

**Form Approved**

**OMB No. 0920-0856**

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

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

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## 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?

\_\_\_\_\_  Yes  No

1) Are you calling for yourself or someone else?

\_\_\_\_\_  Yourself  Someone else...

2) What's your year of birth?

\_\_\_\_\_  Refused

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

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

3) How did you hear about us? \_\_\_\_\_

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

**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



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ? Don't know ? Refused [Not eligible if DK or R]

How many days per week did you smoke?

\_\_\_\_\_ ? Don't know ? Refused

On average how many cigarettes did you smoke per day on the days you smoked? \_\_\_\_\_

? Don't know ? Refused [Not Eligible if DK or R]

Did you usually smoke menthol or non-menthol cigarettes?

\_\_\_\_\_ ?

? Menthol ? Non-menthol ? No usual type ? Don't know ? Refused ? Not asked

5) How soon after you wake up do/did you usually smoke your first cigarette?

\_\_\_\_\_ ?

? 0-5 mins ? 6-30 mins ? 31-60 mins ? +60 mins ? Don't know ? Refused

6a) Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?

\_\_\_\_\_ ?

? Yes ? No ? Don't know ? Refused

6b) Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?

\_\_\_\_\_ ?

? Yes ? No ? Don't know ? Refused...

6c) Which ones? \_\_\_\_\_ ?

? Chew/snuff ? Cigars ? Pipes ? Other: \_\_\_\_\_

**If CHEW/SNUFF:** How much tobacco do you use per week? \_\_\_\_\_

\_\_\_\_\_ ?

Is that cans or pouches?

\_\_\_\_\_ ? Don't know ? Refused

**If NO to current use (7b):** When did you quit? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

? Refused

**If CIGARS:** How many do you smoke per week?

\_\_\_\_\_ ?

? Don't know ? Refused

7) Have you ever used an e-cigarette?

\_\_\_\_\_ ?

Yes...  
No...  
Don't know  
Refused  
Not asked

- a. Do you currently use e-cigarettes every day, some days, or not at all?  
□□□□□ □□ □□□□□□, □□ □□□□□□, □□□ □□ □□□□ □□□□□?

Every day....  
Some days....  
Not at all...  
Don't know  
Refused  
Not asked

- b. When was the last time you used an e-cigarette?

□□ □□□□□ □□□□□□□□?  
\_\_\_\_/\_\_\_\_/\_\_\_\_.  
Don't know...  
Refused...  
Not asked

- c. In the last 30 days, how many days did you use an e-cigarette?  
□□ 30 □ □□ □□□□□ □□□ □□ □□□□ □□□□?

\_\_\_\_\_ days (0-30)  
Don't know  
Refused  
Not asked

- d. Do you think you will quit using e-cigarettes within 1 year?

□□□□□ □□□ 1 □ □□ □□ □□□□□□?  
Yes...  
No...  
Don't know...  
Refused...  
Not asked

- e. Do you think you will quit within a month, within 6 months, or after 6 months?

□□□□□ □□□ □□□□, 6 □□□□ □□ 6 □□□□ □□ □□□□□□?  
Within a month  
Within 6 months  
After 6 months  
Don't know  
Refused  
Not asked

8) One of two options depending if AQ or not:

**a) IF ALREADY QUIT:** Are you currently using the nicotine gum, patch, or Zyban or Chantix?

□□□ □, □□, □□□□□ □□□(□□□: □□□) □ □□□□ □□ □□□ □□□□?

Yes  No  Don't know  Refused

**b) If YES:** Which ones?

□□ □□□ □□ □□□□□ □□□□ □□□□?

Patch  Gum  Zyban  Chantix  Other: \_\_\_\_\_

**c) IF NOT ALREADY QUIT:** Do you plan to quit smoking within a month?

□□□□□ □□□□ □□□ □□□□?  Yes  No  Don't know  Refused

**9) Do you plan to use any quitting aids such as the nicotine gum, patch, or Zyban or Chantix to help you quit this time?** □□□ □□□□ □ □□□ □, □□, □□□ □□ □□□□ □□ □□ □□□□□□ □□□ □□□ □□□□?  Yes  No  Don't Know  Refused

**If YES:** Which ones? □□ □□□ □□ □□□□□ □□□ □□□□□□?

Patch  Gum  Zyban  Chantix  Other: \_\_\_\_

**10) Do you have any form of health insurance, such as Kaiser or MediCal?**

□□□□ □□ □□□ □□ □□□□□ □□□ □□□□?

Yes  No  Don't know  Refused

**IF YES:** What is the plan name? □□ □□□ □□□□□? \_\_\_\_\_

**Now I have a few health questions that are related to smoking.**

□□□ □□□ □□□ □□ □□□ □□□ □□□□□.

**11) Have you ever been told by a doctor that you have HIGH BLOOD PRESSURE?**

□□□ □□□, □□□ □□□ □□□ □□ □□□□?

Yes  No  Don't know  Refused

**IF YES:** Is it under control? □□□□ □□□□□□?

Yes, with medication

Yes, w/o medication

No, not controlled

Don't know

Refused

**12) Have you ever been told by a doctor that you have DIABETES**

□□□ □□□, □□□ □□□ □□□ □□ □□□□?

Yes  No  Don't know  Refused

**If YES:** Do you use insulin or take pills for it?

□□□□ □□□□□ □□ □□□□ □□□□?

- Yes, pills
- Yes, insulin
- Yes, both pills and insulin
- No, neither pills nor insulin
- Don't know
- Refused

**13) Have you ever had a heart attack?**

□□□□□(□□□□□) □□□□□ □□□□□?

- Yes
- No
- Don't know
- Refused

**If YES:** Was it within the last 6 months? □□ 6 □□ □□ □□□□□□?

- Yes
- No
- Don't know
- Refused

**14) Have you ever had a stroke? □□□(□□)□ □□□□?**

- Yes
- No
- Don't know
- Refused

**If YES:** Was it within the last 6 months? □□ 6 □□ □□ □□□□□□?

- Yes
- No
- Don't know
- Refused

**15) We send free materials to everyone, so may I have your zip code? \_\_\_\_\_**

□□ □□□□ □□□ □□□□□□□□□, □□ □□ zip code □ □□□ □□□□□□

- Refused
- No phone

**16) I have a few demographic questions. First, I need to verify...Are you male or female?**

□□□□ □□ □ □□□ □□□□□□□. □□□□/□□□□ □□□□/□□□□□□□□□□?

- Male
- Female
- Refused
- Not asked

**If FEMALE and <= 45 yrs. old:** We also have special information for pregnant clients, is there any chance you may be pregnant? □□□□ □□ □□□ □□□□ □□□□. □□ □□□□□□ □□□□ □□□□ □□□□□?

- No
- Yes
- Don't know
- Refused
- Not asked

**If YES:** When is your baby due? □□ □□□□ □□□□□□? \_\_\_\_/\_\_\_\_/\_\_\_\_

- DK
- R
- Not asked

**17) What is your ethnic background?**

□□ □□□□□□□?

- White
- Black/African American
- Hispanic/Latino
- Asian/ Pacific Islander

What is your specific Asian background? (drop down menu)

□□□□ □□ □□□□□□?

American Indian or Alaska Native

Do you have a particular tribal affiliation? □□ □□□ □□□ □□□□□?

Yes  No  Refused  Not Asked

If yes, link to tribe menu

More than one of the above

Check ANY/ALL that apply:

White

Asian/Pacific Islander

What is your specific Asian background? (drop down menu)

Black/African American

Hispanic/Latino

American Indian/Alaska Native (tribe menu)

Do you have a particular tribal affiliation? □□ □□□ □□□ □□□□□?

Yes  No  Refused  Not

Asked

If yes, link to tribe menu

Other \_\_\_\_\_

**18a) In which country were you born?**

□□ □□□□ □□□□□□?

U.S.  Other

Korea

Don't know

Vietnam

Refused

China

Not asked

**18b) What year did you come to U.S.?**

□ □□□ □□□ □□□□□? \_\_\_\_\_

Don't know

Refused

**19) What is the highest level of education that you have completed?**

□□ □□□ □□□ □□□□?

Never attended school

2-yr College degree (AA)

Grades 1-8

4-yr, College or Univ degree (BA, BS)

Grades 9-12 (No Diploma)  
Ph.D)

Post-Graduate degree (Masters,

GED

Refused

High School Diploma

Don't know

Some College or Trade School, No Degree  Not asked

**20) What is the age of the youngest person in your household? \_\_\_\_\_  D  R  Z**

□□ □□□□ □□□□ □□□ □□ □□ □□ □□□ □□□□?



21) Have you been told you have arrhythmia (an irregular heart beat/rhythm that requires medication)?  Yes (arrhythmia is an irregular heart beat/rhythm that requires medication)  No

- Yes
- No
- Don't know
- Refused

22) Have you been told you have angina (serious heart pain/chest pain with exertion)?  Yes (serious heart pain/chest pain with exertion)  No

- Yes
- No
- Don't know
- Refused

23) Have you ever had an allergic reaction to adhesive tape?  Yes, severe (problems breathing or hospitalization)  Yes, mild (rash)  No

- Yes, severe (problems breathing or hospitalization)
- Yes, mild (rash)
- No
- Don't know
- Refused

24a) What dosage are you on?  mg  mg  mg  mg  mg

- If patch:  21 mg (Step 1)
- 14 mg (Step 2)
- 7 mg (Step 3)
- Don't know
- Refused
- [Not Eligible if DK or R]

24b) What dosage are you on?  mg  mg  mg  mg

- If gum:  4 mg
- 2 mg
- Don't know
- Refused
- [Not Eligible if DK or R]

If has medical contraindications (any box needing MD OK checked) :

25) We need to get a Doctor's OK for you to use patches. Is that OK?

Yes  No  Doesn't have an MD  Refused

- Yes
- Doesn't have an MD
- No

If Yes...

What is his/her name? (or clinic/hospital name?)

□□□ □□□ □□□ □□□□?

Name \_\_\_\_\_ ? Don't know ? Refused

And the phone Number? □□□□□ □□□ □□□□?

\_\_\_\_\_ ? Don't know (...go to (30a)) ? Refused

Do you happen to know the fax number? □□ □□□ □□□ □□□□?

\_\_\_\_\_ ? Don't know ? Refused

**26a) If Ok to get MD consent, but no MD or Don't Know**

If you call us back with your MD phone or fax number, you may be able to receive patches sent directly to you. Or, in most cases, Medi-Cal will pay for the patches or other quitting aids if you have two things: □□□ □□□□□ □□□□□ □□□□ □□ □□□, □□□ □□□ □□ □□ □□ □□□ □□ □□ □□□□. □□□ □□□ □□ □□□ □□□□ □□□□□ □□□□ □□ □□□ □□ □□□□□ □□ □□□ □□□□□.

- a) A prescription from your doctor □□□ □□□
- b) A certificate from us.

Take these to your pharmacy.

□□□□□□□ □□□

**26b) If Not okay to get MD consent:**

Ok, we still want to offer you our free phone counseling. The session is about a half hour and helps you prepare to quit/stay quit. Would you like to speak to a smoking cessation counselor?

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- ? Yes (counseling)
- ? No (materials)

**27) We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? (skip this consent question for cx's that refuse ph# or no phone # is given) □□□ □ □□ □□ □□□/□□□□ □□ □□ □□□ □□□□ □□□ □□□□ □□□□□□□?**

- ? Yes
- ? No
- ? Refused
- ? Not asked

You'll be receiving your materials in the mail in about a week and we'll let you know when we hear from your doctor. □□ □□□□ □□□ □□□ □□ □□□□. □□□ □□□ □□□ □□□□□□□□□.

**The next step is to talk with a smoking cessation counselor for about 30 minutes and they'll help you prepare to quit/stay quit. Do you have time to do the counseling now if a counselor is available?**

□□□ □□□□□□ □□□□ □□□□□□. □□□ □□ 30 □ □□ □□□□ □□□ □□□□□□ □□□ □□ □□□□. □□ □□ □□□□ □□ □□ □□□ □□□□□□?

- Yes
- No
- Refused Counseling
- Let me see if one is available....
- Available
- Not available

**If no medical contraindications:**

**28)** We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year?  Yes  No  Refused  Not asked

Yes  No  Refused  Not asked

You'll be receiving your materials and patches in the mail in about a week, and by the way, they will come separately.

**The next step is to speak with a smoking cessation counselor for about 30 minutes and they'll help you prepare to quit/stay quit. Do you have time to do the counseling now if a counselor is available?**

Yes  No  Refused  Not asked

- Yes
- No
- Refused Counseling ...
- Let me see if one is available....
- Available
- Not available

**If not eligible for NRT (e.g., no phone, address, no voucher #, etc):**

**29a.** We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year?  Yes  No  Refused  Not asked

Yes  No  Refused  Not asked

**29b.** You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available?  Yes  No  Not asked

Yes  No  Not asked

**a. No (materials only)**

We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? (skip this consent question for cx's that refuse ph# or no phone # is given)  Yes  No  Refused  Not asked

Yes  No  Refused  Not asked

**b.** You'll be receiving your materials in the mail in about a week. If you would like to receive counseling in the future, you can always call us back.

**30)** We offer help over the phone. The session is about a half hour and helps you prepare to quit/stay quit. Would you like to speak to a smoking cessation counselor?  Yes (counseling)  No (materials)

**Yes (counseling)**

a. We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year?  Yes  No  Refused  Not asked

b. You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available?  Yes  No  Not asked

**No (materials only)**

c. We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year?  Yes  No  Refused  Not asked

d. You'll be receiving your materials in the mail in about a week. If you would like to receive counseling in the future, you can always call us back.  Yes  No  Not asked