

Appendix A. Final search strategies

2023 May 3

Ovid Multifile

Database: Embase <1974 to 2023 May 02>, APA PsycInfo <1806 to April Week 4 2023>, Ovid MEDLINE(R)

ALL <1946 to May 02, 2023>

Search Strategy:

-
- 1 Smoking Cessation/ (115928)
 - 2 Smoking Reduction/ (519)
 - 3 "Tobacco Use Cessation"/ (70076)
 - 4 Smoking Cessation Agents/ (314)
 - 5 "Tobacco Use Cessation Devices"/ (5573)
 - 6 Smoking/th [therapy] (2353)
 - 7 exp Tobacco Smoking/th [therapy] (561)
 - 8 "Tobacco Use Disorder"/th [therapy] (3548)
 - 9 Vaping/th [therapy] (17)
 - 10 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*)).tw,kw,kf. (135877)
 - 11 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or cut back or cuts back or cutting back)).tw,kw,kf. (111997)
 - 12 or/1-11 [TOBACCO CESSATION] (243977)
 - 13 ((interactive or inter-active) adj voice record*).tw,kw,kf. (60)
 - 14 ((interactive or inter-active) adj voice respon*).tw,kw,kf. (2573)
 - 15 voice response unit?.tw,kw,kf. (5)
 - 16 (IVR adj5 (call* or cellphon* or cell-phon* or dialogue* or mobile? or phon* or record* or smartphon* or smart-phon* or system? or technolog* or telephon*)).tw,kw,kf. (1220)
 - 17 ((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*)).tw,kw,kf. (2376)
 - 18 AI-IVR.tw,kw,kf. (2)
 - 19 ((automated or digital* or intelligent or interactive or inter-active or smart or virtual) adj3 (assistant? or PDA or PDAs)).tw,kw,kf. (4153)
 - 20 (Alexa or Bixby or Cortana or Siri or Google Assistant).tw,kw,kf. (8019)
 - 21 Reminder Systems/ (6619)
 - 22 Speech Recognition Software/ (2074)
 - 23 or/13-22 [IVR] (24377)
 - 24 12 and 23 [TOBACCO CESSATION - IVR] (334)
 - 25 24 use medall [MEDLINE RECORDS] (146)
 - 26 smoking cessation/ (115928)
 - 27 smoking cessation program/ (3867)
 - 28 smoking reduction/ (519)
 - 29 smoking cessation agent/ (314)

- 30 nicotine gum/ (3087)
- 31 smoking/th [therapy] (2353)
- 32 tobacco dependence/th [therapy] (4751)
- 33 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*)).tw,kw,kf. (135877)
- 34 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or cut back or cuts back or cutting back)).tw,kw,kf. (111997)
- 35 or/26-34 [TOBACCO CESSATION] (244250)
- 36 ((interactive or inter-active) adj voice record*).tw,kw,kf. (60)
- 37 ((interactive or inter-active) adj voice respon*).tw,kw,kf. (2573)
- 38 voice response unit?.tw,kw,kf. (5)
- 39 (IVR adj5 (call* or cellphon* or cell-phon* or dialogue* or mobile? or phon* or record* or smartphon* or smart-phon* or system? or technolog* or telephon*)).tw,kw,kf. (1220)
- 40 ((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*)).tw,kw,kf. (2376)
- 41 AI-IVR.tw,kw,kf. (2)
- 42 ((automated or digital* or intelligent or interactive or inter-active or smart or virtual) adj3 (assistant? or PDA or PDAs)).tw,kw,kf. (4153)
- 43 (Alexa or Bixby or Cortana or Siri or Google Assistant).tw,kw,kf. (8019)
- 44 reminder system/ (6830)
- 45 automatic speech recognition/ (1338)
- 46 or/36-45 [IVR] (23924)
- 47 35 and 46 [TOBACCO CESSATION - IVR] (340)
- 48 47 use oemezd [EMBASE RECORDS] (156)
- 49 Smoking Cessation/ (115928)
- 50 "Tobacco Use Disorder"/ (26295)
- 51 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*)).tw,id. (134325)
- 52 ((smoking or smoker* or tobacco* or nicotine or cigar? or cigarette* or cigarillo? or vape\$1 or vaping or ecig* or e-cig* or e-vape\$1 or e-vaping or evape\$1 or evaping or snuff or snus or gutka or gutkas or naswar) adj5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or cut back or cuts back or cutting back)).tw,id. (111682)
- 53 or/49-52 [TOBACCO CESSATION] (252880)
- 54 ((interactive or inter-active) adj voice record*).tw,id. (58)
- 55 ((interactive or inter-active) adj voice respon*).tw,id. (2522)
- 56 voice response unit?.tw,id. (5)
- 57 (IVR adj5 (call* or cellphon* or cell-phon* or dialogue* or mobile? or phon* or record* or smartphon* or smart-phon* or system? or technolog* or telephon*)).tw,id. (1210)
- 58 ((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*)).tw,id. (2327)
- 59 AI-IVR.tw,id. (2)

60 ((automated or digital* or intelligent or interactive or inter-active or smart or virtual) adj3
(assistant? or PDA or PDAs)).tw,id. (4035)
61 (Alexa or Bixby or Cortana or Siri or Google Assistant).tw,id. (7941)
62 Automated Speech Recognition/ (2494)
63 or/54-62 [IVR] (18078)
64 53 and 63 [TOBACCO CESSATION - IVR] (228)
65 64 use psych [PSYCINFO RECORDS] (38)
66 25 or 48 or 65 [ALL DATABASES] (340)
67 remove duplicates from 66 (201) [TOTAL UNIQUE RECORDS]
68 67 use medall [MEDLINE UNIQUE RECORDS] (145)
69 67 use oemezd [EMBASE UNIQUE RECORDS] (50)
70 67 use psych [PSYCINFO UNIQUE RECORDS] (6)

CINAHL

#	Query	Limiters/Expanders	Last Run Via	Results
S24	S19 OR S23	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	112
S23	S7 AND S22	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	66
S22	S20 OR S21	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	1,199

			Database - CINAHL Plus with Full Text	
S21	TX "interactive voice" W0 record*	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	23
S20	TX "interactive voice response"	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	1,181
S19	S7 AND S18	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	82
S18	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	6,342

S17	(MH "Voice Recognition Systems")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	1,311
S16	(MH "Reminder Systems")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	3,117
S15	TI (Alexa or Bixby or Cortana or Siri or "Google Assistant") OR AB (Alexa or Bixby or Cortana or Siri or "Google Assistant")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	426
S14	TI ((automated or digital* or intelligent or interactive or inter-active or smart or virtual) N3 (assistant# or PDA or PDAs)) OR AB ((automated or digital* or intelligent or interactive or inter-active or smart or virtual) N3 (assistant# or PDA or PDAs))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	950
S13	TI "AI-IVR" OR AB "AI-IVR"	Search modes - Find all my search terms	Interface - EBSCOhost Research	0

			Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	
S12	TI ((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*)) OR AB ((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	290
S11	TI (IVR N5 (call* or cellphon* or cell-phon* or dialogue* or mobile# or phon* or record* or smartphon* or smart-phon* or system# or technolog* or telephon*)) OR AB (IVR N5 (call* or cellphon* or cell-phon* or dialogue* or mobile# or phon* or record* or smartphon* or smart-phon* or system# or technolog* or telephon*))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	217
S10	TI "voice response" W0 unit# OR AB "voice response" W0 unit#	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	1
S9	TI (((interactive or inter-active) W0 voice respon*)) OR AB (((interactive or inter-active) W0 voice respon*))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced	629

			Search Database - CINAHL Plus with Full Text	
S8	TI (((interactive or inter-active) W0 voice record*)) OR AB ((((interactive or inter-active) W0 voice record*))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	91
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	45,557
S6	TI ((smoking or smoker* or tobacco* or nicotine or cigar# or cigarette* or cigarillo# or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) N5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or "cut back" or "cuts back" or "cutting back")) OR AB ((smoking or smoker* or tobacco* or nicotine or cigar# or cigarette* or cigarillo# or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) N5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or "cut back" or "cuts back" or "cutting back"))	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	16,852
S5	TI ((smoking or smoker* or tobacco* or nicotine or cigar# or cigarette* or cigarillo# or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or	Search modes - Find all my search terms	Interface - EBSCOhost Research	25,644

	e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) N5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*)) OR AB ((smoking or smoker* or tobacco* or nicotine or cigar# or cigarette* or cigarillo# or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) N5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*))		Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	
S4	(MH "Smoking/TH") OR (MH "Vaping/TH")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	981
S3	(MH "Tobacco Use Cessation Products+")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	3,979
S2	(MH "Smoking Cessation Programs")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	2,617

			Database - CINAHL Plus with Full Text	
S1	(MH "Smoking Cessation")	Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text	22,734

Web of Science

Set		
#	Search Query	Results
1	(smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (abstain* or abstin* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*) (Topic)	53731
2	(smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or "cut back" or "cuts back" or "cutting back") (Topic)	49489
3	#2 OR #1	89674
4	(interactive or inter-active) NEAR/0 ("voice record" or "voice recorded" or "voice recording" OR "voice recordings" or "voice records") (Topic)	20
5	(interactive or inter-active) NEAR/0 ("voice response" or "voice responses" or "voice respond" or "voice responded" OR "voice responding" or "voice responds") (Topic)	1288
6	"voice response unit" or "voice response units" (Topic)	8
7	IVR NEAR/5 (call* or cellphon* or cell-phon* or dialogue* or mobile or mobiles or phon* or record* or smartphon* or smart-	716

	phon* or system or systems or technolog* or telephon*) (Topic)	
	(IVR or IVRS) and (interactive or inter-active or voice or record* or respons*) (Topic)	1165
8	"AI-IVR" (Topic)	1
	(automated or digital* or intelligent or interactive or inter-active or smart or virtual) NEAR/3 (assistant or assistants or PDA or PDAs) (Topic)	6484
10	Alexa or Bixby or Cortana or Siri or "Google Assistant" (Topic)	4778
11	#11 OR #10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4	12886
12	#12 AND #3	101

Web of Science

Set		
#	Search Query	Results
	(smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (abstain* or abstinene* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*) (Topic)	53731
1	(smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or "cut back" or "cuts back" or "cutting back") (Topic)	49489
2	#2 OR #1	89674
3	(interactive or inter-active) NEAR/0 ("voice record" or "voice recorded" or "voice recording" OR "voice recordings" or "voice records") (Topic)	20
4	(interactive or inter-active) NEAR/0 ("voice response" or "voice responses" or "voice respond" or "voice responded" OR "voice responding" or "voice responds") (Topic)	1288
5	"voice response unit" or "voice response units" (Topic)	8
6	IVR NEAR/5 (call* or cellphon* or cell-phon* or dialogue* or mobile or mobiles or phon* or record* or smartphon* or smart-phon* or system or systems or technolog* or telephon*) (Topic)	716

	(IVR or IVRS) and (interactive or inter-active or voice or record* or respons*) (Topic)	1165
8	"AI-IVR" (Topic)	1
9	(automated or digital* or intelligent or interactive or inter-active or smart or virtual) NEAR/3 (assistant or assistants or PDA or PDAs) (Topic)	6484
10	Alexa or Bixby or Cortana or Siri or "Google Assistant" (Topic)	4778
11	#11 OR #10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4	12886
12	#12 AND #3	101

Cochrane Library

Search Name:

Date Run: 04/05/2023 05:20:45

Comment:

ID	Search Hits
#1	[mh "Smoking Cessation"] 5599
#2	[mh "Smoking Reduction"] 42
#3	[mh "Tobacco Use Cessation"] 156
#4	[mh "Smoking Cessation Agents"] 66
#5	[mh "Tobacco Use Cessation Devices"] 764
#6	[mh ^Smoking/TH] 598
#7	[mh "Tobacco Smoking"/TH] 89
#8	[mh "Tobacco Use Disorder"/TH] 472
#9	[mh Vaping/TH] 3
#10	((smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (abstain* or abstinen* or cease or ceased or ceases or cessation* or dehabituat* or desist* or discontinu* or end or ended or ending or ends or "give up" or "giving up" or "gives up" or "gave up" or halt* or quit* or stop*)) :ti,ab,kw 14748
#11	((smoking or smoker* or tobacco* or nicotine or cigar or cigars or cigarette* or cigarillo* or vape or vaped or vapes or vaping or ecig* or e-cig* or e-vape* or e-vaping or evape* or evaping or snuff or snus or gutka or gutkas or naswar) NEAR/5 (curb* or curtail* or decreas* or diminish* or lessen* or limit* or lower* or reduc* or taper* or "cut back" or "cuts back" or "cutting back")) :ti,ab,kw 6686
#12	{or #1-#11} 17438
#13	((interactive or inter-active) NEXT voice record*) :ti,ab,kw 210
#14	((interactive or inter-active) NEXT voice respon*) :ti,ab,kw 1052
#15	("voice response" NEXT (unit# or units)) :ti,ab,kw 0
#16	(IVR NEAR/5 (call* or cellphon* or cell-phon* or dialogue* or mobile* or phon* or record* or smartphon* or smart-phon* or system or systems or technolog* or telephon*)) :ti,ab,kw 276
#17	((IVR or IVRS) and (interactive or inter-active or voice or record* or respons*)) :ti,ab,kw 554
#18	"AI-IVR" :ti,ab,kw 3
#19	((automated or digital* or intelligent or interactive or inter-active or smart or virtual) NEAR/3 (assistant# or PDA or PDAs)) :ti,ab,kw 231
#20	(Alexa or Bixby or Cortana or Siri or "Google Assistant") :ti,ab,kw 166
#21	[mh "Reminder Systems"] 1108

#22	[mh "Speech Recognition Software"]	30
#23	{or #13-#22}	2734
#24	#12 AND #23	112

CDSR – 6 reviews
CENTRAL – 106 trials

Appendix B: Table of Study Characteristics

	Study information	Intervention	Patient characteristics	Primary Outcomes	Other outcomes
Brendryen et al. (2008) Norway	Study design: Controlled	Purpose of IVR: Intervention	Population: Adult Smokers	Reach: 62% of participants answered log-on calls. 87 intervention participants completed treatment.	At 1 month, 51% of participants found HE to be “helpful,” and 32% reported HE to be “very helpful”.
Trial #: Not reported	Study setting: Digital/Quitline	Description of intervention: Happy Ending program is an internet-based multimedia intervention that used CBT techniques to help people quit smoking without the use of nicotine replacement therapies. IVR is an aspect of the intervention, along with website-based activities and SMS messages.	Comparator: Usual care	Abstinance at follow-up: Repeated point abstinence was 20% for intervention group and 7% for control group (p=0.002)	
Funder: Norwegian Research Council	Inclusion criteria: Wanting to attempt quitting, 18 or older, smoking 5+ cigarettes a day, attempt quit without nicotine replacement therapy	Standalone or adjunct: Adjunct	N: 144 Control: 146		
Industry sponsored: No		IVR/Follow-up Schedule: Regular IVR	Age: 39.5 % female: 50%		

		calls depending on participants' needs; follow up at 1, 3, 6 and 12 months			
Brendryen et al. (2008) Norway	Study design: Controlled	Purpose of IVR: Intervention	Population: Adult Smokers	Reach: 71% of participants answered log-on calls. 152 participants completed treatment.	At 1 month, 48.2% found HE to be 'helpful' and 44.7% reported HE to be 'very helpful'.
Trial #: Not reported	Study setting: Digital/Quitline	Description of intervention: Happy Ending program is an internet-based multimedia intervention that used CBT techniques to help people quit smoking. IVR is an aspect of the intervention, along with website-based activities and SMS messages. Participants were given and allowed to use NRT products if they wanted.	Comparator: Usual Care	Abstinence at follow-up: Repeated point abstinence was significantly higher in treatment group (22.3%) vs. control (13.1%) (p = 0.02. At the 12 month follow up, 74 treatment participants reported abstinence vs. 48 control participants (p = 0.005)	Most participants in both groups opted for NRT therapy (93% intervention vs. 87% control - p = 0.07). At 1 month, the mean number of days of NRT use was significantly higher in treatment group (M = 5.1 vs. 3.9; p = 0.02).
Funder: Norwegian Research Council, Pfizer	Inclusion criteria: Wanting to attempt to quit smoking, aged 18+, smoking 10+ cigarettes a day and have access to the internet, email and cellphone	Standalone or adjunct: Adjunct	N: 197 Control: 199		
Industry sponsored: Yes		IVR/Follow-up Schedule: Regular IVR	Age: 35.9 % female: 50.8%		

		calls depending on participants' needs; follow up at 1, 3, 6 and 12 months			
Brown et al. (2021) US	Study design: Controlled	Purpose of IVR: Follow-up monitoring	Population: Hospitalized Patients	Abstinence at follow-up: 8.9% of intervention reported abstinence vs. 3.5% of control, p=0.01 - verified at 6 months by saliva cotinine analysis	Use of any smoking cessation treatment: 74.6% of intervention vs. 40.5% of control at 6 months, p<0.001
Trial #: NCT02204956	Study setting: Acute care private Psychiatric hospital	Description of intervention: Patients received in-patient tobacco cessation counselling. Following discharge, IVR asked about participants' smoking, intentions to quit, desire for an additional 4 weeks of transdermal nicotine patches (ie, 8weeks total), and interest in connecting with free telephone quitline counseling.	Comparator: Usual Care		Use of counselling: 37.3% of intervention vs. 11.0% of control at 6 months, p<0.001
Funder: National Institute of Mental Health	Inclusion criteria: Inpatient psychiatric patients aged 18 or older who smoked at least 5 cigarettes per day		N: 174 Control: 179		Use of pharmacotherapy: 71.0% vs. 37.0% at 6 months, p<0.001
Industry sponsored: No	Exclusion: a current diagnosis of non-nicotine substance use disorder, dementia, intellectual disability, autistic spectrum or other cognitive impairment, an inability to provide consent, medical	Standalone or adjunct: Adjunct IVR/Follow-up Schedule: 8 times over	Age: 36.1 % female: 46.7%		

	contraindication to the use of NRT or a current pregnancy.	12 weeks post-discharge			
Buchanan et al. (2017) US	Study design: Observational	Purpose of IVR: Follow-up monitoring and transfer	Population: Adult perinatal women	Reach: 35.5% of patients reached by IVR	15.4% of IVR + counselling participants used NRT vs. 4% of IVR only
Funder: MUSC, NIDA	Study setting: Academic medical center	Description of intervention: Patients counselled in-hospital by a tobacco treatment specialist; Post-discharge, IVR collected info on smoking status, frequency, quit attempts, motivation to quit, use of nicotine replacement therapy (NRT) and whether the patient wanted to be transferred to the quitline	Comparator: Bedside Cessation Counselling + IVR	Abstinence at follow-up: 12.8% of those who received both counselling and IVR reported abstinence vs. 6.5% of those who received IVR only	10.8% of IVR + counselling participants were transferred to the quitline vs. 14.0% of IVR only
Industry sponsored: No	Inclusion criteria: Adult women admitted to the peripartum, delivery, and postpartum units		N: 421		
	Exclusion criteria: Women over 41 and admitted for something non-pregnancy-related		Age: 29		
		Standalone or adjunct: Adjunct	% female: 100%		
		IVR/Follow-up Schedule: 3-, 14-, and 30-days post-discharge			

Carlini et al. (2012) USA	Study design: Controlled	Purpose of IVR: Intervention	Population: Quitline users	Reach: 23.6% of previous quitline users reached	
Trial #: NCT0126059	Study setting: Quitline	Description of intervention: Recruited participants who were previously enrolled in a quitline intervention; IVR call assessed smoking behaviours, current smoking status; if participants were interested in reattempting quit, they were enrolled into connected with quitline specialist and reenrolled into IVR intervention.	Comparator: Usual Care N: 245 Control: 276 Age: 42.2 % female: 66.5%	Re-enrollment rate was 28.2% for intervention vs. 3.3% for control (p < 0.001)	
Funder: National Cancer Institute	Inclusion criteria: Previously enrolled in quitline, Medicaid or uninsured, 18 or older, sought help for cigarette/tobacco use	Standalone or adjunct: Standalone		IVR participants were 11.2 times more likely to re- enroll than control (OR - p < 0.001)	
Industry sponsored: No		IVR/Follow-up Schedule: One IVR call to assess and/or recruit into intervention. Up to 20 call attempts made.			

<p>Carlini et al. (2014) US</p> <p>Trial #:</p> <p>Funder: Quitline Registries for Continuously Engaging Participants in Cessation from the Centers for Disease Control and Prevention</p> <p>Industry sponsored: No</p>	<p>Study design: Controlled</p> <p>Study setting: Quitline</p> <p>Inclusion criteria: 18 or older, having received services in English, providing verbal consent, being a cigarette smoker, not being incarcerated, and not having received quitline services for at least 5 months before the study launch</p>	<p>Purpose of IVR: Intervention</p> <p>Description of intervention: IVR system delivered a set of questions to identify motivational and informational barriers to recycling into a new quit attempt and provided tailored messages to specifically address these barriers</p> <p>Standalone or adjunct: Standalone</p> <p>IVR/Follow-up Schedule: Two cycles of 6 IVR attempts each; follow-up at 90 days</p>	<p>Population: Quitline Users</p> <p>Comparator: Usual Care</p> <p>N: 3,510 Control: 22,824</p> <p>Age: 65.2% over 40</p> <p>% female: 53.8%</p>	<p>Abstinence at follow-up: 24.0% reported abstaining from tobacco in the last 7 days</p> <p>Quit rate: 79.9% of those followed-up with reported making a quit attempted lasting 24 hours or more in the last 90 days</p>	
<p>Cartmell et al. (2018) USA</p> <p>Funder: Agency of Healthcare Research and Quality, Pfizer</p>	<p>Study design: Observational</p> <p>Study setting: Hospital</p> <p>Inclusion criteria: 18+ smokers</p>	<p>Purpose of IVR: Follow-up monitoring and transfer</p> <p>Description of intervention: IVR call at discharge determined</p>	<p>Population: Hospitalized patients</p> <p>Comparator: Usual Care</p> <p>N: 764</p>	<p>Cost/Cost-effectiveness: Total mean healthcare cost post-discharge: \$51,937 IVR vs. \$59,132 control, p=0.03.</p>	

Industry sponsored: Yes	<p>admitted to the hospital</p> <p>Exclusion criteria: Those admitted for psychiatric care, same day surgery, <24-hour observation or not discharged</p>	<p>smoking status and referred to the tobacco treatment specialist that assessed patients' behaviour and developed a treatment plan with the patient. IVR also conducts follow-up calls to evaluate smoking status and transfer to counsellor if needed.</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: At discharge, 3, 14, 30 days post-discharge</p>	<p>Control: 1439</p> <p>Age: 49.4</p> <p>% female: 47.5%</p>	<p>Comparing overall health care charges for the TDTS low exposed (IVR) versus unexposed patient groups, mean charges for the IVR group were \$8006 lower than for the control group (P=0.08).</p> <p>Intervention implementation costs were \$34.21 per participant in 12-month period (incl. start-up cost) with total intervention cost being \$158,140.</p>	
<p>Cartmell et al. (2018) USA</p> <p>Funder: Agency of Healthcare Research and Quality, Pfizer</p>	<p>Study design: Observational</p> <p>Study setting: Hospital</p>	<p>Purpose of IVR: Follow-up monitoring and transfer</p> <p>Description of intervention: IVR call at discharge determined</p>	<p>Population: Hospitalized patients</p> <p>Comparator: Usual Care</p>	<p>Readmission rates: 30-day - 9.8% IVR vs. 11.9% control (p=0.05), 90 day - 17.3% IVR vs. 18.6% control (p = 0.258), 180 day -</p>	

Industry sponsored: Yes	<p>Inclusion criteria: 18+ smokers admitted to the hospital</p> <p>Exclusion criteria: Those admitted for psychiatric care, same day surgery, <24-hour observation or not discharged</p>	<p>smoking status and referred to the tobacco treatment specialist that assessed patients' behaviour and developed a treatment plan with the patient. IVR also conducts follow-up calls to evaluate smoking status and transfer to counsellor if needed.</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: At discharge, 3, 14, 30 days post-discharge; Follow-up at 30-, 90- and 180-day post-discharge.</p>	<p>N: 764 Control: 1439</p> <p>Age: 49.4</p> <p>% female: 47.5%</p>	22.4% IVR vs. 24.3% control (p=0.239).	
<p>D'Angelo et al. (2022) US</p> <p>Funder: National Cancer Institute</p>	<p>Study design: Observational</p> <p>Study setting: Cancer Centers</p>	<p>Purpose of IVR: Intervention</p> <p>Description of intervention: IVR used to automatically identify and contact</p>	<p>Population: Cancer Patients</p> <p>Comparators: Other smoking cessation intervention</p>	<p>Reach: IVR had the highest average reach with an average of 55.8% of patients reached</p>	<p>21.7% of patients had not smoked in the past 7 days and 18.6% had not smoked in the past 30 days, however, this result applies to</p>

Industry sponsored: No	Inclusion criteria: Adults 18 years and older	patients who smoked to provide treatment. Implemented in 4/38 cancer centers. Standalone or adjunct: Unclear IVR/Follow-up Schedule: Not reported	including telephone counselling, in-person counselling, cessation medication and access to a quitline. N: 38 Cancer centers Age: N/A % female: N/A		all cancer centers, across all implemented interventions and is not specific to IVR.
Ershoff et al. (1999) USA Trial #: Not reported Funder: Not reported Industry sponsored: No	Study design: Controlled Study setting: Hospital Exclusion criteria: Women under the age of 18, and those who began prenatal care past the 26th week of pregnancy, smoked less than 7 cigarettes week pre-	Purpose of IVR: Intervention Description of intervention: For the IVR subgroup, participants were given informational booklet along with access to computerized IVR support system that they had access to 24/7 toll-free. IVR would ask	Population: Adults Perinatal women Comparators: Cessation booklet, Motivational Interviewing N: 120 Control: 111 Age: 29.6	Reach: 285 participants successfully reached for follow-up at the 34th week of pregnancy (IVR only group not specified) Quit rate: 16.7% of IVR intervention group were biochemically	Only 20.8% of IVR patients placed one or more calls to the system and it had no impact on their quit status

	pregnancy, had experienced a miscarriage/abortion, and had not smoked prior to the baseline interview	about smoking behaviour and readiness to change as well as stage-appropriate, customized motivational messages, interactive activities and reinforcement. Standalone or adjunct: Adjunct IVR/Follow-up Schedule: Available 24/7 for participants to utilize as needed; Follow-up at 32 weeks pregnancy	% female: 100%	confirmed end-of-pregnancy quitters - not statistically significant	
Fellows et al. (2016) US Trial #: NCT01236079 Funder: National Heart, Lung, and Blood Institute Industry sponsored: No	Study design: Controlled Study setting: Hospitals Inclusion criteria: Adult patients admitted to one of the hospitals who reported having	Purpose of IVR: Intervention Description of intervention: Patients were counselled in-hospital and created a tailored discharge treatment recommendation; medications; IVR	Population: Hospitalized patients Comparator: Usual Care N: 597 Control: 301 Age: 53	Reach: 50.6% of patients completed call 1, 31.3% completed call 4; mean total calls completed = 2 (SD 1.7) Abstinence at follow-up: 30-day abstinence = 18%	Use of any quit program: 8.4% in intervention, 5.0% in control, p=0.096 Use of telephone quitline: 6.9% intervention vs. 2.5% control, p=0.014

	<p>smoked a cigarette in the previous 30 days, spoke English, had a working phone, and were interested in remaining abstinent post-discharge</p> <p>Exclusion criteria: Patients living more than 50 miles away, admitted to a critical care, labor/delivery, or psychiatric unit, were pregnant or breastfeeding, were physically too ill or cognitively unable to provide informed consent</p>	<p>contacted patients for smoking status, cessation program enrollment status, and cessation medication use, and received tips for quitting</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: 4, 14, 28, and 49 days; Follow-up at 6 months</p>	% female: 56.6%	for intervention, 17% for control, p=0.569	Use of any medication: 47.9% intervention vs. 38.0% control, p=0.013
<p>Mahoney et al. (2018) USA</p> <p>Funder: Western New York Cancer Coalition Center, Roswell Park</p>	<p>Study design: Observational</p> <p>Study setting: Telephone</p> <p>Inclusion criteria: 18 years or older,</p>	<p>Purpose of IVR: Intervention, transfer</p> <p>Description of intervention: Looks at AVR system (same as IVR). Following chart review of smokers in</p>	<p>Population: Adult Smokers</p> <p>Comparator: Usual Care</p> <p>N: 1049 (opt-in)</p>	Reach: 32% of patients reached following chart review, 55% of these opted in to AVR program.	Females (OR = 0.78, CI 0.65-0.95) and those over 40 were less likely to opt out, while rural smokers (OR = 3.84, CI 3.01-3.90) were more likely to opt out.

Comprehensive Cancer Center, National Cancer Institute Industry sponsored: No	visited an urban/rural primary care office community health center, academic site or private practice in a medically underserved communities of interest	area, baseline AVR call was made to all eligible patients. Opt-in participants received AVR calls every day. AVR customized motivational messages, activities and questions during call to specific stage of change. If participant relapsed, they were transferred to primary care office or state quitline for counselling. Standalone or adjunct: Standalone IVR/Follow-up Schedule: IVR calls every day for study period (undefined)	Control: 850 (opt-out) Age: 59.1% over 50 % female: 51.9%	Abstinence at follow-up: 30% of intervention group that completed the AVR program reported abstinence	Smokers from rural medical offices were more likely to report being smoke free (OR, 1.41, CI 1.01-1.97) - smoke free status did not differ by sex, racial group or age.
McDaniel et al. (2015) US Trial #: NCT0088899	Study design: Controlled Study setting: QFL program	Purpose of IVR: Risk Assessment Description of intervention: All participants received	Population: Quitline users Comparators: Standard	Abstinence at follow-up: At 6 months: No smoking in last 7 days = 66.0% of control, 69.6% of	98% were satisfied, 98% would recommend the programme to others; overall, 87% said IVR was helpful

Funder: National Institutes for Health Industry sponsored: No	<p>Inclusion criteria: Tobacco users enrolled in the Quit For Life (QFL) programme who were quit for 24 hours or more, English-speaking, 18 or older, having access to a touch-tone phone</p> <p>Exclusion criteria: Smokeless tobacco users, actively participating in another tobacco cessation programme, had previously enrolled in QFL during the past 6 months, had limited phone access</p>	<p>five counselling calls from a Quit Coach; IVR calls delivered risk assessments, and high-risk participants were transferred to a Quit Coach</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: TEQ-10 = twice weekly for 2 weeks, then weekly for 6 weeks; TEQ-20 = daily for 2 weeks, then weekly for 6 weeks; follow-up at 6 and 12 months</p>	<p>quitline uses, TEQ-10, TEQ-20</p> <p>N: 602 in TEQ-10, 591 in TEQ-20 Control: 592</p> <p>Age: 43.4</p> <p>% female: 54.2%</p>	<p>TEQ-10 (p=0.3051 vs. control), 67.3% of TEQ-20 (p=0.7121 vs. control); Did not smoke in the last 30 days = 60.6% of control, 65.2% of TEQ-10 (p=0.1946), 61.1% of TEQ-20 (p=0.8947);</p> <p>At 12 months: No smoking in last 7 days = 65.3% of control, 67.0% of TEQ-10 (p=1691), 62.2% of TEQ-20 (p=0.4655); in last 30 days: 61.6% of control, 63.1% of TEQ-10 (p=0.6821), 56.6% of TEQ-20 (p=0.1871)</p>	
McNaughton et al. (2013) Canada	Study design: Controlled	Purpose of IVR: Intervention	Population: Adult Smokers	Abstinence at follow-up: Of patients who had quit smoking at 12	

<p>Trial #: NCT00832806 Funder: Pfizer Canada</p> <p>Industry sponsored: Yes</p>	<p>Study setting: Outpatient Clinic</p> <p>Inclusion criteria: Smoking ≥35 cigarettes per week or ≥5 cigarettes per day for at least 2 years with no period of abstinence longer than 3 months</p> <p>Exclusion criteria: Use of any smoking cessation drugs or nicotine replacement in the last 3 months, use of medications to treat depression or any psychiatric illness, history of depression or an unstable medical condition</p>	<p>Description of intervention: All participants received a 12-week supply of varenicline; IVR asked about cigarette use, side effects, confidence in maintaining abstinence, and motivational messages; at 12 weeks, all participants who were still abstinent were randomized to receive either further IVR or no IVR</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: Days 1, 3, 8 and 11 post-quit then every 2 weeks for following 39 weeks; follow-up at 52 weeks and 2 years</p>	<p>Comparator: Participants who only received IVR for 12 weeks.</p> <p>N: 101 initially and then 44 IVR only Control: 41</p> <p>Age: 52.6 overall</p> <p>% female: 33%</p>	<p>weeks, 59% were smoke-free at 52 weeks, 52% of intervention and 66.7% of control (p=0.33)</p> <p>At two years, 13% of overall population, 30% of those abstinent at 12 weeks, and 53% of those abstinent at 52 weeks (n=40) were confirmed to be non-smokers; of these, 21% had received extended IVR (so 21.7% of intervention vs. 42.9% of control, p=0.13, were smoke-free at two years)</p>	
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<p>Nahas et al. (2016) US</p> <p>Funder: Medical University of South Carolina Health</p> <p>Industry sponsored: No</p>	<p>Study design: Observational</p> <p>Study setting: Medical University</p> <p>Inclusion criteria: Adult cigarette smokers</p> <p>Exclusion criteria: Patients who died during hospitalization, receiving hospice care, not discharged back home, and psychiatric inpatients</p>	<p>Purpose of IVR: Follow-up monitoring and transfer</p> <p>Description of intervention: Patients counselled in-hospital by tobacco treatment specialist and developed an individualized tobacco-treatment plan; IVR collected info on smoking status and provide additional support through the offer of a direct immediate referral “warm transfer” to a quitline</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: 3-, 14-, and 30-days post-discharge</p>	<p>Population: Hospitalized Patients</p> <p>Comparator: Bedside Counselling + IVR</p> <p>N: Not reported</p> <p>Age: Not reported</p> <p>% female: Not reported</p>	<p>Reach: 42.8% were reached at least once within 30 days</p> <p>Abstinence at follow-up: 36.4% of those who were reached reported not smoking at the time of their last phone contact; based on intent-to-treat, 13.5% of patients were classified as not smoking based on their most recent follow-up call</p>	<p>19.6% who were reached asked to be transferred to the quitline</p> <p>Bedside counselling was associated with a 13% increase in response to IVR (55% vs. 49%), a 90% increase in reported abstinence (51% vs. 27%), and double the rate of those using medications (21% vs. 8%)</p>
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Reid et al. (2007) Canada	Study design: Controlled	Purpose of IVR: Follow-up monitoring and risk assessment	Population: Hospitalized patients	Reach: At 3-day follow-up, 70 participants answered IVR calls	
Trial #: Not reported	Study setting: Hospital	Description of intervention: IVR system called participants post-discharge and asked about smoking status, confidence in staying smoke free until next call, and use of self-help materials and pharmacotherapies. Patients were flagged and connected with nurse specialists if they reported relapse but interest in quit reattempt or if they were not confident in their ability to stay smoke free. Further telephone counselling was given.	Comparator: Usual Care	Abstinence at follow-up: At the 52-week follow-up, 46% of the IVR group and 34.7% of the control group were abstinent (p = 0.07).	
Funder: Canadian Tobacco Control Research Initiative	Inclusion criteria: Current smokers (5 or more cigarettes per day), 18+, hospitalized for acute coronary syndrome		N: 50 Control: 50		
Industry sponsored: No		Standalone or adjunct: Standalone	Age: 54 % female: 39%		

		IVR/Follow-up Schedule: 3-, 14- and 30-days post-discharge; 12- and 52-weeks post- discharge (by telephone, not IVR)			
Rigotti et al. (2014) US	Study design: Controlled	Purpose of IVR: Intervention	Population: Hospitalized patients	Abstinence at follow-up: Biochemically confirmed abstinence for past 7 days = 25.8% of intervention, 15.1% of control, p=0.009	Any smoking cessation use: at 1 month = 82.8% of intervention, 62.8% of control, p<0.001; at 6 months = 89.9% of intervention, 80.4% of control, p=0.01
Trial #: NCT01177176	Study setting: Hospital	Description of intervention: Participants give a 30- day supply of tobacco cessation medication, refillable for up to 90 days of treatment; 5 IVR calls provided advice and support messages that prompted smokers to stay quit, encouraged proper use and adherence to cessation medication, offered medication refills, and triaged smokers to a return telephone call from a live counselor	Comparator: Usual Care	Self-reported abstinence in past 7 days: At 1 month = 52.0% of intervention, 39.2% of control, p=0.01; at 6 months = 40.9% of intervention, 28.1% of control, p=0.008	
Funder: National Institutes of Health/National Heart, Lung, and Blood Institute	Inclusion criteria: 18 or older, smoked ≥ 1 cigarette/day during the month before admission, received smoking cessation counseling in the hospital, stated that they planned to try to quit smoking after discharge		N: 198 Control: 199	Abstinent since hospital discharge:	
Industry sponsored: No	Exclusion criteria: Expected hospital stay of <24 hours, substance use in the		Age: 53.9 % female: 48.5%		

	past 12 months other than tobacco, alcohol, or marijuana, admitted for an alcohol or drug overdose, could not consent or participate in counselling, admitted to obstetric or psychiatric units, life expectancy <12 months, medical instability	Standalone or adjunct: Adjunct IVR/Follow-up Schedule: 2, 14, 30, 60, and 90 days; follow-up at 6 months		at 1 month = 46.0% of intervention, 33.2% of control, $p<0.01$; at 6 months = 27.3% of intervention, 16.1% of control, $p=0.007$ Reducing costs: Hospital cost per quit: = \$4,910 in year 1, \$2,670 in subsequent years Incremental per-patient costs: \$540 in year 1, \$294 in subsequent years (year 1 costs were primarily for building the phone system and training staff)	
Rigotti et al. (2016) US Trial #: NCT0171432	Study design: Controlled Study setting: Hospitals	Purpose of IVR: Intervention Description of intervention: Intervention patients	Population: Adult smokers Comparator: Usual Care	Reach: Intervention participants answered (62%) of IVR calls; median = 3 of 5 planned calls per person	59% requested transfer to a Quit Coach Any use of smoking-cessation treatment

<p>Funder: NIH/NHLBI</p> <p>Industry sponsored: No</p>	<p>Inclusion criteria: Adults 18 or older who smoke one or more cigarettes daily, had >5 minutes of smoking cessation counselling in the hospital, stated they planned to try to quit smoking post-discharge</p> <p>Exclusion criteria: Had no telephone, could not give informed consent or participate in counselling, were admitted to obstetric or psychiatric units, were admitted for IV drug overdose, had medical instability, had <1 year of estimated life expectancy.</p>	<p>receive a 30-day supply of free FDA-approved tobacco cessation medication, refillable for up to 90 days of treatment; IVR calls prompted smokers to quit or stay quit, offered support messages, encouraged adherence to cessation medication, and offered smokers the option of a direct two-step transfer to a telephone quitline</p> <p>Standalone or adjunct: Adjunct</p> <p>IVR/Follow-up Schedule: 2, 12-, 28-, 58-, and 88-days post-discharge; follow-up at 6 months</p>	<p>N: 680 Control: 677</p> <p>Age: 49.6</p> <p>% female: 48.8%</p>	<p>Abstinence at follow-up: Abstinent for past 7 days, at 1 month = 43.4% intervention, 32.1% control, $p<0.0001$; at 6 months: 30.7% intervention, 26.6% control, $p<0.10$; abstinent since hospital discharge, at 1 month: 31.0% intervention, 26.4% control, $p<0.10$; at 6 months: 17.8% intervention, 14.9% control, not significant</p> <p>Quit rate: Biochemically confirmed tobacco abstinence immediately post-discharge = 16.6% of intervention,</p>	<p>at 6 months: 85.3% of intervention, 66.2% of control, $p<0.001$</p>
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				15.5% of control, not significant	
Schneider et al. (1995) USA	Study design: Observational	Purpose of IVR: Intervention	Population: Adult Smokers	Reach: 610 called program at least once, 571 were included in the final analysis. Of these 473 participants made 2 or more calls and 262 participants made 5 or more calls.	Those who used IVR more often were more likely to remain abstinent at 6 month follow up (m = 17.67 calls vs. 7.65 calls; p < .001). Similar results found at 1- and 3-month follow-ups.
Funder: National Institute of Health	Study setting: Telephone	Description of intervention: Early IVR system monitored participants progress, provided motivation, helpful techniques and coping mechanisms and interactive activities (smoking diary).	Comparator: Self-Comparison	Abstinance at follow-up: Of those that reported abstinance at 1 month follow-up, 47.1% were still abstinent at 3-month follow-up and 37.3% were abstinent at 3- and 6-month follow-ups.	
Industry sponsored: No	Inclusion criteria: 18 or older, smoke daily	Standalone or adjunct: Standalone	N: 571		
		IVR/Follow-up Schedule: Participants called as needed following the initiation call; follow-up at 1, 3 and 6 months after initiation call (letter and post-card for data collection)	Age: Not reported		
			% female: Not reported		

Velicer et al. (2006) USA	Study design: Controlled	Purpose of IVR: Intervention	Population: Veteran Smokers	Reach: 30% of participants used IVR multiple times, 30% used it once and 40% did not use it at all.	
Trial #: Not reported	Study setting: Telephone	Description of intervention: IVR was used in conjunction with a manual, expert system feedback report and NRT. With the addition of IVR, calls were made on a schedule depending on NRT acceptance. IVR system asked questions and provided support according to participant responses.	Comparators: Cessation booklet, Cessation booklet + NRT, Cessation booklet + NRT + expert system feedback report	Abstinence at follow-up: The 6- month prolonged abstinence rate at month 10 = 6.6% of intervention group, at month 20 = 9.3% of intervention group and at month 30 = 15% of intervention group.	
Funder: Not reported	Inclusion criteria: Regularly smoke 10+ cigs a day	Standalone or adjunct: Adjunct	N: 500 Control: 523		
Industry sponsored: No		IVR/Follow-up Schedule: 2 contact schedules depending on NRT acceptance: if not accepted, IVR calls made monthly for 6 months; if accepted, IVR calls made weekly	Age: 49.9 % female: 24.2%		

		for 1st month, biweekly for second month and monthly for months 3- 6. Follow-up at month 10, 20 and 30.			
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