

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

*Public reporting burden of this collection of information is estimated to average 7 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)*









1. 你是什么时候戒烟的? **Most recent quit date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1a. 你戒烟了多长时间? \_\_\_\_ days/weeks/months/years

2. 自从你第一次拨打ASQ (screen date)以来,你尝试戒烟(包括这次)多少次?

Number of times: [ ]

Don't remember exactly, at least: [ ]

Number of imposed/unintended quits: [ ]

- Refused
Not Asked

3. 在这些尝试中,有多少次是持续了24小时或更长时间?

Number of times: [ ]

Don't remember exactly, at least: [ ]

Number of imposed/unintended quits: [ ]

- Never quit for >= 24 hours
Refused
Not Asked

First Quit Attempt

4. 你第一次持续戒烟24小时或更长时间是在什么时候(Screen Date)? \_\_\_\_/\_\_\_\_/\_\_\_\_

a. 你在什么时候开始每天吸烟(First attempt date)? \_\_\_\_/\_\_\_\_/\_\_\_\_

b. 你戒烟了多长时间? \_\_\_\_ days/weeks/months/ years

- Don't know
Refused
Not asked

5. (FIRST QUIT ATTEMPT): 你戒烟(First quit length)期间,你吸过香烟(或一口烟)吗?

- Yes
No
Don't know
Refused
Not asked

5a.(FIRST QUIT ATTEMPT): 你第一次吸香烟/一口烟是在什么时候? \_\_\_\_/\_\_\_\_/\_\_\_\_

5b. (FIRST QUIT ATTEMPT):

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

6.(FIRST QUIT ATTEMPT):  Zyban  Chantix   
 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?	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, DURING and/or AFTER your quit attempt?	Where did you get them?	How much money did you spend on them?
<input type="checkbox"/> Patch	_____ 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"/> 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	<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"/> 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"/> Chantix/ Varenicline	_____ days/weeks/months	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<input type="checkbox"/> Before <input type="checkbox"/> During	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked			<input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	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"/> Lozenge	_____ 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"/> 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/months <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.  Yes  No

Have you had a cigarette, or even a puff, since you quit on **(most recent quit date)**?

Yes . . .  No

When was your **first** cig./puff? \_\_\_\_/\_\_\_\_/\_\_\_\_

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

a.  Yes  No

What was the situation just before you smoked that cigarette?

\_\_\_\_\_

b.  Yes  No

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.  Yes  No

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

- Ever Since
- Don't know
- Refused
- Not Asked

d.  Yes  No

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.  Yes  No

What was the situation just before you smoked that cigarette?

\_\_\_\_\_

f.  Yes  No

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

Yes  No

- Ever Since
- Don't know
- Refused
- Not Asked





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



