

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

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

If PROMOTIONAL MATERIALS:

- Where did you get it?
 _____ / _____ / _____
 VA Hospital Clinic/
 Doctor's Office Dentist/ Dental Hygienist Friend/ Family WIC
 Pharmacy School Non-profit
 Org. Insurance/HMO/MediCal CSH Other

4) Do you smoke cigarettes every day, some days, or not at all (already quit)?

_____, _____?

- Every day
 Some Days...
 Not at all (already quit)...
 Other form of tobacco...

a. If EVERY DAY: On average, how many cigarettes do you smoke per day?_

_____ ? _____ Don't know Refused

Do you usually smoke menthol or non-menthol cigarettes?

- Menthol Non-menthol No usual type Don't know Refused
 Not asked

b. If SOME DAYS: How many days per week do you smoke?

_____ ? _____ Refused

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

_____ ? _____ Refused

Do you usually smoke menthol or non-menthol cigarettes?

- Menthol Non-menthol No usual type Don't know Refused
 Not asked

c. If NOT AT ALL: When did you quit? _____

_____/_____/_____ Don't know Refused

How many days per week did you smoke? _____?

- Don't know Refused

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On average how many cigarettes did you smoke per day on the days you smoked? _____

Don't know Refused

Did you usually smoke menthol or non-menthol cigarettes?

Menthol Non-menthol No usual type Don't know Refused Not asked

5) How soon after you wake up do/did you usually smoke your first cigarette?

0-5 mins 6-30 mins 31-60 mins +60 mins Don't know Refused

6a) Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?

Yes ... No ...

Don't know ... Refused...

6b) Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?

Yes ... No ... Don't know Refused...

6c) Which ones? ?

Chew/snuff Cigarillos () Cigars Pipes Hookah () Other:

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

Is that cans or pouches? Don't know Refused

If NO to current use (7b): When did you quit? ? ____/____/____

Refused

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

Don't know Refused

7) Have you ever used an e-cigarette?

Yes...

No...

Don't know

Refused

Not asked

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a. Do you currently use e-cigarettes every day, some days, or not at all?

- Every day...
- Some days....
- Not at all...
- Don't know
- Refused
- Not asked

b. When was the last time you used an e-cigarette?

____/____/____.

- Don't know...
- Refused...
- Not asked ...

c. In the last 30 days, how many days did you use an e-cigarette?

_____ days (0-30)
 30

- Don't know
- Refused
- Not asked

d. Do you think you will quit using e-cigarettes within 1 year?

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

e. Do you think you will quit within a month, within 6 months, or after 6 months?

- Within a month
- Within 6 months
- After 6 months
- Don't know
- Refused
- Not asked

8) One of two options depending if AQ or not:

a) **IF ALREADY QUIT:** Are you currently using the nicotine gum, patch, or Zyban or Chantix? Zyban Chantix
Yes No Don't know Refused

b) **if YES:** Which ones? ?

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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

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, 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

IF YES: Do you use insulin or take pills for it? _____

Yes, pills

Yes, insulin

Yes, both pills and insulin

No, neither pills nor insulin

Don't know

Refused

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

 American Indian or Alaska Native
Do you have a particular tribal affiliation?

 Yes No Refused Not Asked
If yes, link to tribe menu
 More than one of the above
Check ANY/ALL that apply:
 White

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Asian/Pacific Islander

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

□□□□□□□□□□

Black/African American

Hispanic/Latino

American Indian/Alaska Native (tribe menu)

Do you have a particular tribal affiliation?

□□□□□□□□□□□□□□

Yes

No

Refused

Not Asked

If yes, link to tribe menu

Other _____

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

U.S.

Other

Korea

Don't know

Vietnam

Refused

China

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

2-yr College degree (AA)

Grades 1-8

4-yr, College or Univ degree (BA, BS)

Grades 9-12 (No Diploma)
Ph.D)

Post-Graduate degree (Masters,

GED

Refused

High School Diploma

Don't know

Some College or Trade School, No Degree 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

No

Don't know

Refused

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

□□□□□□□□□□□□□□□□/□□□□□□□□

Yes

No

Don't know

Refused

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

