

## 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

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

<b>Quitline Utilization Data File</b>	
<b>Variable</b>	<b>Possible Data Values</b>
User ID	
Date of Registration	(dd/mm/yyyy): __/__/____
Mode of Cessation Service	Quitline Web
State	
Result of first contact	( <i>Check all that apply</i> ): 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	(hh:mm:ss)

[1,2,...n]	
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<b>Intake Survey Data – Minimum Dataset Items (MDS)</b>		
<b>Variable</b>	<b>Survey Item</b>	<b>Possible Data Values</b>
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?	YES NO

	in the past 12 months?	DON'T KNOW REFUSED
Current Tobacco Use	What types of tobacco have you used in the past 30 days?	A) 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 <b>cigarettes</b> every day, some days, or not at all?	EVERYDAY SOMEDAYS NOT AT ALL DON'T KNOW REFUSED
Smoking Frequency – Someday Smokers	How many days did you smoke in the last 30 days?	____Days  DON'T KNOW REFUSED
Intensity - Cigarettes	How many <b>cigarettes</b> do you smoke per day on the days that you smoke?	(cigarettes per day)____  DON'T KNOW REFUSED
Length of abstinence - former smokers	When was the last time you smoked a <b>cigarette</b> , even a puff?	(dd/mm/yyyy)  NEVER DON'T KNOW REFUSED
Tobacco Use Status - Cigars	Do you currently smoke <b>CIGARS, CIGARILLOS, OR LITTLE CIGARS</b> every day, some days, or not at all? (CHECK ONE)	EVERYDAY SOMEDAYS NOT AT ALL DON'T KNOW REFUSED
Frequency – Cigars	How many days did you smoke a	____Days

	<b>CIGARS, CIGARILLOS, OR LITTLE CIGARS</b> in the last 30 days?	DON'T KNOW REFUSED
Intensity - Cigars	How many <b>CIGARS, CIGARILLOS, OR LITTLE CIGARS</b> do you smoke per week during the weeks that you smoke?	(cigars, cigarillos, or little cigars per week)_____  DON'T KNOW REFUSED
Length of abstinence – former cigar users	When was the last time you smoked a <b>CIGARS, CIGARILLOS, OR LITTLE CIGARS</b> , even a puff?	(dd/mm/yyyy)  NEVER DON'T KNOW REFUSED
Tobacco Use Status - Pipes	Do you currently smoke <b>PIPES</b> every day, some days, or not at all?	EVERYDAY SOMEDAYS NOT AT ALL DON'T KNOW REFUSED
Frequency – Pipes	How many days did you smoke a <b>PIPE</b> in the last 30 days?	____Days  DON'T KNOW REFUSED
Intensity - Pipes	How many <b>PIPES</b> do you smoke per week during the weeks that you smoke?	(pipes per week)_____  DON'T KNOW REFUSED
Length of abstinence – former pipe users	When was the last time you smoked a <b>PIPE</b> , even a puff?	(dd/mm/yyyy)  NEVER DON'T KNOW REFUSED
Tobacco Use Status - Smokeless	Do you currently use <b>CHEWING TOBACCO, SNUFF, OR DIP</b>	EVERYDAY SOMEDAYS NOT AT ALL DON'T KNOW

	every day, some days, or not at all? (CHECK ONE)	REFUSED
Frequency – Smokeless	How many days did you use <b>chewing tobacco, snuff or dip</b> in the last 30 days?	_____(days)  DON'T KNOW REFUSED
Intensity - Smokeless	How many <b>POUCHES OR TINS</b> do you use per week during the weeks that you use chewing tobacco or snuff?	(pouches/tins per week)_____  DON'T KNOW REFUSED
Length of abstinence – former smokeless user	When was the last time you used <b>chewing tobacco, snuff or dip, even a pinch?</b>	_____ (dd/mm/yyyy)  NEVER DON'T KNOW REFUSED
Tobacco Use Status - OTP	Do you currently use <b>OTHER TYPES OF TOBACCO</b> every day, some days, or not at all? (CHECK ONE)	EVERYDAY SOMEDAYS NOT AT ALL DON'T KNOW REFUSED
Frequency – OTP	How many days did you use <b>other types of tobacco</b> in the last 30 days?	_____(days)  DON'T KNOW 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) ____  DON'T KNOW REFUSED
Length of abstinence –	When was the last time you used	_____ (dd/mm/yyyy)

former OTP user	other types of tobacco, even a puff or pinch?	NEVER DON'T KNOW 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 DON'T KNOW REFUSED
Intention to quit - cigars	Do you intend to quit using cigars, cigarillos, or little cigars within the next 30 days?	YES NO DON'T KNOW REFUSED
Intention to quit - Pipe	Do you intend to quit using a pipe within the next 30 days?	YES NO DON'T KNOW REFUSED
Intention to quit - Smokeless	Do you intend to quit using chewing tobacco, snuff, or dip within the next 30 days?	YES NO DON'T KNOW REFUSED
Intention to quit - OTP	Do you intend to quit using [NAME OF OTHER TOBACCO PRODUCT] within the next 30 days?	YES NO DON'T KNOW 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