3	777
Headache	0	1	2	3	777
Heartburn	0	1	2	3	777
Mouth soreness	0	1	2	3	777
Dizziness or light headedness	0	1	2	3	777
Dry mouth	0	1	2	3	777
Sore jaw	0	1	2	3	777
Excess salivation	0	1	2	3	777
Insomnia or trouble sleeping	0	1	2	3	777
Hiccups	0	1	2	3	777
Burning in throat/mouth	0	1	2	3	777
Skin irritation	0	1	2	3	777
Skin redness	0	1	2	3	777
Skin itchiness	0	1	2	3	777

28. If yes to any of the above, do you believe that your [symptom] was caused by using the nicotine patch or lozenge?

	0 No	1 Unlikely	2 Possibly	3 Probably	4 Definitely	NA Did not have this symptom	777 Prefer not to answer
Nausea	0	1	2	3	4	NA	777
Headache	0	1	2	3	4	NA	777
Heartburn	0	1	2	3	4	NA	777
Mouth soreness	0	1	2	3	4	NA	777
Dizziness or light headedness?	0	1	2	3	4	NA	777
Dry mouth	0	1	2	3	4	NA	777
Sore jaw	0	1	2	3	4	NA	777
Excess salivation	0	1	2	3	4	NA	777
Insomnia or trouble sleeping	0	1	2	3	4	NA	777
Hiccups	0	1	2	3	4	NA	777
Burning in throat/mouth	0	1	2	3	4	NA	777
Skin irritation	0	1	2	3	4	NA	777
Skin redness	0	1	2	3	4	NA	777
Skin itchiness	0	1	2	3	4	NA	777

The following questions are about your motivation to quit smoking:

29. How important is stopping smoking to you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	N/A
Not important at all									Most important goal of my life	I have quit smoking
<input type="checkbox"/> Prefer not to answer										

30. How ready are you to quit smoking within the next month?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	N/A
Not at all ready									100% ready	I have quit smoking
<input type="checkbox"/> Prefer not to answer										

31. Are you considering quitting smoking during the next 6 months?

- ☐ Yes, plan to stop within next 30 days
- ☐ Yes, plan to stop within next 6 months, but not within next 30 days
- ☐ No, not thinking of quitting in next 6 months
- ☐ N/A, I have already quit
- ☐ Prefer not to answer

32. If you decided to quit, how confident are you that you could quit smoking within the next month and stay quit for good?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	N/A
Not at all									100% Confident	I have quit smoking

☐ Prefer not to answer

The following questions are about your oral health. Select the best answer for each item:

33. How often do you brush your teeth?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Do not | <input type="checkbox"/> Sporadically |
| <input type="checkbox"/> 1/day | <input type="checkbox"/> N/A (full dentures - upper and lower) |
| <input type="checkbox"/> 2/day | |
| <input type="checkbox"/> >2/day | |

34. What type of toothbrush do you use when you brush your teeth?

- ☐ Mostly or always a manual or non-electric toothbrush
- ☐ Mostly or always an electric toothbrush
- ☐ Sometimes a manual and sometimes an electric toothbrush

35. Since your [visit with your dentist on (date)]/[last follow-up survey on (date)], have you used an electric toothbrush?

- ☐ Yes **[Go to item 36]**
- ☐ No **[Go to item 37]**

36. **[ET only]**: did you use the electric toothbrush that you received from your dental office for the FreSH study?

- ☐ Yes **[go to 38]**
- ☐ No **[go to 37]**

37. **[ET only]**: What did you do with the electric toothbrush you received from your dental office for the FreSH study?

- | | |
|--|--|
| <input type="checkbox"/> Haven't tried it but plan to try it in the future | <input type="checkbox"/> Threw it away |
| <input type="checkbox"/> Haven't tried it and don't plan to try it in the future | <input type="checkbox"/> Gave it away |

38. During the past month, have you had difficulty chewing any foods because of problems with your teeth, mouth, dentures or jaw?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Fairly often |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Very often |
| <input type="checkbox"/> Occasionally | |

39. How would you rate your overall oral health (teeth, gums, inside of mouth)?

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Don't know | |

40. During the past month, have you felt uncomfortable about the appearance of your teeth, mouth dentures or jaws?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Fairly often |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Very often |
| <input type="checkbox"/> Occasionally | |

41. During the past month, have you felt that there has been less flavor in your food because of problems with your teeth, mouth, dentures or jaws?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Fairly often |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Very often |
| <input type="checkbox"/> Occasionally | |

42. During the past month, have you had difficulty doing your usual jobs because of problems with your teeth, mouth, dentures or jaws?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Fairly often |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Very often |
| <input type="checkbox"/> Occasionally | |

Patient Termination Form

To be completed [by study staff] if the patient terminates or withdraws early from the study.

1. If the termination happened at a study visit, mark the visit otherwise mark between visits.

- ☐ Baseline
- ☐ Year 1
- ☐ Year 2
- ☐ Year 3
- ☐ Between visits

2. Date of termination: _____

3. Reason for termination

- ☐ Moved out of area/unable to contact patient
- ☐ Patient no longer interested in study/declines participation
- ☐ No longer physically/mentally able to continue attending visits
- ☐ Death, fill out an SAE form
- ☐ Administratively withdrawn:
 - Specify reason: _____
- ☐ Other:
 - Specify reason:



Thank you for joining the Free Samples for Health (FreSH) study during your visit to your Dentist! As a part of this study, you received a ClinCard. Each time you complete a visit, you will be paid on this card. It works the same as a debit card. With your ClinCard, you received some information which we highly recommend you take some time to read. We wanted to point out a few key pieces of information:

-Be sure to activate your ClinCard as soon as you receive it! You will not be able to be paid until your card is active.

-If your card is stolen, please call our team instead of the ClinCard support line (612-791-3919). We will be able to provide you a new card without a fee.

-Just like other ATMs, you may have to pay to remove cash. However, you can avoid this fee by using ClinCard's in-network ATMs (via Fifth Third Bank). You can find one near you at this website, by selecting "5/3 ATMS"
<https://locations.53.com/search.html>

-If you don't use your ClinCard/receive a new payment for six months, there is a fee that will be deducted your balance. Be sure to use your ClinCard or withdraw the balance within 6 months of payment.

If you have any further questions about how to use your ClinCard, please call us at 612-791-3919 or email at fresh@hhrinstitute.org.

Sincerely,
FreSH study team
fresh@hhrinstitute.org

Opening Directions:
Push in child resistant tab on the vial with thumb. Flip up the top of vial. Turn upside down and shake to remove lozenge.



Drug Facts (continued)

- place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. Do not chew or swallow lozenge.
- you may feel a warm or tingling sensation
- occasionally move the lozenge from one side of your mouth to the other until completely dissolved
- do not eat or drink 15 minutes before using or while the lozenge is in your mouth
- to improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks
- do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects
- **do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.**
- it is important to complete treatment. If you feel you need to use the lozenge for a longer period to keep from smoking, talk to your health care provider.

Other information

- each lozenge contains: sodium, 5mg
- store at 20 - 25°C (68 - 77°F)
- keep vial tightly closed and protect from light

Inactive ingredients

acesulfame potassium, calcium polycarbophil, flavors, magnesium stearate, mannitol, potassium bicarbonate, sodium alginate, sodium carbonate, xanthan gum

Questions or comments?

call toll-free 1-888-569-1743 (English/Spanish) weekdays (9:00 am - 4:30 pm ET)

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NEW DIRECTIONS FOR USE

- Keep Using if You Slip Up and Have a Cigarette
- Use Beyond 12 Weeks if Needed to Quit

NDC 0135-4508-49

Nicorette®

nicotine polacrilex
lozenge, 2mg
stop smoking aid

mini Lozenge

Mint



2 mg

FOR THOSE WHO
SMOKE THEIR FIRST
CIGARETTE MORE
THAN 30 MINUTES
AFTER WAKING UP.

If you smoke your first
cigarette **WITHIN 30
MINUTES** of waking up,
use Nicorette 4mg Lozenge

81 LOZENGES, 2mg Each
(3 Vials of 27)

TO INCREASE YOUR SUCCESS IN QUITTING:

1. You must be motivated to quit.
2. **Use Enough** - Use at least 9 Nicorette mini lozenges per day during the first six weeks.
3. **Use Long Enough** - Use Nicorette mini lozenges for the full 12 weeks.
4. **Use With a Support Program** as directed in the enclosed User's Guide.

- not for sale to those under 18 years of age
- proof of age required
- not for sale in vending machines or from any source where proof of age cannot be verified

TAMPER EVIDENT FEATURE:
Do not use if clear neckband printed "SEALED FOR SAFETY" is missing or broken. Retain outer carton for full product uses, directions and warnings.

For more information and for a **FREE** individualized stop smoking program, please visit www.Nicorette.com or see inside for more details.

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Drug Facts

Active ingredient (in each lozenge)

Nicotine polacrilex, 2mg

Purpose

Stop smoking aid

Use • reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

Warnings

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- stomach ulcer or diabetes

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

- if you are under 18 years of age, ask a doctor before use
- before using this product, read the enclosed User's Guide for complete directions and other important information
- begin using the lozenge on your quit day
- if you smoke your first cigarette within 30 minutes of waking up, use 4mg nicotine lozenge
- if you smoke your first cigarette more than 30 minutes after waking up, use 2mg nicotine lozenge according to the following 12 week schedule:

Weeks 1 to 6	Weeks 7 to 9	Weeks 10 to 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

- nicotine lozenge is a medicine and must be used a certain way to get the best results



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0766-7880-50

Opening Directions:
Push in child resistant tab on the vial with thumb. Flip up the top of vial. Turn upside down and shake to remove lozenge.



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Drug Facts (continued)

- place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. Do not chew or swallow lozenge.
- you may feel a warm or tingling sensation
- occasionally move the lozenge from one side of your mouth to the other until completely dissolved
- do not eat or drink 15 minutes before using or while the lozenge is in your mouth
- to improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks
- do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects
- do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.
- it is important to complete treatment. If you feel you need to use the lozenge for a longer period to keep from smoking, talk to your health care provider.

Other information

- each lozenge contains: sodium, 5mg
- store at 20 - 25°C (68 - 77°F)
- keep vial tightly closed and protect from light

Inactive ingredients

acesulfame potassium, calcium polycarbophil, flavors, magnesium stearate, mannitol, potassium bicarbonate, sodium alginate, sodium carbonate, xanthan gum

Questions or comments?

call toll-free 1-888-569-1743 (English/Spanish) weekdays (9:00 am - 4:30 pm ET)

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BONUS PACK
27 EXTRA PIECES

NDC 0135-0303-06

Nicorette

nicotine polacrilex
lozenge, 2mg
stop smoking aid

mini
Lozenge

Mint



2
mg

**FOR THOSE WHO
SMOKE THEIR FIRST
CIGARETTE MORE
THAN 30 MINUTES
AFTER WAKING UP.**

If you smoke your first
cigarette **WITHIN 30
MINUTES** of waking up,
use Nicorette 4mg Lozenge

108 LOZENGES, 2mg Each
(4 Vials of 27)

TO INCREASE YOUR SUCCESS IN QUITTING:

1. You must be motivated to quit.
2. **Use Enough** - Use at least 9 Nicorette mini lozenges per day during the first six weeks.
3. **Use Long Enough** - Use Nicorette mini lozenges for the full 12 weeks.
4. **Use With a Support Program** as directed in the enclosed User's Guide.

■ not for sale to
those under 18
years of age
■ proof of age
required
■ not for sale in
vending machines
or from any source
where proof of age
cannot be verified

**TAMPER EVIDENT
FEATURE:**

Do not use if clear
neckband printed
"SEALED FOR SAFETY"
is missing or broken.
Retain outer carton for
full product uses,
directions and warnings.

For more information and for a **FREE**
individualized stop smoking program, please visit
www.Nicorette.com or see inside for more details.



3 0766-7880-10 6

Drug Facts

Active ingredient (in each lozenge)

Nicotine polacrilex, 2mg Stop smoking aid

Use - reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

Warnings

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- stomach ulcer or diabetes

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

- if you are under 18 years of age, ask a doctor before use
- before using this product, read the enclosed User's Guide for complete directions and other important information
- begin using the lozenge on your quit day
- if you smoke your first cigarette within 30 minutes of waking up, use 4mg nicotine lozenge
- if you smoke your first cigarette more than 30 minutes after waking up, use 2mg nicotine lozenge according to the following 12 week schedule:

Weeks 1 to 6	Weeks 7 to 9	Weeks 10 to 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

• nicotine lozenge is a medicine and must be used a certain way to get the best results ►



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Opening Directions:
Push in child resistant tab on the vial with thumb.
Flip up the top of vial. Turn upside down and
shake to remove lozenge.



Drug Facts (continued)

- place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. Do not chew or swallow lozenge.
- you may feel a warm or tingling sensation
- occasionally move the lozenge from one side of your mouth to the other until completely dissolved
- do not eat or drink 15 minutes before using or while the lozenge is in your mouth
- to improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks
- do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects
- do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.
- it is important to complete treatment. If you feel you need to use the lozenge for a longer period to keep from smoking, talk to your health care provider.

Other information

- each lozenge contains: sodium, 5mg
- store at 20 - 25°C (68 - 77°F)
- keep vial tightly closed and protect from light

Inactive ingredients

acesulfame potassium, calcium polycarbophil, flavors, magnesium stearate, mannitol, potassium bicarbonate, sodium alginate, sodium carbonate, xanthan gum

Questions or comments?

call toll-free 1-888-569-1743 (English/Spanish) weekdays (9:00 am - 4:30 pm ET)

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BONUS PACK
27 EXTRA PIECES

NDC 0000-0000-00

Nicorette[®]

nicotine polacrilex
lozenge, 4mg
stop smoking aid

mini
Lozenge

Mint



4
mg

FOR THOSE WHO
SMOKE THEIR FIRST
CIGARETTE WITHIN
30 MINUTES OF
WAKING UP.

If you smoke your first
cigarette **MORE THAN 30**
MINUTES after waking up,
use Nicorette 2mg Lozenge

108 LOZENGES, 4mg Each
(4 Vials of 27)

TO INCREASE YOUR SUCCESS IN QUITTING:

1. You must be motivated to quit.
2. **Use Enough** - Use at least 9 Nicorette mini lozenges per day during the first six weeks.
3. **Use Long Enough** - Use Nicorette mini lozenges for the full 12 weeks.
4. **Use With a Support Program** as directed in the enclosed User's Guide.

- not for sale to those under 18 years of age
- proof of age required
- not for sale in vending machines or from any source where proof of age cannot be verified

TAMPER EVIDENT FEATURE:

Do not use if clear neckband printed "SEALED FOR SAFETY" is missing or broken. Retain outer carton for full product uses, directions and warnings.

For more information and for a FREE individualized stop smoking program, please visit www.Nicorette.com or see inside for more details.

Drug Facts

Active ingredient (in each lozenge)

Nicotine polacrilex, 4mg Stop smoking aid

Use • reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

Warnings

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- stomach ulcer or diabetes

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

- If you are under 18 years of age, ask a doctor before use
- before using this product, read the enclosed User's Guide for complete directions and other important information
- begin using the lozenge on your quit day
- if you smoke your first cigarette more than 30 minutes after waking up, use 2mg nicotine lozenge
- if you smoke your first cigarette within 30 minutes of waking up, use 4mg nicotine lozenge according to the following 12 week schedule:

Weeks 1 to 6	Weeks 7 to 9	Weeks 10 to 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

- nicotine lozenge is a medicine and must be used a certain way to get the best results ►



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Nicorette[®]

nicotine polacrilex lozenge, 2mg
stop smoking aid

mini
Lozenge

NEW DIRECTIONS FOR USE

- Keep Using if You Slip Up and Have a Cigarette
- Use Beyond 12 Weeks if Needed to Quit

135 LOZENGES 2mg Each (5 Vials of 27)



Mint

Includes User's Guide

2
mg

**FOR THOSE WHO SMOKE
THEIR FIRST CIGARETTE
MORE THAN 30 MINUTES
AFTER WAKING UP.**
If you smoke your first cigarette
WITHIN 30 MINUTES of waking up, use
Nicorette 4mg Lozenge

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135 LOZENGES
2mg Each (5 Vials of 27)

Nicorette[®]

nicotine polacrilex lozenge, 4mg
stop smoking aid

mini
Lozenge

NEW DIRECTIONS FOR USE
- Keep Using if You Slip Up and Have a Cigarette
- Use Beyond 12 Weeks if Needed to Quit

135 LOZENGES 4mg Each (5 Vials of 27)



Mint

Includes User's Guide

4
mg

**FOR THOSE WHO SMOKE
THEIR FIRST CIGARETTE
WITHIN 30 MINUTES OF
WAKING UP.**
If you smoke your first cigarette
MORE THAN 30 MINUTES after
waking up, use Nicorette 2mg Lozenge

135 LOZENGES
4mg Each (5 Vials of 27)

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Nicorette®

nicotine polacrilex lozenge, 2mg
stop smoking aid

mini
Lozenge

Opening Directions:
Push in child resistant tab
on the vial with thumb.
Flip up the top of vial.
Turn upside down and
shake to remove lozenge.



Personalized Quit Plan



Visit www.nicorette.com to enroll in a free, personalized quit plan. **Nicorette Committed Quitters®** is a personalized stop smoking program that will help you understand your smoking habits and determine how to best overcome your cravings. Track, target, and tame your temptations with **Nicorette Committed Quitters®**. Only available at www.nicorette.com

Drug Facts

Active ingredient (in each lozenge) Nicotine polacrilex, 2mg	Purpose Stop smoking aid
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Use • reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

Warnings
If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- stomach ulcer or diabetes

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

- if you are under 18 years of age, ask a doctor before use
- before using this product, read the enclosed User's Guide for complete directions and other important information

Drug Facts (continued)

- begin using the lozenge on your quit day
- if you smoke your first cigarette within 30 minutes of waking up, use 4mg nicotine lozenge
- if you smoke your first cigarette more than 30 minutes after waking up, use 2mg nicotine lozenge according to the following 12 week schedule:

Weeks 1 to 6	Weeks 7 to 9	Weeks 10 to 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

- **nicotine lozenge is a medicine and must be used a certain way to get the best results**
- place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. **Do not chew or swallow lozenge.**
- you may feel a warm or tingling sensation
- occasionally move the lozenge from one side of your mouth to the other until completely dissolved
- do not eat or drink 15 minutes before using or while the lozenge is in your mouth
- to improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks
- do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects
- **do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.**
- it is important to complete treatment. If you feel you need to use the lozenge for a longer period to keep from smoking, talk to your health care provider.

Other information

- each lozenge contains: sodium, 5mg
- store at 20 - 25°C (68 - 77°F)
- keep vial tightly closed and protect from light

Inactive ingredients acesulfame potassium, calcium polycarbophil, flavors, magnesium stearate, mannitol, potassium bicarbonate, sodium alginate, sodium carbonate, xanthan gum

Questions or comments? call toll-free 1-888-569-1743 (English/Spanish) weekdays (9:00 am - 4:30 pm ET)

TO INCREASE YOUR SUCCESS IN QUITTING:

- You must be motivated to quit.
- Use Enough** - Use at least 9 Nicorette mini lozenges per day during the first six weeks.
- Use Long Enough** - Use Nicorette mini lozenges for the full 12 weeks.
- Use With a Support Program** as directed in the enclosed User's Guide.

TAMPER EVIDENT FEATURE: Do not use if clear neckband printed "SEALED FOR SAFETY" is missing or broken. Retain outer back panel for full product uses, directions and warnings.

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- not for sale in vending machines or from any source where proof of age cannot be verified

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Lot Exp

Nicorette®

nicotine polacrilex lozenge, 4mg
stop smoking aid

mini
Lozenge

Opening Directions:
Push in child resistant tab
on the vial with thumb.
Flip up the top of vial.
Turn upside down and
shake to remove lozenge.



Personalized Quit Plan



Visit www.nicorette.com to enroll in a free, personalized quit plan. **Nicorette Committed Quitters®** is a personalized stop smoking program that will help you understand your smoking habits and determine how to best overcome your cravings. Track, target, and tame your temptations with **Nicorette Committed Quitters®**. Only available at www.nicorette.com

Drug Facts

Active ingredient (in each lozenge)
Nicotine polacrilex, 4mg

Purpose
Stop smoking aid

Use • reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

Warnings
If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- stomach ulcer or diabetes

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

- **if you are under 18 years of age, ask a doctor before use**
- before using this product, read the enclosed User's Guide for complete directions and other important information

Drug Facts (continued)

- begin using the lozenge on your quit day
- **if you smoke your first cigarette more than 30 minutes after waking up**, use 2mg nicotine lozenge
- **if you smoke your first cigarette within 30 minutes of waking up**, use 4mg nicotine lozenge according to the following 12 week schedule:

Weeks 1 to 6	Weeks 7 to 9	Weeks 10 to 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

- **nicotine lozenge is a medicine and must be used a certain way to get the best results**
- place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. **Do not chew or swallow lozenge.**
- you may feel a warm or tingling sensation
- occasionally move the lozenge from one side of your mouth to the other until completely dissolved
- do not eat or drink 15 minutes before using or while the lozenge is in your mouth
- to improve your chances of quitting, use at least 9 lozenges per day for the first 6 weeks
- do not use more than one lozenge at a time or continuously use one lozenge after another since this may cause you hiccups, heartburn, nausea or other side effects
- **do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day.**
- it is important to complete treatment. If you feel you need to use the lozenge for a longer period to keep from smoking, talk to your health care provider.

Other information

- each lozenge contains: sodium, 5mg
- store at 20 - 25°C (68 - 77°F)
- keep vial tightly closed and protect from light

Inactive ingredients acesulfame potassium, calcium polycarbophil, flavors, magnesium stearate, mannitol, potassium bicarbonate, sodium alginate, sodium carbonate, xanthan gum

Questions or comments? call toll-free 1-888-569-1743 (English/Spanish) weekdays (9:00 am - 4:30 pm ET)

TO INCREASE YOUR SUCCESS IN QUITTING:

1. You must be motivated to quit.
2. **Use Enough** - Use at least 9 Nicorette mini lozenges per day during the first six weeks.
3. **Use Long Enough** - Use Nicorette mini lozenges for the full 12 weeks.
4. **Use With a Support Program** as directed in the enclosed User's Guide.

TAMPER EVIDENT FEATURE: Do not use if clear neckband printed "SEALED FOR SAFETY" is missing or broken. Retain outer back panel for full product uses, directions and warnings.

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- not for sale in vending machines or from any source where proof of age cannot be verified

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Lot Exp

Nicorette®

nicotine polacrilex lozenge
2mg and 4mg User's Guide

mini Lozenge

**How to Use Nicorette®
Mini Lozenges and Tips to
Help You Quit Smoking.**

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Reference ID: 3397175

PLANNING YOUR SUCCESS

- 1) The key to accomplishing anything important is commitment. When it comes to quitting smoking, that is especially true. **Nicorette mini** Lozenges can help if you really want to quit. **Nicorette mini** Lozenges help reduce withdrawal symptoms including nicotine craving associated with quitting smoking.
- 2) Your chances of staying off cigarettes are much better if you start with at least 9 **Nicorette mini** Lozenges daily. For best results, use the lozenges on a regular schedule (as outlined in this User's Guide).
- 3) Start using **Nicorette mini** Lozenges on your quit date.
- 4) This User's Guide outlines a 12-week plan for **Nicorette mini**

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Lozenges. Even though you may feel confident about your non-smoking status after a few weeks, it's important to stick with the plan to help you remain smoke free. Even a single cigarette can put you right back to square one.

- 5) **Nicorette mini** Lozenges work best when used together with a support plan. See insert between pages 11 and 15 for instructions on enrollment in the Committed Quitters® Individualized Stop Smoking Program.
- 6) After the first six weeks, start using fewer **Nicorette mini** Lozenges, as directed in the instructions, gradually reducing your use over the next six weeks. If you feel the need

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to use the lozenges for a longer period to keep from smoking, talk to your health care provider.

- 7) If you have questions about using **Nicorette mini** Lozenges, call toll free 1-888-569-1743 (English/Spanish) weekdays (9:00am - 4:30pm ET), or talk to your pharmacist or family doctor.

YES! YOU WANT TO QUIT.

Wonderful. You've made the most important decision of all, to stop smoking. And by choosing **Nicorette mini** Lozenges to help you, you're starting on the right path. Now remember, using **Nicorette mini** Lozenge doesn't just mean taking a **Nicorette mini** Lozenge. It means setting and following a program like the one we suggest in this User's Guide.

Your own success depends on your effort, your level of addiction to tobacco, and your commitment to following your program.

LET'S FACE IT.

Quitting smoking isn't easy! You or someone you know may have tried unsuccessfully. That's okay. It's hard to stop smoking the first time you try. The important part is to learn from your previous attempts, consider what went wrong and keep trying to quit until you succeed. Look to this User's Guide for support as you undergo this terrific task. The guide includes important information on how to use **Nicorette mini** Lozenges and also gives you tips to help you stop smoking. Refer back to it often for advice, answers, and encouragement to help you stay on track.

GET MOTIVATED. STAY MOTIVATED.

Everyone has a reason for quitting—whether you're concerned about your health, your appearance, family or peer pressure, or the effect of secondhand smoke on your loved ones—all of the above, or something else entirely. Whatever your reasons, write them down. There's a wallet card inside the back cover of this User's Guide. Write your reasons on the card and carry it with you. When you have an urge to smoke or experience a difficult moment it can help you focus on your reasons for quitting. Lots of people quit with a co-worker, spouse or friend and use them as a quitting buddy. You can help each other out by providing extra encouragement in tough moments.

There may be support groups in your area for people trying to quit. Call your local chapter of the American Lung Association, American Cancer Society or American Heart Association for further information. Toll free phone numbers are printed on the wallet card on the back cover of this User's Guide.

UNDERSTANDING THE DOUBLE-EDGED SWORD.

Smoking has two addictive components, a physical and a mental need for the nicotine in tobacco. You need to conquer both to succeed. **Nicorette mini** Lozenges can ease your physical nicotine addiction. But your readiness and resolve are necessary to help overcome the mental side of your cigarette dependence. So once you're ready, it's time to begin. But first, read and con-

sider the following important warnings.

IMPORTANT WARNINGS

This product is only for those who want to stop smoking.

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can

- increase your blood pressure.
- stomach ulcers or diabetes.

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

Stop use and ask a doctor if

- mouth problems occur
- persistent indigestion or severe sore throat occurs
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, diarrhea, weakness and rapid heartbeat

Keep out of reach of children and pets. Nicotine lozenges may have enough nicotine to make children and pets sick. If you need to remove the lozenge, wrap it in paper and throw away in the trash. In case of overdose, get medical help or contact a Poison Control Center right away.

YOU'RE READY TO START.

Okay, you're ready. To become a non-smoker, start today. Now before you do anything else, you have a bit of planning to do. Read this User's Guide all the way through. You want to make sure you bought the right dose to start. If you typically smoke **your first cigarette within 30 minutes of waking up**, use the 4mg **Nicorette mini** Lozenges. If you smoke **your first cigarette more than 30 minutes after waking up**, use the 2mg **Nicorette mini** Lozenges.

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Next, plan your quitting schedule. Get a calendar to follow your progress and mark the following four important dates (see the reminders on page 26 of this booklet).

THE PROGRAM

STEP 1. (Weeks 1-6) Starting on your quit date it's best to use at least 9 Nicorette mini Lozenges each day, one every 1-2 hours.

First choose the day you plan to quit (make it soon). Place the Step 1 reminder on this date. That's the day you will start using **Nicorette mini** Lozenges to calm your cravings for nicotine and help you stay smoke free. Prior to the quit date, get rid of all your cigarettes to remove temptations and make it more difficult to start smoking again.

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Use a **Nicorette mini** Lozenge every 1 to 2 hours and at least 9 lozenges each day for the first 6 weeks to help prevent unexpected cravings and improve your chances of quitting. **These aren't ordinary lozenges.** Place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. **Do not chew or swallow the lozenge.** You may feel a warm or tingling sensation.

Occasionally move the lozenge from one side of your mouth to the other until completely dissolved. **Remember to read the instructions on page 10 before you take your first Nicorette mini Lozenge.**

STEP 2. (The next three weeks, that is weeks 7-9). At the beginning of week 7 start using fewer Nicorette mini

Lozenges, one every 2-4 hours. After six weeks, you should wait a little longer between lozenges, one lozenge every two to four hours. This will help you gradually use fewer **Nicorette mini** Lozenges. Put the Step 2 reminder on the first day of week 7 to help remind you when to start reducing the number of **Nicorette mini** Lozenges you take.

STEP 3. (The last three weeks, that is weeks 10-12). At the beginning of week 10, reduce Nicorette mini Lozenge use even further, one every 4-8 hours. At the beginning of week 10 further decrease the number of **Nicorette mini** Lozenges you use each day to reduce the amount of nicotine you get. You should do this by using one lozenge every 4 to 8 hours. Put the

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Step 3 reminder on the first day of week 10 so you know when you should be starting this last step to becoming smoke and nicotine-free.

END. At the end of week 12 you'll complete Nicorette mini Lozenge therapy.

Put the "EX-SMOKER" reminder on your calendar on the date 12 weeks after the day you stopped smoking and started using **Nicorette mini** Lozenges.

BE PREPARED.

Since smoking is an addiction, it is hard to quit. Even after you stop, there will be times when you WANT a cigarette, sometimes strongly. (See also section on "Challenges To Watch For"). The best defense is to be prepared.

Plan now for handling tough times so you don't give in. For example: think about situations when you usually get a craving for cigarettes or where you think you might experience strong cravings. Try to avoid these situations where you can (for example, avoid spending time with smokers, or drinking alcohol, if those things tempt you to smoke).

Change your habits. For example, take your coffee break somewhere else. Take a walk. In other words, break the association between your usual habits and cigarettes.

If you do encounter a situation where you feel a strong craving, fight it! Take a break from the situation; keep yourself busy or distracted with other activities.

Remind yourself why you want to quit, and above all, remind yourself that having “just one” really will hurt your goal of quitting!

To prepare for tough situations, assemble a “survival package”—items that can keep you distracted in case you get a craving. For example, you may include cinnamon gum or hard candy, relaxing music, and things to keep your hands busy like a smooth stone, paper clips, or a rubber ball.

Track your progress as you quit. Keep a journal. Write down how many pieces of **Nicorette mini** Lozenges you use each day. Note if and when you get a craving. If you slip and have a cigarette, don't give up. Stop smoking again and get back on your program with **Nicorette mini** Lozenges.

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Establish your support network. Keep friends' and family members' phone numbers ready to get the moral support you need. Before quitting, ask friends and family to support and encourage you. Think of specific ways they can help.

Reward yourself. Set aside little gifts to yourself such as a CD or video, which you can earn by overcoming difficult hurdles.

HOW Nicorette mini LOZENGES WORK.

Nicorette mini Lozenges are a form of Nicotine Replacement Therapy. They deliver nicotine to your body, temporarily relieving craving and nicotine withdrawal symptoms when you quit smoking. But unlike cigarettes, **Nicorette mini** Lozenges deliver a

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lower, steady level of nicotine to your blood. When used as directed, **Nicorette mini** Lozenges help you regulate, control, and gradually reduce your body's craving for nicotine.

The good news is that **Nicorette mini** Lozenges contain no tar or carbon monoxide, and therefore don't present the same medical risks as cigarettes.

However, the lozenges still deliver nicotine, the addictive ingredient in cigarettes. And for some people the nicotine in **Nicorette mini** Lozenges can occasionally cause mouth or throat irritation, headaches, nausea, hiccups, upset stomach or dizziness.

USING Nicorette mini LOZENGES PROPERLY.

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Remember, **Nicorette mini Lozenges aren't like ordinary lozenges such as cough drops.** This lozenge is designed to deliver nicotine into your system through the lining of your mouth, not in your stomach like most other medicines. It is important to minimize swallowing the dissolved medicine in these lozenges so that it can be properly absorbed in your mouth.

Do not use more than one lozenge at a time, or many lozenges one after another since this can cause hiccups, heartburn, nausea or other side effects.

Read all the following instructions before using **Nicorette mini** Lozenges. Refer to them often to make sure you're using **Nicorette mini** Lozenges correctly.

IMPORTANT: Don't worry or give up

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if you do not like the taste of the lozenge at first. Nicorette mini Lozenges are a medication, not a candy. Most people get used to the taste after a day or two. Remember, staying with the plan will help you quit. Begin using Nicorette mini Lozenges on your quit date.

- 1) Remove the **Nicorette mini** Lozenge from the immediate container. Place the lozenge in your mouth and allow the lozenge to slowly dissolve. Minimize swallowing. **Do not chew or swallow the lozenge.** You may feel a warm or tingling sensation.
- 2) Occasionally move the lozenge from one side of your mouth to the other side until completely dissolved.

To reduce cravings or urges to smoke and other withdrawal symptoms, use **Nicorette mini** Lozenges according to the following dosage schedule.

Weeks 1 through 6	Weeks 7 through 9	Weeks 10 through 12
1 lozenge every 1 to 2 hours	1 lozenge every 2 to 4 hours	1 lozenge every 4 to 8 hours

Do not use more than 5 lozenges in 6 hours. Do not use more than 20 lozenges per day. At the end of 12 weeks (3months) you will have completed treatment.

FOR THE BEST CHANCE OF QUITTING, use **Nicorette mini** Lozenges on a regular schedule, using at least 9 lozenges a day during the

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What is

- A **FREE**, custom-tailored plan to help you break the psychological addiction to smoking.
- Throughout your quit attempt, you will receive personalized advice on how to cope with situations that make you want to smoke.

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TO JOIN



**Enroll online
at
www.committedquitters.com**

or call 1-800-770-0708

and ask for your **FREE Individualized Stop Smoking Program**

- You will be asked a few questions to gain an understanding about you and your specific needs.

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brought to you by

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nicotine polacrilex lozenge

mini Lozenge

and GlaxoSmithKline

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Call Between 7 am and 12 midnight EST or enroll online 24 hours a day

(ONE PLAN PER CUSTOMER) Read and follow label directions

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first 6 weeks. That will help your body better adjust to the lack of cigarettes and better help prevent cravings. Some people may need more lozenges to reduce their cravings. Do not exceed the recommended maximum daily dosage of 20 lozenges per day. Do not continuously use one lozenge after another, since this may cause you hiccups, heartburn, nausea or other side effects.

Do not eat or drink 15 minutes before using or while the lozenge is in your mouth.

CUTTING BACK ON YOUR Nicorette mini LOZENGE USAGE.

The whole reason for using Nicorette mini Lozenges is to decrease and slowly eliminate your need for nicotine, while you control cravings. So, as the

above schedule indicates, you should gradually reduce the amount of Nicorette mini Lozenges you take per day. Some people find it easier to reduce by substituting ordinary sweets or sugar free candy for some of the Nicorette mini Lozenges they would normally use. As time goes on, you can increase the number of pieces of candy as you further reduce your use of Nicorette mini Lozenges. **It is important to complete treatment.** If you still feel the need to use Nicorette mini Lozenges to keep from smoking after week 12, talk with your health care provider.

MAKE QUITTING EASIER ON YOURSELF.

Soon after your quit date, parties, bars, celebrations, and socializing may all tempt you to smoke. Please remember

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these tips to help you resist those urges and stay smoke-free.

The Day You Quit Smoking:

- Look to your family and friends for support. Let them know what to do or avoid doing to help you quit.
- Throw away ALL cigarettes, ashtrays, matches, lighters. You don't need them. You don't want them and you want to make it difficult to go back.
- Keep yourself occupied. Take a walk. See a movie. See friends. Do anything to keep your mind off cigarettes.
- Calculate all the money you'll save by not buying cigarettes. Probably well over \$1,000 a year! \$1,000 a year? Think of what you can spend it on!

- Know what situations are going to make you want to smoke. Plan now how you'll avoid them or deal with them so you don't smoke.
- Keep **Nicorette mini** Lozenges next to your bed so you're prepared when you get up. A lot of people get cravings first thing in the morning.
- Make an appointment to see your dentist and get the tobacco stains cleaned off. While you're getting rid of the evidence of cigarettes in the house, do the same for your teeth. Have clothes or drapes that smell of smoking cleaned.
- Now that your house is smoke-free, try to spend most of your time in smoke-free environments.

- If you usually smoked with coffee or alcohol, try to keep away from them for now. Remember you are also trying to break a habit.
- Smoking is a “hands-on” habit. So use something else to occupy your hands: a rubber band or a pen.
- Now’s a good time to get active. Find activities to take your mind off cigarettes and relax. Take up jogging, swimming, or walking.
- Don’t stress out about gaining weight. Dieting now may weaken your efforts to quit smoking. Eat sensibly and exercise daily; drink large quantities of water and fruit juices; this can help your chances of staying smoke-free.

- Laugh. Watch a sitcom. Read a comic book. It really helps.

REMEMBER: Urges to smoke are temporary. They’ll pass, even if you don’t smoke.

WHAT YOU CAN EXPECT.

As you are successful at staying smoke-free, initially you will probably notice a few of the following typical withdrawal symptoms, so don’t be surprised. Use of **Nicorette mini** Lozenges reduces these symptoms, but may not eliminate them entirely. They will go away with time. Stay focused on your goal of becoming an ex-smoker. Research shows that if you manage to avoid all smoking in the first week (that means not having a single puff), your chances of success increase dramatically.

The First Few Days. You may feel nervous or irritable or have difficulty concentrating during the first few days after you quit smoking. Your body needs time to regain balance. Initially, you might feel a little out of sorts, get headaches, feel light-headed, or have trouble sleeping. Your smoker's cough may get worse before it improves. But fear not, it's a positive sign. Coughing helps clean your lungs of the tar residue you got from smoking.

After a Couple of Weeks. Your confidence and ability to cope with urges to smoke should be getting stronger. But don't be over-confident and think you can smoke just one cigarette. Even now, having even a single puff can lead to a return to smoking cigarettes regularly. Be prepared, and remember why you wanted to stop smoking.

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Have you noticed that your sense of taste and smell has improved? You are probably coughing less and finding it easier to breathe. You've also probably noticed your withdrawal symptoms are subsiding (though don't worry if they're still there: they last longer for some people). These are all positive signs that your body is getting used to your success at stopping smoking.

By The End of The First Month. You are less likely to have cravings for cigarettes as often. However sudden cravings may still happen, and when they do, be on your guard, as they can be strong and seem to come out of the blue. Be prepared for these challenging times. The key is do what you can so these unexpected cravings can't beat you. Keep focused on the ways non-smokers are more attractive than

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smokers. Their breath smells better. Their clothes and hair are fresher. Their teeth are cleaner and brighter. Their skin is less likely to wrinkle. Not smoking around children and your friends is also healthier for them too.

What If You Do Slip And Smoke?

“What if I relapse?” One cigarette is a slip-up, but it’s not the end of the quit effort. Everybody slips at something. The key is this: forgive yourself and stop at that one cigarette. Don’t let this slip ruin your good intentions, keep at your quit attempt. So, throw out your cigarettes and continue with your quit attempt, keeping in mind what went wrong and led to the slip.

If you do go back to smoking, certainly don’t throw out your **Nicorette mini**

Lozenges. Keep them for the next time you’re ready to quit. In fact research says that even if you are back to smoking regularly the best thing you can do is learn and try again.

Try to understand the reason you had those cigarettes that made you slip. That’s important, because now you can plan better to deal with these moments next time. It’s true you stumbled, but don’t think of yourself as having failed. Encourage yourself by treating the last attempt as a learning experience, even a “trial run” for the real thing.

Take a look at the usage instructions and check that you used the **Nicorette mini** Lozenges correctly and for the full 12 weeks of the program. When you try again make sure you use enough and the right way. That way you’ll be best equipped to

deal with the unexpected cravings.

Don't forget; quitting isn't easy and it takes practice to do anything. Stopping smoking is no different.

YOU'VE MADE IT.

Once your twelve week quitting program is over, you've taken your last **Nicorette mini** Lozenge. Now you are both cigarette and nicotine-free. Get up and give yourself a standing ovation. We mean it. Do you realize that you have just done a really difficult thing?

Now's a good time to think back on the process. Think of all your reasons for quitting smoking. Think of your goals. Think of how they're going to be a reality now.

Think of what you're going to do with
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your newly liberated cigarette money. The places you can now go smoke-free. Think of the extra time you may have added to your life and what you can do with it. And although you may still experience the occasional temptation, and cigarettes still want you back, think positively. Think forward. And consider yourself a proud non-smoker.

FREQUENTLY ASKED QUESTIONS.

1. When I stop smoking and start using Nicorette mini Lozenges how will I feel?
Nicorette mini Lozenges help reduce cravings, but be prepared for some nicotine withdrawal symptoms. After you stop smoking they can begin almost at once and are normally at their strongest during the first three or four days. For some people, any of the following may occur:

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- unexpected craving or urges for cigarettes
- anxiety, irritability, restlessness, mood changes, nervousness
- drowsiness
- trouble concentrating
- increased appetite and weight gain
- headaches, muscular pain, constipation, fatigue

Nicorette mini Lozenges are designed to reduce the craving for nicotine you used to satisfy with cigarettes.

Nicorette mini Lozenges can also help provide relief from other withdrawal symptoms such as irritability and nervousness.

2. Are Nicorette mini Lozenges just swapping one type of nicotine addiction for another?

Nicorette mini Lozenges do contain nicotine, however there is probably less nicotine in your daily dose of lozenges than in your cigarettes.

Nicorette mini Lozenges give you enough nicotine to help you combat the physical withdrawal symptoms so you can cope with the mental side of stopping smoking. Also, since the nicotine from the lozenges goes into your blood stream more slowly, it produces less of the effects of nicotine that people find rewarding. In fact, when used as directed in the 12 week program, **Nicorette mini** Lozenges gradually wean you off your dependence for both nicotine and cigarettes.

3. Can Nicorette mini Lozenges do any harm?

Some people with conditions like heart disease or people taking prescription medicine for asthma or depression should not use this product without talking to their doctor—check the IMPORTANT WARNINGS on page 5. You may also experience side effects such as hiccups, mouth or throat irritation, heartburn or other stomach problems such as nausea especially if **Nicorette mini** Lozenges are chewed or swallowed. In any case, **Nicorette mini** Lozenges do not contain the tar, carbon monoxide, and other toxins present in cigarette smoke.

4. Will I put on weight?

In the first couple of months after quitting smoking, some people do put on a few pounds. But think of it this way. Overall, you'll be healthier and

look better. You can always tackle your weight by changing your diet and increasing the amount you exercise once you have gotten through the difficult part of stopping smoking.

5. Does taking Nicorette mini Lozenges cost more than smoking?

If you normally smoke a pack and a half a day, your total cost of using **Nicorette mini** Lozenges during the 12-week period is about the same as smoking. But guess what? After you've finished the **Nicorette mini** Lozenge program all that money you used to spend on cigarettes is now savings. And think of the health issues you'll hopefully be able to avoid.

6. What if I have a cigarette and start smoking?

Don't panic. First, don't think badly of

yourself. Throw away your cigarettes and forgive yourself. Then think about what went wrong and get back on track. In fact people who have already tried to stop smoking are more likely to be successful the next time.

CHALLENGES TO WATCH FOR.

Once you quit smoking, you are likely to experience periodic, and sometimes intense, temptations to smoke. Certain situations present special challenges. Some common ones include:

Stress and upset.

When you are feeling stressed or upset, you may think a cigarette will make everything better. It won't. Find other ways to relax and unwind.

The blues.

You may be especially vulnerable when you feel bored or blue.

Remember that having a cigarette will just make you feel worse.

Smoking cues.

Seeing cigarettes or watching other people smoke can trigger temptation. Remember that you choose not to smoke anymore.

Alcohol.

Drinking and smoking seem to go together, and alcoholic beverages may weaken your resolve, making drinking dangerous to your quit effort. Avoid drinking early in your quit effort, and try to drink with non-smokers.

Automatic slips.

Sometimes you may find yourself preparing to smoke without even realizing it. Watch out for those moments when your hand seems to 'automatically' reach for a cigarette.

Watch out for these situations: they can trigger a relapse. You probably know which one(s) are most dangerous for you; plan ahead to deal with the situation effectively. Always remember that you're trying to break a habit, and the most important thing is to do something to combat the urge in these situations.

COPING AFTER QUITTING.

The key to staying smoke-free is to prepare for and cope with challenges as they occur. If you find yourself tempted to smoke, do something! Here are some things to consider.

- Escape. Leave the situation, even for a few minutes. Most temptations don't last long.
- Distract yourself. Get your mind off smoking. Think of something else or

get busy with something.

- Relax. Don't let stress get to you. Think of pleasant, relaxing things; breathe slowly and regularly. Let the stress drain out of you.
- Talk yourself out of it. What you say to yourself matters. So, remind yourself how important it is for you to quit; remind yourself you can't have just one; or just command yourself to STOP.

**For more information please visit
www.nicorette.com**

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**PLACE THESE REMINDERS ON
YOUR CALENDAR:**



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WALLET CARD

**My most important reasons to
quit smoking are:**

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WALLET CARD



WHERE TO CALL FOR HELP:

American Lung Association
1-800-586-4872

American Cancer Society
1-800-227-2345

American Heart Association
1-800-242-8721

Quitting Buddy or Friend who has Quit

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WALLET CARD

My most important reasons to quit smoking are:

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HOW TO USE THE
NICODERM CQ PATCH
TO HELP YOU QUIT SMOKING.

NicoDerm
NICOTINE TRANSDERMAL SYSTEM
STOP SMOKING AID CQ

KEYS TO SUCCESS

- 1) You must really want to quit smoking for the NicoDerm CQ patch to help you.
- 2) Complete the full treatment program, applying a new patch every day.
- 3) The NicoDerm CQ patch works best when used together with a support program. For details refer to **WHERE TO GET HELP** in this User's Guide.
- 4) If you have trouble using the NicoDerm CQ patch, ask your doctor or pharmacist or call GlaxoSmithKline at 1-800-834-5895.

SO, YOU'VE DECIDED TO QUIT

Congratulations. Your decision to stop smoking is one of the most important things you can do to improve your health. Quitting smoking is a two-part process that involves:

- 1) overcoming your physical need for nicotine, and
- 2) breaking your smoking habit.

The NicoDerm CQ patch helps smokers quit by reducing nicotine withdrawal symptoms. Many NicoDerm CQ patch users will be able to stop smoking for a few days but often will start smoking again. Most smokers have to try to quit several times before they completely stop.

Your own chances of quitting smoking depend on how strongly you are addicted to nicotine, how much you want to quit, and how closely you follow a quitting plan like the one that comes with the NicoDerm CQ patch.

QUITTING SMOKING IS HARD!

If you find you cannot stop or if you start smoking again after using the NicoDerm CQ patch, please talk to a health care professional who can help you find a program that may work better for you. Breaking this addiction doesn't happen overnight.

Because the NicoDerm CQ patch provides some nicotine, the NicoDerm CQ patch will help you stop smoking by reducing nicotine withdrawal symptoms such as nicotine craving, nervousness and irritability.

This User's Guide will give you support as you become a non-smoker. It will answer common questions about the NicoDerm CQ patch and give tips to help you stop smoking, and should be referred to often.

WHERE TO GET HELP

You are more likely to stop smoking by using the NicoDerm CQ patch with a support program that helps you break your smoking habit. There may be support groups in your area for people trying to quit. Call your local chapter of the American Lung Association, American Cancer Society or American Heart Association for further information. Toll free phone numbers are printed on the wallet card below **LET'S GET ORGANIZED** in this User's Guide.

If you find you cannot stop smoking or if you start smoking again after using the NicoDerm CQ patch, remember breaking this addiction doesn't happen overnight. You may want to talk to a health care professional who can help you improve your chances of quitting the next time you try the NicoDerm CQ patch or another method.

LET'S GET ORGANIZED

Your reason for quitting may be a combination of concerns about health, the effect of smoking on your appearance, and pressure from your family and friends to stop smoking. Or maybe you're concerned about the dangerous effect of second-hand smoke on the people you care about.

All of these are good reasons. You probably have others. Decide your most important reasons, and write them down on the wallet card below **LET'S GET ORGANIZED** in this User's Guide. Carry this card with you. In difficult moments, when you want to smoke, the card will remind you why you are quitting.

WHAT YOU'RE UP AGAINST

Smoking is addictive in two ways. Your need for nicotine has become both physical and mental. You must overcome both addictions to stop smoking. So while the NicoDerm CQ patch will lessen your body's craving for nicotine, you've got to want to quit smoking to overcome the mental dependence on cigarettes. Once you've decided that you're going to quit, it's time to get started. But first, there are some important warnings you should consider.

SOME IMPORTANT WARNINGS

This product is only for those who want to stop smoking.

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

Ask a doctor before use if you have

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate,
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- an allergy to adhesive tape or have skin problems because you are more likely to get rashes
- stomach ulcer or diabetes
- history of seizures

Ask a doctor or pharmacist before use if you are

- using a non-nicotine stop smoking drug
- taking a prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

When using this product

- if you have vivid dreams or other sleep disturbances, remove this patch at bedtime

Stop use and ask a doctor if

- skin redness caused by the patch does not go away after four days, or if your skin swells, or you get a rash
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose such as nausea, vomiting, dizziness, weakness and rapid heartbeat
- you have symptoms of an allergic reaction (such as difficulty breathing or rash)

Keep out of reach of children and pets. Used patches have enough nicotine to poison children and pets. If swallowed, get medical help or contact a Poison Control Center right away. Dispose of the used patch by folding sticky ends together. Replace in its pouch and discard.

LET'S GET STARTED

If you are under 18 years of age, ask a doctor before use.

Becoming a non-smoker starts today. Your first step is to read through this entire User's Guide carefully.

First, check that you bought the right starting dose.

If you smoke more than 10 cigarettes per day, begin with Step 1 (21 mg). As the carton indicates, people who smoke 10 or less cigarettes per day should not use Step 1 (21 mg). They should start with Step 2 (14 mg). Throughout this User's Guide we will give specific instructions for people who smoke 10 or less cigarettes per day.

Next, set your personalized quitting schedule.

Take out a calendar that you can use to track your progress. Pick a quit date, and mark this on your calendar using the reminders below the wallet card in this User's Guide, as described below.

Directions: For people who smoke more than 10 cigarettes per day:

STEP 1 (Weeks 1-6)

Your quit date (and the day you'll start using the NicoDerm CQ Patch)

Choose your quit date (it should be soon). This is the day you will begin using the NicoDerm CQ patch to reduce your cravings for nicotine. Place the Step 1 reminder on this date. For the first six weeks, you'll use the highest-strength (21 mg) NicoDerm CQ patches. Be sure to follow the directions from **HOW TO USE NICODERM CQ PATCHES** in this User's Guide.

Completing the full program will increase your chances of quitting successfully. This is done by changing over to the Step 2 (14 mg) patch for 2 weeks followed by a final 2 weeks with the Step 3 (7 mg) patch. The Step 2 and Step 3 treatment period allows you to gradually reduce the amount of nicotine you get, rather than stopping suddenly, and will increase your chances of quitting.

STEP 2 (Weeks 7-8)

The day you'll start reducing your use of the NicoDerm CQ patch Switching to Step 2 (14 mg) patches after 6 weeks begins to gradually reduce your nicotine usage. Place the Step 2 reminder on this date (the first day of week seven). Use the 14 mg patches for two weeks.

STEP 3 (Weeks 9-10)

The day you'll further start reducing your use of the NicoDerm CQ patch

After eight weeks, nicotine intake is further reduced by moving down to Step 3 (7 mg) patches. Place the Step 3 reminder on this date (the first day of week nine). Use the 7 mg patches for two weeks.

THE NICODERM CQ PROGRAM		
STEP 1	STEP 2	STEP 3
Use one 21 mg patch/day	Use one 14 mg patch/day	Use one 7 mg patch/day
Weeks 1-6	Weeks 7-8	Weeks 9-10

IT IS IMPORTANT TO COMPLETE TREATMENT If you still feel the need to use the NicoDerm CQ patch after Week 10, talk with your health care provider.

Directions: For people who smoke 10 or less cigarettes per day:

Do not use STEP 1 (21 mg). Begin with STEP 2 – Initial Treatment Period (Weeks 1-6): 14 mg patches.

Choose your quit date (it should be soon). This is the day you will begin using the NicoDerm CQ patch to reduce your cravings for nicotine. Place the Step 2 reminder on this date. For the first six

weeks, you'll use the Step 2 (14 mg) NicoDerm CQ patches. Be sure to follow the directions from **HOW TO USE NICODERM CQ PATCHES** in this User's Guide.

Continue with STEP 3 – Step Down Treatment Period (Weeks 7-8): 7 mg patches.

Completing the full program will increase your chances of quitting successfully. This is done by changing over to the Step 3 (7 mg) patches for 2 weeks. The two week step down treatment period allows you to gradually reduce the amount of nicotine you get, rather than stopping suddenly, and will increase your chances of quitting. Place the Step 3 reminder on the first day of week seven. Use the 7 mg patches for two weeks.

At the end of 8 weeks you will have completed treatment. If you feel you need to use NicoDerm CQ patches for longer than 8 weeks to keep from smoking, talk to your health care provider.

PLAN AHEAD

Because smoking is an addiction, it is not easy to stop. After you've given up nicotine, you may still have a strong urge to smoke. Plan ahead NOW for these times, so you're not tempted to start smoking again in a moment of weakness. The following tips may help:

- Keep the phone numbers of supportive friends and family members handy.
- Keep a record of your quitting process. In the event that you slip, immediately stop smoking and resume your quit attempt by using the NicoDerm CQ patch. If you smoke at all, write down what you think caused the slip.
- Put together an Emergency Kit that includes items that will help take your mind off occasional urges to smoke. You might include cinnamon gum or lemon drops to suck on, relaxing music, and something for your hands to play with, like a smooth rock, rubber band, or small metal balls.
- Set aside some small rewards, like a new magazine or a gift certificate from your favorite store, which you'll "give" yourself after passing difficult hurdles.
- Think now about the times when you most often want a cigarette, and then plan what else you might do instead of smoking. For instance, you might plan to take your coffee break in a new location, or take a walk right after dinner, so you won't be tempted to smoke.

HOW THE NICODERM CQ PATCH WORKS

NicoDerm CQ patches provide nicotine to your system. They work as a temporary aid to help you quit smoking by reducing nicotine withdrawal symptoms, including nicotine craving. The NicoDerm CQ patch provides a lower level of nicotine to your blood than cigarettes, and allows you to gradually do away with your body's need for nicotine.

Because the NicoDerm CQ patch does not contain the tar or carbon monoxide of cigarette smoke, it does not have the same health dangers as tobacco. However, it still delivers nicotine, the addictive part of cigarette smoke. Nicotine can cause side effects such as headache, nausea, upset stomach, and dizziness.

HOW TO USE NICODERM CQ PATCHES

Read all the following instructions, and the instructions on the outer carton, before using the NicoDerm CQ patch. Refer to them often to make sure you're using the NicoDerm CQ patch correctly.

- 1) Begin using the NicoDerm CQ patch on your quit date.
- 2) To reduce nicotine craving and other withdrawal symptoms, use the NicoDerm CQ patch according to the directions from **LET'S GET STARTED** in this User's Guide.
- 3) Fold sticky ends of a used NicoDerm CQ patch together. Replace in its pouch and discard.

When to apply and remove NicoDerm CQ patches

Each day apply a new patch to a different place on skin that is dry, clean and hairless.

You can wear a NicoDerm CQ patch for either 16 or 24 hours. If you crave cigarettes when you wake up, wear the patch for 24 hours. If you begin to have vivid dreams or other disruptions of your sleep while wearing the patch for 24 hours, try taking the patch off at bedtime (after about 16 hours) and putting on a new one when you get up the next day.

You should not smoke when you are not wearing the patch.

Remove the used patch and put on a new patch at the same time every day. Applying the patch at about the same time each day (first thing in the morning, for instance) will help you remember when to put on a new patch. Do not leave the same NicoDerm CQ patch on for more than 24 hours because it may irritate your skin and because it loses strength after 24 hours.

It is important to use the NicoDerm CQ patch for the full 10 week treatment period (8 weeks for people who smoke 10 or fewer cigarettes per day). If you feel you need to use the NicoDerm CQ patch for a longer period to keep from smoking, talk to your health care provider.

How to apply a NicoDerm CQ patch

1. Do not remove the NicoDerm CQ patch from its sealed protective pouch until you are ready to use it. NicoDerm CQ patches will lose nicotine to the air if you store them out of the pouch.
2. Choose a non-hairy, clean, dry area of skin. Do not put a NicoDerm CQ patch on skin that is burned, broken out, cut, or irritated in any way. Make sure your skin is free of lotion and soap before applying a patch.
3. Take patch out of the pouch. Save pouch for use at time of disposal. A clear, protective liner covers the sticky back side of the NicoDerm CQ patch — the side that will be put on your skin. The liner has a slit down the middle to help you remove it from the patch. With the sticky back side facing you, pull half the liner away from the NicoDerm CQ patch starting at the middle slit, as shown in the illustration above. Hold the NicoDerm CQ patch at one of the outside edges (touch the sticky side as little as possible), and pull off the other half of the protective liner. Place the liner back in the pouch. Save pouch for disposing of the patch after use.
4. Immediately apply the sticky side of the NicoDerm CQ patch to your skin. Press the patch firmly on your skin with the heel of your hand for at least 10 seconds. Make sure it sticks well to your skin, especially around the edges.
5. Wash your hands when you have finished applying the NicoDerm CQ patch. Nicotine on your hands could get into your eyes and nose, and cause stinging, redness, or more serious problems.

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NICODERM CQ USER'S GUIDE



6. After 16 or 24 hours, remove the patch you have been wearing. Fold sticky ends of used **NicoDerm CQ** patch together. Replace in its pouch. Discard where it will be out of the reach of children and pets. Even used patches have enough nicotine to poison children and pets. Wash your hands.
7. Choose a different place on your skin to apply the next **NicoDerm CQ** patch and repeat Steps 1 to 6. Do not apply a new patch to a previously used skin site for at least one week.

If your NicoDerm CQ patch gets wet during wearing
Water will not harm the **NicoDerm CQ** patch you are wearing if applied properly. You can bathe, swim, or shower for short periods while you are wearing the **NicoDerm CQ** patch.

If your NicoDerm CQ patch comes off while wearing
NicoDerm CQ patches generally stick well to most people's skin. However, a patch may occasionally come off. If your **NicoDerm CQ** patch falls off during the day, put on a new patch, making sure you select a non-hairy, non-irritated area of skin that is clean and dry.

If the soap you use has lanolin or moisturizers, the patch may not stick well. Using a different soap may help. Body creams, lotions and sunscreens can also cause problems with keeping your patch on. Do not apply creams or lotions to the place on your skin where you will put the patch.

If you have followed the directions and the patch still does not stick to you, try using medical adhesive tape over the patch.

Disposing of NicoDerm CQ patches
Fold the used patch in half by folding the sticky ends together. Replace in its pouch. Discard where it will be out of the reach of children and pets. Small amounts of nicotine, even from a used patch, can poison children and pets. **Keep all nicotine patches away from children and pets.** Wash your hands after disposing of the patch.

If your skin reacts to the NicoDerm CQ patch
When you first put on a **NicoDerm CQ** patch, mild itching, burning, or tingling is normal and should go away within an hour. After you remove a **NicoDerm CQ** patch, the skin under the patch might be somewhat red. Your skin should not stay red for more than a day after removing the patch. **Stop use and ask a doctor if skin redness caused by the patch does not go away after four days, or if your skin swells, or you get a rash. Do not put on a new patch.**

Storage Instructions
Keep each **NicoDerm CQ** patch in its protective pouch, unopened, until you are ready to use it, because the patch will lose nicotine to the air if it's outside the pouch.

Store **NicoDerm CQ** patches at 20-25°C (68-77°F) because they are sensitive to heat. Remember, the inside of your car can reach temperatures much higher than this. A slight yellowing of the sticky side of the patch is normal.

Do not use **NicoDerm CQ** patches stored in pouches that are open or torn.

TIPS TO MAKE QUITTING EASIER

Within the first few weeks of giving up smoking, you may be tempted to smoke for pleasure, particularly after completing a difficult task, or at a party or bar. Here are some tips to help get you through the important first stages of becoming a non-smoker:

- On Your Quit Date:**
- Ask your family, friends and co-workers to support you in your efforts to stop smoking.
 - Throw away all your cigarettes, matches, lighters, ashtrays, etc.
 - Keep busy on your quit day. Exercise. Go to a movie. Take a walk. *Get together with friends.*
 - Figure out how much money you'll save by not smoking. Most ex-smokers can save more than \$1,000 a year on the price of cigarettes alone.
 - Write down what you will do with the money you save.
 - Know your high risk situations and plan ahead how you will deal with them.

- Visit your dentist and have your teeth cleaned to get rid of the tobacco stains.
- Right after Quitting:**
- During the first few days after you've stopped smoking, spend as much time as possible at places where smoking is not allowed.
 - Drink large quantities of water and fruit juices.
 - Try to avoid alcohol, coffee and other beverages you associate with smoking.
 - Remember that temporary urges to smoke will pass, even if you don't smoke a cigarette.
 - Keep your hands busy with something like a pencil or a paper clip.
 - Find other activities that help you relax without cigarettes. Swim, jog, take a walk, play basketball.
 - Don't worry too much about gaining weight. Watch what you eat, take time for daily exercise, and change your eating habits if you need to.
 - Laughter helps. Watch or read something funny.

WHAT TO EXPECT

The First Few Days
Your body is now coming back into balance. During the first few days after you stop smoking, you might feel edgy and nervous and have trouble concentrating. You might get headaches, feel dizzy and a little out of sorts, feel sweaty or have stomach upsets. You might even have trouble sleeping at first. These are typical nicotine withdrawal symptoms that will go away with time. Your smoker's cough will get worse before it gets better. But don't worry, that's a good sign. Coughing helps clear the tar deposits out of your lungs.

After A Week Or Two
By now you should be feeling more confident that you can handle those smoking urges. Many of your nicotine withdrawal symptoms have left by now, and you should be noticing some positive signs: less coughing, better breathing and an improved sense of taste and smell, to name a few.

After A Month
You probably have the urge to smoke much less often now. But urges may still occur, and when they do, they are likely to be powerful ones that come out of nowhere. Don't let them catch you off guard. Plan ahead for these difficult times.

Concentrate on the ways non-smokers are more attractive than smokers. Their skin is less likely to wrinkle. Their teeth are whiter, cleaner. Their breath is fresher. Their hair and clothes smell better. That cough that seems to make even a laugh sound more like a rattle is a thing of the past. Their children and others around them are healthier, too.

What To Do About Relapse
What should you do if you slip and start smoking again? The answer is simple. A lapse of one or two or even a few cigarettes should not spoil your efforts! Throw away your cigarettes, forgive yourself and continue with the program. Re-read the User's Guide to ensure that you're using the **NicoDerm CQ** patch correctly and following the other important tips for dealing with the mental and social dependence on nicotine. Your doctor, pharmacist or other health professional can also provide useful counseling on the importance of stopping smoking. You should consider them partners in your quit attempt.

What To Do About Relapse After a Successful Quit Attempt
If you have taken up regular smoking again, don't be discouraged. Research shows that the best thing you can do is try again, since several quitting attempts may be needed before you're successful. And your chances of quitting successfully increase with each quit attempt.

The important thing is to learn from your last attempt.

- Admit that you've slipped, but don't treat yourself as a failure.
- Try to identify the "trigger" that caused you to slip, and prepare a better plan for dealing with this problem next time.

- Talk positively to yourself — tell yourself that you have learned something from this experience.
- Make sure you used **NicoDerm CQ** patches correctly.
- Remember that it takes practice to do anything, and quitting smoking is no exception.

WHEN THE STRUGGLE IS OVER

Once you've stopped smoking, take a second and pat yourself on your back. Now do it again. You deserve it.

Remember now why you decided to stop smoking in the first place. Look at your list of reasons. Read them again. And smile.

Now think about all the money you are saving and what you'll do with it. All the non-smoking places you can go, and what you might do there. All those years you may have added to your life, and what you'll do with them. Remember that temptation may not be gone forever. However, the hard part is behind you so look forward with a positive attitude, and enjoy your new life as a non-smoker.

QUESTIONS & ANSWERS

- 1. How will I feel when I stop smoking and start using the NicoDerm CQ patch?**
You'll need to prepare yourself for some nicotine withdrawal symptoms. These begin almost immediately after you stop smoking, and are usually at their worst during the first three or four days. Understand that any of the following is possible:
 - craving for nicotine
 - anxiety, irritability, restlessness, mood changes, nervousness
 - disruptions of your sleep
 - drowsiness
 - trouble concentrating
 - increased appetite and weight gain
 - headaches, muscular pain, constipation, fatigueThe **NicoDerm CQ** patch reduces nicotine withdrawal symptoms such as irritability and nervousness, as well as the craving for nicotine you used to satisfy by having a cigarette.
- 2. Is the NicoDerm CQ patch just substituting one form of nicotine for another?**
The **NicoDerm CQ** patch does contain nicotine. The purpose of the **NicoDerm CQ** patch is to provide you with enough nicotine to reduce the physical withdrawal symptoms so you can deal with the mental aspects of quitting.
- 3. Can I be hurt by using the NicoDerm CQ patch?**
For most adults, the amount of nicotine delivered from the patch is less than from smoking. If you believe you may be sensitive to even this amount of nicotine, you should not use this product without advice from your doctor. There are also some important warnings in this User's Guide (See **SOME IMPORTANT WARNINGS**).
- 4. Will I gain weight?**
Many people do tend to gain a few pounds the first 8-10 weeks after they stop smoking. This is a very small price to pay for the enormous gains that you will make in your overall health and attractiveness. If you continue to gain weight after the first two months, try to analyze what you're doing differently. Reduce your fat intake, choose healthy snacks, and increase your physical activity to burn off the extra calories. Drink lots of water. This is good for your body and skin, and also helps to reduce the amount you eat.
- 5. Is the NicoDerm CQ patch more expensive than smoking?**
The total cost of the **NicoDerm CQ** program is similar to what a person who smokes one pack of cigarettes a day would spend on cigarettes for the same period of time. Also, use of the **NicoDerm CQ** patch is only a short-term cost, while the cost of smoking is a long-term cost, including the health problems smoking causes.
- 6. What if I slip up?**
Discard your cigarettes, forgive yourself and then get back on track. Don't consider yourself a failure or punish yourself. In fact, people who have already tried to quit are more likely to be successful the next time.

GOOD LUCK!

FREE Individualized Stop Smoking Program



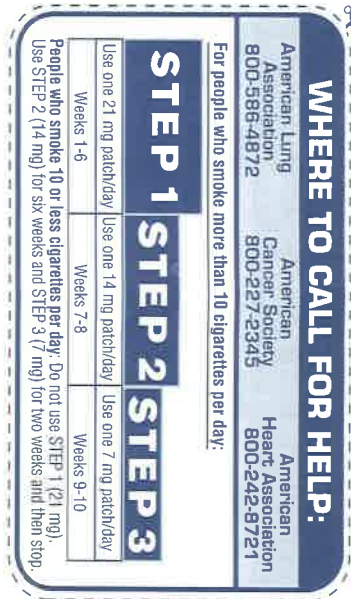
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- **Enroll at www.CommittedQuitters.com.**
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