

Asian Smokers' Quitline (ASQ)
7-Month Follow-Up Intake Questionnaire (Korean)

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Asian Smokers' Quitline (ASQ) 7mo Evaluation

SERVICE

KOREAN

안녕하세요? UC 샌디에고 캠퍼스 _____입니다. 안녕하세요. 저희는 샌디에고 캠퍼스 아시아 흡연자들에게 도움을 주기 위해 ASQ를 운영하고 있습니다. 저희는 ASQ의 서비스 품질을 평가하고 싶습니다. ASQ를 이용해 주신 분께, 저희가 ASQ의 서비스 품질을 평가하고 싶습니다. 저희가 ASQ를 이용해 주신 분께, 저희가 ASQ의 서비스 품질을 평가하고 싶습니다. Hi, this is ____ from the University of California. I'm calling to evaluate the quality of service provided by the Asian Smokers' Quitline (ASQ). In order to improve the program, I would like to get your feedback on the services that you received. Your feedback will be summarized along with feedback provided by other people who have used the Quitline. You don't have to answer any questions you don't want to, and you can end the interview at any time. Also, answering or choosing not to answer questions will not change the quitline services you can or will receive. The call will take just few a minutes, may be monitored or recorded for quality assurance and all of your responses will be kept private. Is that OK?"

1. 처음/처음부터 ASQ를 이용할 때 어떤 서비스를 기대하셨습니까? When you first called, what kind of services did you expect to receive to help you quit smoking?

- | | |
|---|---|
| <ul style="list-style-type: none">• Counseling• Patches / quitting aids• Certificate• Materials/Booklets/Pamphlets• Program Information | <ul style="list-style-type: none">• No expectations• Other ____• Don't know• Refused• Not Asked |
|---|---|

ASQ에 대해 더 궁금한 점이 있으신가요?
I'd like to ask you some questions about the written materials

2. ASQ가 보내준 자료를 받으셨습니까?
Did you receive the materials sent by ASQ?

- Yes
- No / Never received
- Don't Know
- Refused
- Not asked

3. ASQ가 보내준 자료를 읽으셨습니까?
Did you read the materials sent by ASQ?

- Yes (all or some)
- No
- Don't Know
- Refused
- Not asked

4. □□□□ □□□ □□ □□ □□□□□□?

Was there anything in particular that you LIKED about the materials?

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

4a. □□ □□ □□ □□□ □□□□?

What was it that you liked (about the materials)?

- | | |
|------------------------------------|--------------------------|
| • Coping Strategies / Alternatives | • All of it / Everything |
| • Facts / Info | • Other _____ |
| • Suggestions / Tips / Advice | • Don't Know |
| • County list / other resources | • Refused |
| • Pictures / comics | • Not Asked |

5. □□□□ □□□ □□□ □ □□ □□ □□□□□□?

Was there anything in particular that you DISLIKED about the materials?

- Yes
- No
- Don't Know/ remember
- Refused
- Not asked

5a. □□ □□ □□ □□□ □ □□□□?

What was it you disliked (about the materials)?

- | | |
|---------------------------|--------------------------|
| • Didn't help | • All of it / Everything |
| • Nothing new | • Other _____ |
| • Too much info / reading | • Don't know |
| • Cartoons/comics | • Refused |
| | • Not asked |

□□ □□□□□ □□ □□□ □□□ □□ □□ □□□□□□.

Now, I would like to ask you some questions regarding ASQ's counseling services.

6. □□ □□□□ □□□□(□□)□ □□□□?

Did you receive telephone counseling?

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

6a. □□ □□□□ □□□□(□□)□ □□ □□ □□□ □□□ □□□□□□?

Was there any particular reason for not receiving counseling?

- | | |
|---|--------------------|
| • No time / busy | • No reason at all |
| • Counselor didn't call me | • Other _____ |
| • I didn't call / I missed counselor's call | • Don't know |
| • Didn't think I needed it /already quit | • Refused |
| • Not ready | • Not Asked |

7. Too few, Just right, Too many, Don't know, Refused, Not asked?

How did you feel about the number of counseling sessions you received, would you say there were too few, just right or too many?

- Too few
- Just right
- Too many
- Don't know
- Refused
- Not asked

8. Briefly, how would you describe your counselor?

Briefly, how would you describe your counselor? _____

9. Very good, Good, Not good, Don't know, Refused, Not asked?

How was your counselor in terms of being a good listener, would you say very good, good or not good?

- Very good
- Good
- Not good
- Don't know
- Refused
- Not asked

10. Yes, No, Don't Know, Refused, Not asked?

Was there anything in particular that you LIKED about the counseling?

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

10a. What was it that you liked (about the counseling)?

What was it that you liked (about the counseling)?

- | | |
|---|---|
| <ul style="list-style-type: none">• Counselor/Someone to talk to/Support• Information/Advice• # of Counseling Sessions• Counselor Availability | <ul style="list-style-type: none">• All of it / Everything• Other _____• Don't know• Refused• Not asked |
|---|---|

11. Yes, No, Don't Know, Refused, Not asked?

Was there anything in particular that you DISLIKED about the counseling?

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

11a. What did you dislike about the counseling?

What was it that you disliked (about the counseling)?

- | | |
|---|---|
| <ul style="list-style-type: none">• # of counseling sessions (high or low)• Wanted face to face, not phone• Counselor style / personality• Counselor Availability / follow through | <ul style="list-style-type: none">• All of it / Everything• Other _____• Don't know• Refused• Not asked |
|---|---|

12. How comfortable did you feel when talking with ASQ staff? Would you say very comfortable, comfortable or not comfortable?

Overall, how comfortable did you feel when talking with ASQ staff? Would you say very comfortable, comfortable or not comfortable?

Very comfortable

Comfortable

Not comfortable

- Don't know
- Refused
- Not asked

13. How satisfied were you with the services you received? (Very, mostly, somewhat, or not at all satisfied?)

Overall, how satisfied were you with the services you received? Would you say you were very satisfied, mostly satisfied, somewhat satisfied or not at all satisfied?

- Very satisfied
- Mostly satisfied
- Somewhat satisfied
- Don't know
- Refused
- Not asked
- Not at all satisfied

14. Do you currently smoke cigarettes every day, some days, or not at all?

Do you currently smoke cigarettes everyday, some days, or not at all?

- Everyday
- Some days
- Not at all
- Don't know
- Refused
- Not asked
- Smoking

How many days in a row did you smoke, including the first day?

6. (FIRST QUIT ATTEMPT): Yes, No, Don't know, Refused, Not Asked
 For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit?

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

Which ones? <input type="checkbox"/> Patch <input type="checkbox"/> Gum <input type="checkbox"/> Zyban	How long did you use them for? _____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	On average, how many did you use per day? _____/day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	What dosage did you use? <input type="checkbox"/> 21mg (step1) <input type="checkbox"/> 14mg (step2) <input type="checkbox"/> 7mg (step3) <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	Did you use them BEFORE, DURING and/or AFTER your quit attempt? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	Where did you get them? <input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	How much money did you spend on them? <input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Patch	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	<input type="checkbox"/> 21mg (step1) <input type="checkbox"/> 14mg (step2) <input type="checkbox"/> 7mg (step3) <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Gum	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	_____/day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Zyban	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
	_____ days/weeks/months			<input type="checkbox"/> Before	<input type="checkbox"/> Bought	<input type="checkbox"/> \$0, Nothing

<input type="checkbox"/> Chantix/ Varenicline	onths <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	<input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
_____ days/weeks/m		*****Last or Only Quit Attempt*****		<input type="checkbox"/> During	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
7. (Most recent quit date) <input type="checkbox"/> Lozenge <input type="checkbox"/> Yes... <input type="checkbox"/> No <input type="checkbox"/> Don't know. <input type="checkbox"/> Refused <input type="checkbox"/> Not asked	Have you had a cigarette, or even a puff, since you quit on _____? <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	*****Last or Only Quit Attempt***** _____ day <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 4mg <input type="checkbox"/> Other <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ During <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
a. _____ days/weeks/m <input type="checkbox"/> Other: b. _____ onths Where did you get the cigarette? <input type="checkbox"/> Bought a pack <input type="checkbox"/> Bought one or a few <input type="checkbox"/> Old cigarette pack <input type="checkbox"/> Someone offered one <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	NOT ASKED	NOT ASKED	NOT ASKED	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
c. _____ days/weeks/m <input type="checkbox"/> Don't know <input type="checkbox"/> R <input type="checkbox"/> Z	_____ onths How many days in a row did you smoke, including the first day? _____ <input type="checkbox"/> Ever Since <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	NOT ASKED	<input type="checkbox"/> Ever Since <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> Ever Since <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked
d. _____ When was the last time you had a cigarette, or even a puff? _____ / _____ / _____						

10 was the last time
 8. _____
 Let me confirm... Are you currently smoking cigarettes everyday or some days?
 Every day
 Some days
 Refused
 Not asked

e. _____
 What was the situation just before you smoked that cigarette?
 9a. _____
 On average, how many cigarettes do you smoke per day? _____

f. _____
 9b. _____
 Where did you get the cigarette?
 Bought a pack
 Bought one or a few
 Old cigarette pack
 Someone offered one
 Asked or took from someone
 Other source
 Don't know
 Refused

9c. _____
 On average how many cigarettes do you smoke per day on the days you smoke? _____

10. _____
 How soon after you wake up do you usually smoke your first cigarette?
 0-5 mins
 6-30 mins
 31-60 mins
 More than 60 mins
 Don't know
 Refused

g. _____
 How many days in a row you smoke, including the first day? _____
 Ever Since
 Don't know
 Refused
 Not Asked

11. Since <insert screen date>, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix? :
 □□□□□□□□ □□ □□□□ □□ □□□ □□, □, □□□□ □□ □□□□ □□ □□ □□ □□□□□□□□?

For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit?
 □□□□ □□ □□□□, □□□□ □□, □, □□□□ □□ □□□□ □□ □□ □□ □□ □□□□□□□□?

Did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit?
 □□□□ □□, □, □□□□ □□ □□□□ □□ □□ □□ □□ □□□□□□□□?

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

Which ones? □□ □□□□ □□ □□ □□□□ □□ □□□□□□?	Are you currently using them? □□ □□ □□□□□□?	How long did you use them for? □□ □□ □□□□□□□□?	On average, how many did you use per day? □□□□□□ □□□□ □□□□ □□ □□□□□□?	What dosage did you use? □ □□□□□□□□ □□□□□□□□?	Did you use them BEFORE your quit attempt? □□ □□ □□ □□□□□□□ □?	Where did you get them? □□ □□ □□□□ □□□□ □□□□□□□□?	How much money did you spend on them? □ □□ □□ □□□□ □□□□ □□□□ □□□□□□□□?
<input type="checkbox"/> Patch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u> </u> days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	<input type="checkbox"/> 21mg (step1) <input type="checkbox"/> 14mg (step2) <input type="checkbox"/> 7mg (step3) <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Gum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u> </u> days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<u> </u> /day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Zyban	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u> days/weeks/months	NOT ASKED	NOT ASKED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bought <input type="checkbox"/> Given to	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30

	<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked			<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Chantix/ Varenicline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Lozenge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	_____/day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> Other: _____ _____ _____ _____ _____ _____ -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$100 <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z							

15. 00 00 000 0000000, 000 000 00 0000 000 00 0000 000 000000? 0000 00 0000? 00 0000?00 0000?
If you were to quit today, how confident are you that you could go without smoking for one week, would you say: very confident, confident, or not confident?

000 00 000 00 000 000 000 00000 0000 0000? 00 0000, 00 0000 000 00 0000?
How confident are you that you could continue without smoking for one week, would you say: very confident, confident, or not confident?

- Very Confident
- Confident
- Not Confident
- Don't know
- Refused

16. 000 0000 00 000 000 0 0000, 00 000 0000000?
Briefly what is the most important advice you would offer to someone who's trying to quit smoking?
(Was there anything in particular that helped you?)

- Advice: _____
- None
- Don't know
- Refused

END EVAL: 00 000 000000. 00 000000 00 0000.
Those are all the questions I have for you, thank you for your time.

Comments: _____
