

California Smoker's Helpline
NRT Screening (Enhanced Services)

Form Approved
OMB No. 0920-0856
Exp. Date xx/xx/XXXX

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

Public reporting burden of this collection of information is estimated to range from 1-10 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)

**California Smoker's Helpline
NRT Screening (Enhanced Services)**

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

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
Zyban
Chantix

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?

Kaiser MediCal Other

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

Yes No Don't know Refused

IF YES: Is it under control? Yes No Don't know Refused

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

Yes No Don't know Refused

IF YES: Do you use insulin or take pills for it? Yes No Don't know Refused

Yes, pills

Yes, insulin

Yes, both pills and insulin

No, neither pills nor insulin

Don't know

Refused

California Smoker's Helpline
NRT Screening (Enhanced Services)

13) Have you ever had a heart attack? Yes No Don't know Refused

If YES: Was it within the last 6 months? 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? Yes No Don't know Refused

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

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 racial background?
 White Black/African American
 Asian/ Pacific Islander
What is your specific Asian background? (drop down menu)

 Native Hawaiian/Other Pacific Islander
 American Indian or Alaska Native
 More than one of the above

Check ANY/ALL that apply:

- White
- Asian

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

**California Smoker's Helpline
NRT Screening (Enhanced Services)**

□□□□□□□□□□

- Native Hawaiian/Other Pacific Islander
- Black/African American
- American Indian/Alaska Native (tribe menu)
- Other _____

17b) What is your ethnic background? □□□□□□□□

- Hispanic/Latino
- Not Hispanic/Latino

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

- U.S.
- Korea
- Vietnam
- China
- Other
- Don't know
- Refused
- 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
- Grades 1-8
- Grades 9-12 (No Diploma)
- GED
- High School Diploma
- Some College or Trade School, No Degree
- 2-yr College degree (AA)
- 4-yr, College or Univ degree (BA, BS)
- Post-Graduate degree (Masters, Ph.D)
- Refused
- Don't know
- 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
- Don't know
- No
- Refused

22) Have you been told you have angina (serious heart pain/chest pain with exertion)? □

□□□□□□□□□□□□□□□□/□□□□□□□□

- Yes
- Don't know
- No
- Refused

23) Have you ever had an allergic reaction to adhesive tape? □□□□□□□□□□□□□□

- Yes, severe (problems breathing or hospitalization)
- Yes, mild (rash)

