**Form Approved**

Co**OMB No. 0920-XXXX**

**Exp. Date xx/xx/XXXX**

**Intake Data for Quitline Clients**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: OMB 0920-XXXX

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| **Contact Information File** | |
| **Consented Y/N** | (Interviewer coded after obtaining informed consent) |
| **User ID** |  |
| **Mode of Cessation Service** | (Quitline vs. Web-based) |
| **Date of Registration** | (dd/mm/yyyy): \_ \_/\_ \_/\_ \_ \_\_\_ |
| **Last Name** | What is your full name? |
| **First Name** | What is your full name? |
| **Mailing Address** | What is your mailing address? |
| **City by zip** | What is your mailing address? |
| **State by zip** | (filled in by zip) |
| **Zip** | What is your zip code? |
| **County by zip** | (filled in by zip) |
| **Primary phone** | What is your main phone number? |
| **Secondary phone** | Do you have a second phone number we can use? |
| **Cell phone** | Do you have a cell phone number? |
| **Best time to call caller back** | What is the best time to call you? |
| **Email address** | Do you have an email address? |

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| **Quitline Utilization Data File** | |
| **Variable** | **Possible Data Values** |
| User ID |  |
| Date of Registration | (dd/mm/yyyy): \_ \_/\_ \_/\_ \_ \_\_\_ |
| Mode of Cessation Service |  Quitline   Web |
| State |  |
| Result of first contact | (*Check all that apply*):   Basic information provided (no materials sent)   Literature and/or self-help materials sent   Reactive counseling (one counseling session provided during first contact)   Proactive counseling requested (more than one counseling session) (first counseling  session may or may not have taken place during first contact)   Medications sent (FDA approved)   Referral to another service (for tobacco cessation or other services, including web-  based services, community clinics, etc.)   Other |
| Mode of entry to the quitline |  Direct call to the number   Fax referral   Internet   Email solicitation/click-through   Other (specify\_\_\_\_\_\_\_\_\_\_) |
| Services RECEIVED by the caller |  Counseling using an interpreter service   Counseling (any amount, should not include time spent asking intake questions or on  content that is not directly related to counseling)  Web-based services (registered/logged in at least once to a cessation-focused website)  Medications (medications were shipped to the caller)  Materials (materials were mailed to the caller)  Other (as relevant to each quitline) |
| Total Calls | Number of completed telephonic counseling calls |
| Date of each call [1, 2, …..n] | (dd/mm/yyyy): \_ \_/\_ \_/\_ \_ \_\_\_ |
| Length of each call [1,2,….n] | (hh:mm:ss) |

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| **Intake Survey Data – Minimum Dataset Items (MDS)** | | |
| **Variable** | **Survey Item** | **Possible Data Values** |
| Reason for calling | How can I help you? |  WANT HELP / INFORMATION ABOUT  QUITTING   WANT HELP / INFORMATION ABOUT  STAYING QUIT   WANT TO REFER SOMEONE FOR HELP   WANT GENERAL INFORMATION OR  MATERIALS ABOUT QUITLINE  SERVICE   OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   DON’T KNOW   REFUSED |
| Purpose | Just to confirm, are you calling for yourself, or calling on behalf of or to help someone  else? |  Calling for yourself for help with quitting   Calling for yourself but not for help with quitting   Calling on behalf of or to help someone else   DON’T KNOW   REFUSED |
| Referral source | How did you hear about the quitline? (CHECK ALL RESPONSES) | MEDIA   NEWSPAPER   RADIO   TELEVISION   INTERNET/WEB   OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OTHER ADVERTISING   PHONE DIRECTORY   FLYERS, BROCHURES   OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFERRAL   HEALTH PROFESSIONAL (DOCTOR, DENTIST, ETC.)   FAMILY / FRIENDS   WORKPLACE   HEALTH INSURANCE   COMMUNITY ORGANIZATION |
| New user | Is this your first call to the quitline in the past 12 months? |  YES   NO   DON’T KNOW   REFUSED |
| Current Tobacco Use | What types of tobacco have you used in the past 30 days? | 1. Cigarettes, B) Cigars, cigarillos, or little cigars, C) A pipe, D) Chewing tobacco, snuff, or dip E) Any other type of tobacco?   Responses for each category above   YES   NO   DON’T KNOW   REFUSED |
| Tobacco Use Status - Cigarettes | Do you currently smoke **cigarettes** every day, some days, or not at all? |  EVERYDAY   SOMEDAYS   1.  NOT AT ALL 2.  DON’T KNOW 3.  REFUSED |
| Smoking Frequency – Someday Smokers | How many days did you smoke in the last 30 days? | \_\_\_\_\_Days   1.  DON’T KNOW 2.  REFUSED |
| Intensity - Cigarettes | How many **cigarettes** do you smoke per day on the days that you smoke? | (cigarettes per day)\_\_\_   1.  DON’T KNOW 2.  REFUSED |
| Length of abstinence - former smokers | When was the last time you smoked a **cigarette**, even a puff? | (dd/mm/yyy)   NEVER   DON’T KNOW   REFUSED |
| Tobacco Use Status - Cigars | Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all?  (CHECK ONE) |  EVERYDAY   SOMEDAYS   1.  NOT AT ALL 2.  DON’T KNOW    REFUSED |
| Frequency – Cigars | How many days did you smoke a **CIGARS, CIGARILLOS, OR LITTLE CIGARS** in the last 30 days? | \_\_\_\_\_Days   1.  DON’T KNOW 2.  REFUSED |
| Intensity - Cigars | How many **CIGARS, CIGARILLOS, OR LITTLE CIGARS** do you smoke per week during the weeks that you smoke? | (cigars, cigarillos, or little cigars per week)\_\_\_\_\_\_\_   1.  DON’T KNOW 2.  REFUSED |
| Length of abstinence – former cigar users | When was the last time you smoked a **CIGARS, CIGARILLOS, OR LITTLE CIGARS**, even a puff? | (dd/mm/yyy)   NEVER   DON’T KNOW   REFUSED |
| Tobacco Use Status - Pipes | Do you currently smoke **PIPES** every day, some days, or not at all? |  EVERYDAY   SOMEDAYS   1.  NOT AT ALL 2.  DON’T KNOW 3.  REFUSED |
| Frequency – Pipes | How many days did you smoke a **PIPE** in the last 30 days? | \_\_\_\_\_Days   1.  DON’T KNOW 2.  REFUSED |
| Intensity - Pipes | How many **PIPES** do you smoke per week during the weeks that you smoke? | (pipes per week)\_\_\_\_\_\_\_   1.  DON’T KNOW 2.  REFUSED |
| Length of abstinence – former pipe users | When was the last time you smoked a **PIPE**, even a puff? | (dd/mm/yyy)   NEVER   DON’T KNOW   REFUSED |
| Tobacco Use Status - Smokeless | Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all?  (CHECK ONE) |  EVERYDAY   SOMEDAYS   1.  NOT AT ALL 2.  DON’T KNOW    REFUSED |
| Frequency – Smokeless | How many days did you use **chewing tobacco, snuff or dip** in the last 30 days? | \_\_\_\_\_\_\_(days)   1.  DON’T KNOW 2.  REFUSED |
| Intensity - Smokeless | How many **POUCHES OR TINS** do you use per week during the weeks that you use chewing tobacco or snuff? | (pouches/tins per week)\_\_\_\_\_   1.  DON’T KNOW 2.  REFUSED |
| Length of abstinence – former smokeless user | When was the last time you used **chewing tobacco, snuff or dip, even a pinch**? | \_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)   NEVER   DON’T KNOW   REFUSED |
| Tobacco Use Status - OTP | Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all?  (CHECK ONE) |  EVERYDAY   SOMEDAYS   1.  NOT AT ALL 2.  DON’T KNOW    REFUSED |
| Frequency – OTP | How many days did you use **other types of tobacco** in the last 30 days? | \_\_\_\_\_\_\_(days)   1.  DON’T KNOW 2.  REFUSED |
| Intensity - OTP | How much [how many] [OTHER TOBACCO NAME] do you use per week during the weeks that you use other tobacco? | (other tobacco per week) \_\_\_\_   1.  DON’T KNOW 2.  REFUSED |
| Length of abstinence – former OTP user | When was the last time you used other types of tobacco, even a puff or pinch? | \_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)   1.  NEVER 2.  DON’T KNOW 3.  REFUSED |
| Time to first cigarette | How soon after you wake up do you smoke your first cigarette? |  WITHIN FIVE MINUTES   6 TO 30 MINUTES   31 TO 60 MINUTES   MORE THAN 60 MINUTES   DON’T KNOW   REFUSED |
| Intention to quit - Cigarettes | Do you intend to quit using cigarettes w/in the next 30 days? |  YES   NO   1.  DON’T KNOW 2.  REFUSED |
| Intention to quit - cigars | Do you intend to quit using cigars, cigarillos, or little cigars within the next 30 days? |  YES   NO   1.  DON’T KNOW 2.  REFUSED |
| Intention to quit - Pipe | Do you intend to quit using a pipe within the next 30 days? |  YES   NO   1.  DON’T KNOW 2.  REFUSED |
| Intention to quit - Smokeless | Do you intend to quit using chewing tobacco, snuff, or dip within the next 30 days? |  YES   NO   1.  DON’T KNOW 2.  REFUSED |
| Intention to quit - OTP | Do you intend to quit using [NAME OF OTHER TOBACCO PRODUCT] within the next 30 days? |  YES   NO   1.  DON’T KNOW 2.  REFUSED |
| Zip code | What is your zip code? | \_ \_ \_ \_ \_   DON’T KNOW   REFUSED |
| Birthday | What year were you born? | \_ \_ \_ \_   DON’T KNOW   REFUSED |
| Gender | I need to verify: are you male or female? |  Male   Female   REFUSED |
| Education | What is the highest level of education you have completed? |  LESS THAN GRADE 9   GRADE 9 TO 11, NO DEGREE   GED   HIGH SCHOOL DEGREE   SOME COLLEGE OR UNIVERSITY(includes some technical or trade school)   COLLEGE OR UNIVERSITY DEGREE (includes AA, BA, Masters, Ph.D.)   DON’T KNOW   REFUSED |
| Ethnicity | Are you of Hispanic or Latino origin? |  NO (Not of Hispanic or Latino origin)   YES(of Hispanic or Latino origin)   DON’T KNOW   REFUSED |
| Race | What is your race? Which one or more of these groups would you say best describes you? (select one or more) |  White   Black or African American   Asian   Native Hawaiian or other Pacific Islander   American Indian or Alaska Native   SOME OTHER RACE (SPECIFY \_\_\_\_\_\_\_\_\_\_\_)   DON’T KNOW   REFUSED |