

**Form Approved**

**OMB No. 0920-0856**

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

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

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# Asian Smokers' Quitline (ASQ)

## 7mo Evaluation

### SERVICE

### VIETNAMESE

Chào bạn, tôi là \_\_\_\_\_, nhân viên của Trung Tâm Cai Thuốc Lá cung cấp. Tôi gọi để hỏi về kinh nghiệm của bạn về dịch vụ do Trung Tâm Cai Thuốc Lá cung cấp. Nếu cần tôi có thể hỗ trợ giúp bạn cai thuốc, chúng tôi mong nhận được những ý kiến về các tài liệu và dịch vụ bạn đã nhận được. Cuộc phỏng vấn này chỉ mất vài phút và những chi tiết sẽ được giữ kín. Bạn có đồng ý không?

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 a few minutes, may be monitored or recorded for quality assurance and all of your responses will be kept private. Is that OK?"

1. Lần đầu tiên bạn gọi vào Trung Tâm Cai Thuốc Lá, bạn nghĩ mình sẽ nhận được dịch vụ gì để giúp bạn cai thuốc?

When you first called, what kind of services did you expect to receive to help you quit smoking?

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

I'd like to ask you some questions about the written materials . . . .

**Tôi xin hỏi bạn vài câu về những tài liệu cai thuốc...**

2. Bạn có nhận được tài liệu mà Trung Tâm Cai Thuốc Lá đã gửi cho bạn không?  
Did you receive the materials sent by ASQ?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes<br>No / Never received<br>Not asked | <input type="checkbox"/> Don't Know<br>Refused |
|--|--|

3. Bạn đã đọc những tài liệu có chưa?  
Did you read the materials sent by ASQ?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (all or some)<br>No<br>Not asked | <input type="checkbox"/> Don't Know<br>Refused |
|---|--|

4. Bạn có thích những gì về tài liệu không?  
Was there anything in particular that you LIKED about the materials?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes<br>No<br>Not asked | <input type="checkbox"/> Don't Know<br>Refused |
|---|--|

4a. Bạn đã thích những gì về tài liệu?  
What was it that you liked (about the materials)?

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Coping Strategies / Alternatives</li><li>• Facts / Info</li><li>• Suggestions / Tips / Advice</li><li>• County list / other resources</li><li>• Pictures / comics</li></ul> | <ul style="list-style-type: none"><li>• All of it / Everything</li><li>• Other _____</li><li>• Don't Know</li><li>• Refused</li><li>• Not Asked</li></ul> |
|---|---|



5. Bạn có không thích nh»ng gì vŒ tÆp tài liŒu không?

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

Yes

Don't Know/ remember

No

Refused

Not asked

5a. Bạn Çã không thich nh»ng gì vŒ tÆp tài liŒu?

What was it you disliked (about the materials)?

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Didn't help</li><li>• Nothing new</li><li>• Too much info / reading</li><li>• Cartoons/comics</li></ul> | <ul style="list-style-type: none"><li>• All of it / Everything</li><li>• Other _____</li><li>• Don't know</li><li>• Refused</li><li>• Not asked</li></ul> |
|---|---|

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

Bây gi©, tôi xin hÖi bạn vài câu vŒ nh»ng cu¶c tŒ vãn của Trung Tâm Cai ThuÓc Lá.

6. Bạn có nhÆn ÇŪ©c tŒ vãn qua ÇiŒn thoãi không?

Did you receive telephone counseling?

Yes

Don't Know

No

Refused

Not asked

6a. LŒ do nào khi%on bạn không nhÆn ÇŪ©c tŒ vãn qua ÇiŒn thoãi?

Was there any particular reason for not receiving counseling?

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• No time / busy</li><li>• Counselor didn't call me</li><li>• I didn't call / I missed counselor's call</li><li>• Didn't think I needed it /already quit</li><li>• Not ready</li></ul> | <ul style="list-style-type: none"><li>• No reason at all</li><li>• Other _____</li><li>• Don't know</li><li>• Refused</li><li>• Not Asked</li></ul> |
|--|---|

7. Bạn cảm thÃy sao vŒ số iŒng tŒ vãn qua ÇiŒn thoãi mà bạn Çã nhÆn ÇŪ©c? Bạn nghi là quá ít, vŒ ÇŪ, hay nhiŒu quá?

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. Tóm lÃi, bạn sẽ diŒn tả chuyên gia tŒ vãn của bạn nhŒ th%o nào?

Briefly, how would you describe your counselor? \_\_\_\_\_

9. Chuyên gia tŒ vãn của bạn nhŒ th%o nào trong lãnh vçc lçng nghe bạn nói chuyŒn?

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. Bạn có thích nh»ng gì vŒ nh»ng cu¶c tŒ vãn không?

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

Yes

Don't Know

No

Refused

Not asked

10a. Bạn Đã thích nh»ng gì vS nh»ng cu¶c tÛ vÃn?  
What was it that you liked (about the counseling)?

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

11. Bạn có không thích nh»ng gì vS nh»ng cu¶c tÛ vÃn không?  
Was there anything in particular that you DISLIKED about the counseling?

- |                              |            |
|------------------------------|------------|
| <input type="checkbox"/> Yes | Don't Know |
| No                           | Refused    |
| Not asked                    |            |

11a. Bạn Đã không thích gì vS nh»ng cu¶c tÛ vÃn?  
What was it that you disliked (about the counseling)?

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

12. Nói chung, bạn thấy thoải mái tSì Câu khi nói chuy»n vSì nh»ng nhân viên tr© giúp ³ Trung Tâm Cai ThuÓc Lá? Bản

rất thoải mái, thoải mái, hay không thoải mái?

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

- |                  |              |
|------------------|--------------|
| Very comfortable | • Don't know |
| Comfortable      | • Refused    |
| Not comfortable  | • Not asked  |

13. Nói chung, bạn hài lòng tSì Câu vSì nh»ng dịch vø mà bạn Đã nh»n CÛ©c? Bản rất hài lòng, khá hài lòng, tÛng Cói

hài lòng, hay không hài lòng?

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?

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Very satisfied</li><li>• Mostly satisfied</li><li>• Somewhat satisfied</li><li>• Not at all satisfied</li></ul> | <ul style="list-style-type: none"><li>• Don't know</li><li>• Refused</li><li>• Not asked</li></ul> |
|---|--|

14. Hi»n gi©, bạn hút thuÓc lá m¶i ngày, vài ngày trong tu»n, hay Đã bõ hút thuÓc rồi?  
Do you currently smoke cigarettes everyday, some days, or not at all?

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Everyday</li><li>• Some days</li><li>• Not at all</li><li>• Smoking</li></ul> | <ul style="list-style-type: none"><li>• Don't know</li><li>• Refused</li><li>• Not asked</li></ul> |
|---|--|

1. Bạn Đã bỏ hút thuốc vào ngày nào?

When did you quit? **Most recent quit date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1a. Bạn Đã bỏ bao lâu rồi?

How long ago did you quit? \_\_\_\_\_ days/weeks/months/years

2. Kể từ lần đầu tiên bạn gọi vào Trung Tâm Cai Thuốc Lá ngày (Screen date), bạn Đã thử cai thuốc lá Chưa bao nhiêu lần (kể cả lần này)?

Since you first called ASQ on (**screen date**), how many times have you tried to quit (including this time)?

Number of times: [            ]

Don't remember exactly, at least: [            ]

Number of imposed/unintended quits: [            ]

- Refused  
 Not Asked

3. Trong những lần Có, có mấy lần bạn cai Chưa 24 tiếng hay lâu hơn?  
Out of those times, how many were for 24 hours or more?

Number of times: [            ]

Don't remember exactly, at least: [            ]

Number of imposed/unintended quits: [            ]

- Never quit for  $\geq$  24 hours  
 Refused  
 Not Asked

### First Quit Attempt

4. Kể từ ngày (screen date), lần đầu tiên bạn cai thuốc Chưa 24 tiếng hay lâu hơn là ngày nào?

When did you first quit for 24 hours or more since (**Screen Date**)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

a. Sau lần cai Có (**first attempt date**), bạn Đã hút lại thuốc xuyên vào ngày nào?

When did you start smoking on a daily basis after (**first attempt date**)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

b. Bạn cai Chưa bao lâu?

How long did you quit for? \_\_\_\_\_ days/weeks/months/ years

- Don't know  
 Refused  
 Not asked

5. (FIRST QUIT ATTEMPT): Trong lần bạn cai thuốc lá Chưa (**1st quit length**), bạn có hút mẩu thuốc (hay búp 1 hời) thuốc nào không?

During the time you quit for (**1st quit length**), did you have a cigarette (or puff)?

- Yes  
 No  
 Don't know  
 Refused  
 Not asked

5a. (FIRST QUIT ATTEMPT): Bạn hút thuốc/búp hời thuốc Có vào ngày nào?

When was your first cigarette/puff? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5b. (FIRST QUIT ATTEMPT): Bạn Đã hút liên ti%op mÃy ngày, k< cã ngày bạn bết ÇAu hút lÃi?  
How many days in a row did you smoke, including the first day? [\_\_\_\_\_]

6. (FIRST QUIT ATTEMPT): Trong th©i gian này, bạn có dung m¶t dŪ®c phẩm cai thuÓc nào nhŪ bãng dán nicotine, kỂo gum nicotine, thuÓc viên Zyban ho¼c thuÓc viên Chantix không?

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

ThŪ nào? <b>Which ones?</b>	Bản dùng trong bao lâu? <b>How long did you use them for?</b>	Trung bình, bản dùng bao nhiêu m¶i ngày? <b>On average, how many did you use per day?</b>	Bản dung liŠu Ç¶l nào? <b>What dosage did you use?</b>	Bản dùng trŪc khi cai, trong LÃn cai, ho¼c sau LÃn cai ÇÓ? <b>Did you use them BEFORE, DURING and/or AFTER your quit attempt?</b>	Bản lÃy ÇŪ®c tØ Çâu? <b>Where did you get them?</b>	Bản Cã tOn bao nhiêu tiŠn? <b>How much money did you spend on them?</b>
<input type="checkbox"/> Patch	_____ days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<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/m onths  <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/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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"/> \$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"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> Z
<input type="checkbox"/> Chantix/ Varenicline	_____ days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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
<input type="checkbox"/> Lozenge	_____ days/weeks/m onths  <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"/> 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
<input type="checkbox"/> Other: _____ _____ _____ _____	_____ days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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
<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z						

**\*\*\*\*\*Last or Only Quit Attempt\*\*\*\*\***

7. Sau ngày (**recent quit date**), bạn có hút (hay bÆp) Çi%ou thuÓc nào không?  
Have you had a cigarette, or even a puff, since you quit on (**most recent quit date**)?

- Yes . . . . . Bãn hút Çi%ou thuÓc/hÖi thuÓc Çó vào ngày nào?  
When was your **first cig./puff?** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- No  
 Don't know  
 Refused  
 Not asked

a. Ngay trÛc khi bãn hút Çi%ou thuÓc Çó, bãn <sup>a</sup> trong hoàn cảnh  
nào hoÏc có chuyËn gì xảy ra?  
What was the situation just before you smoked that cigarette?

b. Bãn Çã lAy Çi%ou thuÓc Çó tØ Çâu?



Where did you get the cigarette?

- |  |   |
|--|---|
| <input type="checkbox"/> Bought a pack       | <input type="checkbox"/> Asked or took from someone |
| <input type="checkbox"/> Bought one or a few | <input type="checkbox"/> Other source               |
| <input type="checkbox"/> Old cigarette pack  | <input type="checkbox"/> Don't know                 |
| <input type="checkbox"/> Someone offered one | <input type="checkbox"/> Refused                    |

c. Bản Cã hút liên ti%op mÃy ngày, k< cả ngày bản b;it ÇÀu hút lãi?

How many days in a row did you smoke, including the first day? \_\_\_\_\_ day(s).

Don't know

Ever Since

Refused

Not Asked

d. LÀN chót bản hút thuÓc, dù chỉ bÆp 1 hÖi là ngày nào?

When was the last time you had a cigarette, or even a puff?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- 10 was the last time  
 Don't know  
 Refused  
 Not asked

e. Ngay trÜšc khi bản hút Çi%ou thuÓc Çó, bản a trong hoàn cãnh nào ho%c có chuyËn gì xảy ra?

What was the situation just before you smoked that cigarette?

f. Bản Cã lÃy Çi%ou thuÓc Çó tØ Çâu?

Where did you get the cigarette?

- |  |   |
|--|---|
| <input type="checkbox"/> Bought a pack       | <input type="checkbox"/> Asked or took from someone |
| <input type="checkbox"/> Bought one or a few | <input type="checkbox"/> Other source               |
| <input type="checkbox"/> Old cigarette pack  | <input type="checkbox"/> Don't know                 |
| <input type="checkbox"/> Someone offered one | <input type="checkbox"/> Refused                    |

g. Bản Cã hút liên ti%op mÃy ngày, k< cả ngày bản b;it ÇÀu hút lãi?

How many days in a row did you smoke, including the first day? \_\_\_\_\_ day(s).

Ever Since

Don't know

Refused

Not Asked

8. Ñí tôi xác nhÆn.. HiËn gi© bản hút thuÓc h;ng ngày hay vài ngày trong 1 tuÀn lí?

Let me confirm... Are you currently smoking cigarettes everyday or some days?

- Everyday
- Some days
- Don't know
- Refused
- Not asked

9a. Trung bình m;ì ngày bản hút mÃy Çi%ou?

On average, how many cigarettes do you smoke per day? \_\_\_\_\_

9b. Bản hút thuÓc mÃy ngày m;it tuÀn?

How many days per week do you smoke? \_\_\_\_\_

9c. Trong nh»ng ngày bản hút thuÓc, trung bình m;ì ngày bản hút mÃy Çi%ou?

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

10. Mọi sáng sau khi thức dậy, khoảng bao lâu thì bạn hút Cigarette đầu tiên trong ngày?

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

11. Since <insert screen date>, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix? Kể từ ngày (screen date), bạn có dùng một dũc phẩm cai thuốc nào như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit? Trong thời gian này, bạn có dùng một dũc phẩm cai thuốc nào như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

Bạn có dùng các dũc phẩm cai thuốc lá như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

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

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

Thuật nào? Which ones?	Bạn có đang dùng hay không? Are you currently using them?	Bạn dùng trong bao lâu? How long did you use them for?	Trung bình, bạn dùng bao nhiêu một ngày? On average, how many did you use per day?	Bạn dùng liều Cigarette nào? What dosage did you use?	Bạn có dùng trước khi bạn cai không? Did you use them BEFORE your quit attempt?	Bạn lấy Cigarette ở đâu? Where did you get them?	Bạn đã tốn bao nhiêu tiền? 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	_____ days/weeks/months  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<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 \$ <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	_____ 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"/> 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"/> \$0, Nothing <input type="checkbox"/> \$1-30 <input type="checkbox"/> \$31-50 <input type="checkbox"/> \$51-100 <input type="checkbox"/> More than \$ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z

						<input type="checkbox"/> Not Asked	
<input type="checkbox"/> Zyban	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ days/weeks/m onths <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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 \$ <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/m onths <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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 \$ <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/m onths <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 \$ <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/m onths <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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 \$ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z
<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z							

12. Trong khoảng thời gian này, bạn có tham gia những chương trình khác hoặc dùng những phương pháp khác để giúp bạn cai không?

During this time, did you use any other programs or methods to quit smoking?

(Note to evaluator: these should be separate from quit aids)

- Yes... Which one? \_\_\_\_\_
- No
- Don't know
- Refused
- Not asked

**13. IF DIDN'T USE ANY QUITTING AID..**

Lý do nào khiến bạn không dùng bất cứ một loại thuốc phẩm cai thuốc nào?

What was your main reason for deciding not to use any quitting aids?

- Medi-Cal/Insurance plan
- Too expensive
- Side effects
- Do it on my own
- Decided not to quit
- Won't work for me
- Never received from ASQ Trung Tâm Cai Thuốc Lá
- Delivery took too long
- Other
- Don't Know
- Refused
- Not Asked

14. Bạn có đang dùng các loại thuốc khác có chứa nicotine như thuốc nhai, thuốc lá bện, xì gà, ống chiu (ống pip) không?

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

- Yes
- No
- Don't know
- Refused

Loại nào?

Which ones?

- Chew
- Cigars
- Pipes
- Other: \_\_\_\_\_

If CHEW/SNUFF: Bạn nhai hay hít bao nhiêu thuốc mỗi tuần?  
How much tobacco do you use per week?

\_\_\_\_\_

- Don't know
- Refused

If CHEW/SNUFF: Nó là hộp hay túi nhỏ?  
Is that cans or pouches?

If CIGARS: Mỗi tuần, bạn hút mấy chiu xì gà?  
How many do you smoke per week?

\_\_\_\_\_

- Don't know
- Refused

15. Nếu bạn bỏ thuốc lá hôm nay, bạn tin chắc bao nhiêu là bạn có thể bỏ hút thuốc trong một tuần lễ?

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?

Bạn tin chắc bao nhiêu là bạn có thể tiếp tục cai trong một tuần lễ? Bạn nghĩ là bạn rất tin, tin, hay không tin?

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. Bạn có lời khuyên nào quan trọng nhất để nhìn lại cho những người đang cố gắng cai thuốc lá (Những gì đã giúp bạn cai thuốc)?

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:** Đây là tất cả những câu chúng tôi cần hỏi bạn. Cảm ơn bạn đã bỏ chút thì giờ trả lời chúng tôi.

*Those are all the questions I have for you, thank you for your time.*

Comments: \_\_\_\_\_

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