

**Form Approved**

**OMB No. 0920-0856**

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

**National Quitline Data Warehouse**  
**Intake Questionnaire**  
**(Asian Smoker's Quitline: Korean)**

*Public reporting burden of this collection of information is estimated to range from 1-10 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0856)*

## Asian Smokers' Quitline (ASQ) Korean Intake

This is a free service to help people quit smoking. We offer help through the mail and also over the phone. To provide the best possible service, calls may be monitored and recorded, but will be kept private. I need to ask you a few questions to see what we can do for you, and all of your responses are voluntary. Is that OK?

이 서비스는 무료로 흡연자를 돕기 위해 UC에서 운영되고 있습니다. 우리는 우편과 전화로 도움을 제공합니다. 최상의 서비스를 제공하기 위해, 전화가 모니터링되고 기록될 수 있지만, 이는 기밀로 유지됩니다. 귀하의 질문에 대한 답변은 자발적입니다. 괜찮습니까?  Yes  No

1) Are you calling for yourself or someone else?

당신은 누구를 위해 전화하십니까?  Yourself  Someone else...

2) May I have your name please?

당신의 이름을 알려주세요?  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

3) What's your date of birth?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Refused

**IF REFUSED:** Then how old are you?

\_\_\_\_\_  Refused  Unwilling, but >= 18 yrs. old

4) How did you hear about us?  Ad  Dentist  Friend  Family  WIC  Pharmacy  School  Non-profit  VA  Hospital  Clinic  Doctor's Office

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ad:                        | <input type="checkbox"/> Dentist/           | <input type="checkbox"/> Refused                            |
| <input type="checkbox"/> TV                         | Dental                                      | <b>Promotional</b>  |
| <input type="checkbox"/> Radio                      | Hygienist                                   | <b>Materials</b>  |
| <input type="checkbox"/> Newspaper/<br>Magazine     | <input type="checkbox"/> Friend/<br>Family  | <input type="checkbox"/> Card (Gold,<br>Salud, Quit<br>Now) |
| <input type="checkbox"/> Billboard/ Bus Sign        | <input type="checkbox"/> WIC                | <input type="checkbox"/> Patch Voucher                      |
| <input type="checkbox"/> Phone Book                 | <input type="checkbox"/> Pharmacy           | <input type="checkbox"/> Brochure/<br>Pamphlet              |
| <input type="checkbox"/> Web                        | <input type="checkbox"/> School             | <input type="checkbox"/> Postcard                           |
| <b>Referrals:</b>                                   | <input type="checkbox"/> Non-profit<br>Org. |   |
| <input type="checkbox"/> VA                         | <input type="checkbox"/>                    |   |
| <input type="checkbox"/> Hospital                   | Insurance/HM                                |   |
| <input type="checkbox"/> Clinic/<br>Doctor's Office | O/MediCal                                   |   |
|   | <input type="checkbox"/> Other              |   |
|   | <input type="checkbox"/> Don't know         |   |

**If any Referral source (e.g. VA through Insurance/HMO/MediCal above):**

Did you receive anything, such as a card or brochure with our number on it?

Yes  No  Other

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No                  | <input type="checkbox"/> Yes...Postcard           | <input type="checkbox"/> Yes...Re-engagement letter |
| <input type="checkbox"/> Yes... Card         | <input type="checkbox"/> Yes...Magnet             | <input type="checkbox"/> Don't Know                 |
| <input type="checkbox"/> Yes...Patch Voucher | <input type="checkbox"/> Yes...Brochure/ Pamphlet | <input type="checkbox"/> Refused                    |

**If PROMOTIONAL MATERIALS:**

Where did you get it?  VA  Hospital  Other

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> VA                        | <input type="checkbox"/> Hospital       | <input type="checkbox"/> Clinic/ Doctor's Office |
| <input type="checkbox"/> Dentist/ Dental Hygienist | <input type="checkbox"/> Friend/ Family | <input type="checkbox"/> WIC                     |
| <input type="checkbox"/> Pharmacy                  | <input type="checkbox"/> School         | <input type="checkbox"/> Non-profit Org.         |
| <input type="checkbox"/> Insurance/HMO/MediCal     | <input type="checkbox"/> CSH            | <input type="checkbox"/> Other                   |