

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

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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)?

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

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

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

7. 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?

9. 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. 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)?

- Counselor/Someone to talk to/Support
- Information/Advice
- # of Counseling Sessions
- Counselor Availability
- All of it / Everything
- Other _____
- Don't know
- Refused
- Not asked

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

Yes
No
Don't Know
Refused
Not asked

11a. What was it that you disliked (about the counseling)?

- # of counseling sessions (high or low)
- Wanted face to face, not phone
- Counselor style / personality
- Counselor Availability / follow through
- All of it / Everything
- Other _____
- Don't know
- Refused

12. Overall, 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. 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?

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 everyday, 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
<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	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
<input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z						

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

7. (Most recent quit date) □□□ □□□□ □□□ (□ □□□□□) □□□ □□□ □□ □□□□□?

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

Yes □□□ □□□□□?

When was your first cig./puff? _____/_____/_____

No

Don't know.

Refused

Not asked

a. □□ □□□ □□□□ □□ □□□ □□□ □ □□□□□□□?

What was the situation just before you smoked that cigarette?

b. □□□ □□□ □□□□□□?

Where did you get the cigarette?

Bought a pack

Asked or took from someone

Bought one or a few

Other source

Old cigarette pack

Don't know

Someone offered one

Refused

c. □□□ □□□□ □□□□ □□□□□ □□□ □□□□□□?

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

Ever Since

Don't know

Refused

Not Asked

d. □□ □□□ □□□ □□□□ □□□□□?

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. □□ □□□ □□□□ □□ □□□ □□□ □ □□□□□□□?

What was the situation just before you smoked that cigarette?

f. □□□ □□□ □□□□□□?

Where did you get the cigarette?

Bought a pack

Asked or took from someone

Bought one or a few

Other source

Old cigarette pack

Don't know

Someone offered one

Refused

g. □□□ □□□□ □□□□ □□□□□ □□□ □□□□□□?

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

Ever Since

Don't know

Refused

Not Asked

8. □□ □□□ □□□□□. □□ □□□ □□ □□□□□, □□ □□□□□ □□□ □□ □ □□□□□?

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

• Everyday

• Don't know

• Some days

• Refused

• Not asked

<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	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: <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							

12. Yes... Which one? _____
 No
 Don't know
 Refused
 Not asked

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

Yes... Which one? _____
 No
 Don't know
 Refused
 Not asked

- 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 ()
- Delivery took too long
- Other
- Don't Know
- Refused
- Not Asked

14. Yes
 No
 Don't know
 Refused

Chew
 Cigars

Pipes
 Other: _____

If CHEW/SNUFF: _____
much tobacco do you use per week?

How

Don't know Refused

If CHEW/SNUFF: _____
Is that cans or pouches?

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

Don't know Refused

15. _____
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?

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

Comments: _____
