**Form Approved**

**OMB No. 0920-XXXX**

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

Intake Data for Web Services 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 |  |
| Total Log-Ins | Number of times the user logged in to web account |
| Date of each log-in [1, 2, …..n] | (dd/mm/yyyy): \_ \_/\_ \_/\_ \_ \_\_\_ |
| Length of visits [1,2,….n] | (hh:mm:ss) |

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| **Intake Survey Data – Minimum Dataset Items (MDS)** |
| **Variable** | **Survey Item** | **Possible Data Values** |
| Purpose\_Web | I am… |  Looking for help for myself  A researcher/health professional seeking info for a  client/study  |
| Referral source\_Web | How did you hear about QuitNet?  |  Website  TV;  Radio  other  Newspaper/magazine  My doctor/dentist  Friend/family  Friend/family  Drugstore  Brochure  Billboard |
| Current Tobacco Use\_Web | What form or forms of tobacco do you/did you use? A) Cigarettes, B) Cigars, C) Pipes (bowls), D) Chewing tobacco or snuff (pouches), E) Other tobacco products (e.g. Bidis) F) none of the above  |  Cigarettes Cigars  Pipes (bowls)  Chewing tobacco, snuff, (pouches)  Other tobacco products (e.g. bidis)  None of the above |
| Smoke Status\_Web | Are you currently a smoker?  |  Yes, I currently smoke;  No, I quit within the last 6 months;  No, I quit more than 7 months ago;  No, I have never smoked1.
 |
| Intention to quit\_Web | Are you seriously thinking of quitting smoking? A) Yes, within the next 30 days B) Yes, within the next 6 months C) No, not thinking of quitting |  |
| Time to first cigarette\_Web | 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  |
| Intenstiy-Cigs\_Web | On an average day, how many cigarettes do you (or did you) smoke? |  |
| Recent Quit Attempts\_Web | In the last year, how many times have you quit smoking for at least 24 hours? |  |
| Past Quit Methods\_Web | If you made a 24-hour quit attempt in the past year, what kind of treatment was used?  |  No treatment - quit on my own;  Nicotine Patch;  Nicotine Gum;  Nicotine Inhaler;  Nicotine Spray;  Nicotine Lozenge;  Zyban/Wellbutrin/bupropion  Chantix/Varenicline  Face to face counseling  Telephone counseling  Acupuncture  hypnosis  other |
| Zip code | What is your zip code? | \_ \_ \_ \_ \_  |
| DOB | Date of birth | \_ \_ \_ \_  |
| Gender | male/female |  Male  Female  |
|  | Are you currently pregnant? y/n | 1.  Yes
2.  NO
 |
| Education | What is the highest level of education that you have achieved?  |  8th grade of less;  Some high school;  Finished HS/GED;  Some college;  College graduate;  Post-college |
| 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  |