## 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-XXXXX

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?

Quitline Utilization Data File		
Variable	Possible Data Values	
User ID		
Date of	(dd/mm/yyyy)://	
Registration		
Mode of	Quitline	
Cessation	Web	
Service		
State		
Total Log-Ins	Number of times the user logged in to web account	
Date of each		
log-in [1, 2,	(dd/mm/yyyy)://	
n]		
Length of		
visits [1,2,	(hh:mm:ss)	
n]		

## 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	How did you	Website	
source_Web	hear about	TV;	
	QuitNet?	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 smoked
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?  If you made a 24-	No treatment, quit on may or mi
Past Quit	ii you illauc a 24-	No treatment - quit on my own;

Methods_Web	hour quit attempt in the past year, what kind of treatment was used?	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	Yes 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			