

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

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Asian Smokers' Quitline (ASQ) Korean Intake

This is a free service to help people quit smoking. We offer help through the mail and also over the phone. To provide the best possible service, calls may be monitored and recorded, but will be kept private. I need to ask you a few questions to see what we can do for you, and all of your responses are voluntary. Is that OK?

이 서비스는 무료로 흡연을 중단하는 데 도움을 주는 서비스입니다. UC를 통해 전화로 도움을 주거나 우편으로 도움을 주기도 합니다. 서비스를 제공하기 위해 전화가 모니터링되고 기록될 수 있지만, 모든 정보는 기밀로 유지됩니다. 귀하에게 도움을 드릴 수 있는지 알아보기 위해 몇 가지 질문을 드리고자 합니다. 귀하의 응답은 모두 자발적입니다. 괜찮습니까? Yes No

1) Are you calling for yourself or someone else?

자신이나 다른 사람을 위해 전화하십니까? Yourself Someone else...

2) What's your year of birth?

_____ Refused

IF REFUSED: Then how old are you?

_____ Refused Unwilling, but >= 18 yrs. old

3) How did you hear about us? Ad Referral Other

Ads:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Pharmacy	Promotional Materials
<input type="checkbox"/> TV	<input type="checkbox"/> Clinic/	<input type="checkbox"/> School	
<input type="checkbox"/> Radio	Doctor's Office	<input type="checkbox"/> Non-profit	
<input type="checkbox"/> Newspaper/ Magazine	<input type="checkbox"/> Dentist/ Dental	Org.	
<input type="checkbox"/> Billboard/ Bus Sign	Hygienist	<input type="checkbox"/> Insurance/HM	
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Friend/ Family	O/MediCal	
<input type="checkbox"/> Web	<input type="checkbox"/> Family	<input type="checkbox"/> Other	
Referrals:	<input type="checkbox"/> WIC	<input type="checkbox"/> Don't know	
<input type="checkbox"/> VA		<input type="checkbox"/> Refused	
		<input type="checkbox"/> Card (Gold, Salud, Quit Now)	
		<input type="checkbox"/> Patch Voucher	
		<input type="checkbox"/> Brochure/ Pamphlet	
		<input type="checkbox"/> Postcard	

If any Referral source (e.g. VA through Insurance/HMO/MediCal above):

Did you receive anything, such as a card or brochure with our number on it?

Yes No Refused

_____/_____/_____ ? Don't know ? Refused [Not eligible if DK or R]

How many days per week did you smoke?

_____ ? Don't know ? Refused

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

? Don't know ? Refused [Not Eligible if DK or R]

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 ? Cigars ? Pipes ? Other: _____

If CHEW/SNUFF: 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: 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

- 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?
□□ 30 □ □□ □□□□□ □□□ □□ □□□□ □□□□?

_____ days (0-30)
Don't know
Refused
Not asked

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

□□□□□ □□□ 1 □ □□ □□ □□□□□□?
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?

□□□□□ □□□ □□□□, 6 □□□□ □□ 6 □□□□ □□ □□□□□□?
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?

□□□ □, □□, □□□□□ □□□(□□□: □□□) □ □□□□ □□ □□□ □□□□?

Yes No Don't know Refused

b) If YES: Which ones?

□□ □□□ □□ □□□□□ □□□□ □□□□?

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

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

If YES: Which ones? □□ □□□ □□ □□□□□ □□□ □□□□□□?

Patch Gum Zyban Chantix Other: ____

10) Do you have any form of health insurance, such as Kaiser or 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

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

13) Have you ever had a heart attack?

□□□□□(□□□□□) □□□□□ □□□□□?

- Yes
- No
- Don't know
- Refused

If YES: Was it within the last 6 months? □□ 6 □□ □□ □□□□□□?

- 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? □□ 6 □□ □□ □□□□□□?

- Yes
- No
- Don't know
- Refused

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

□□ □□□□ □□□ □□□□□□□□□, □□ □□ zip code □ □□□ □□□□□□

- Refused
- No phone

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

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 (arrhythmia is an irregular heart beat/rhythm that requires medication) No

- Yes
- No
- Don't know
- Refused

22) Have you been told you have angina (serious heart pain/chest pain with exertion)? Yes (serious heart pain/chest pain with exertion) No

- Yes
- No
- Don't know
- Refused

23) Have you ever had an allergic reaction to adhesive tape? Yes, severe (problems breathing or hospitalization) Yes, mild (rash) No

- Yes, severe (problems breathing or hospitalization)
- Yes, mild (rash)
- No
- Don't know
- Refused

24a) What dosage are you on? 21 mg 14 mg 7 mg Don't know Refused

- If patch:
- 21 mg (Step 1)
 - 14 mg (Step 2)
 - 7 mg (Step 3)
 - Don't know
 - Refused
- [Not Eligible if DK or R]

24b) What dosage are you on? 4 mg 2 mg Don't know Refused

- If gum:
- 4 mg
 - 2 mg
 - Don't know
 - Refused
- [Not Eligible if DK or R]

If has medical contraindications (any box needing MD OK checked) :

25) We need to get a Doctor's OK for you to use patches. Is that OK?

Yes No Doesn't have an MD Refused

- Yes
- Doesn't have an MD
- No

If Yes...

What is his/her name? (or clinic/hospital name?)

□□□ □□□ □□□ □□□□?

Name _____ ? Don't know ? Refused

And the phone Number? □□□□□ □□□ □□□□?

_____ ? Don't know (...go to (30a)) ? Refused

Do you happen to know the fax number? □□ □□□ □□□ □□□□?

_____ ? Don't know ? Refused

26a) If Ok to get MD consent, but no MD or Don't Know

If you call us back with your MD phone or fax number, you may be able to receive patches sent directly to you. Or, in most cases, Medi-Cal will pay for the patches or other quitting aids if you have two things: □□□ □□□□□ □□□□□ □□□□ □□ □□□, □□□ □□□ □□ □□ □□ □ □□□ □□ □□ □□□□. □□□ □□□ □ □□□ □□□□ □□□□□ □□□□ □□ □□□ □□ □ □□□□ □□ □□□ □ □□□□.

a) A prescription from your doctor □□□ □□□□

b) A certificate from us.

Take these to your pharmacy.

□□□□□□□ □□□

26b) If Not okay to get MD consent:

Ok, we still want to offer you our free phone counseling. The session is about a half hour and helps you prepare to quit/stay quit. Would you like to speak to a smoking cessation counselor?

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? Yes (counseling) ? No (materials)

27) We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? (skip this consent question for cx's that refuse ph# or no phone # is given) □□□ □ □□ □□ □□□/□□□□ □□ □□ □□□ □□□□ □□□ □□□ □□□□ □□□□□□?

? Yes ? No ? Refused ? Not asked

You'll be receiving your materials in the mail in about a week and we'll let you know when we hear from your doctor. □□ □□□□ □□□ □□□ □□ □□□□. □□□ □□□ □□□ □□□□□□□□□.

The next step is to talk with a smoking cessation counselor for about 30 minutes and they'll help you prepare to quit/stay quit. Do you have time to do the counseling now if a counselor is available?

□□□ □□□□□□ □□□□ □□□□□□. □□□ □□ 30 □ □□ □□□□ □□□ □□□□□□ □□□ □ □□□□. □□ □□ □□□□ □□ □□ □□□ □□□□□□?

- Yes Let me see if one is available....
- No
- Refused Counseling
- Available
- Not available

If no medical contraindications:

28) We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? Yes No Refused Not asked

Yes No Refused Not asked

You'll be receiving your materials and patches in the mail in about a week, and by the way, they will come separately.

The next step is to speak with a smoking cessation counselor for about 30 minutes and they'll help you prepare to quit/stay quit. Do you have time to do the counseling now if a counselor is available?

Yes No Refused Not asked

- Yes
- No
- Refused Counseling ...
- Let me see if one is available....
- Available
- Not available

If not eligible for NRT (e.g., no phone, address, no voucher #, etc):

29a. We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? Yes No Refused Not asked

Yes No Refused Not asked

29b. You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available? Yes No Not asked

Yes No Not asked

a. No (materials only)

We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? (skip this consent question for cx's that refuse ph# or no phone # is given) Yes No Refused Not asked

Yes No Refused Not asked

b. You'll be receiving your materials in the mail in about a week. If you would like to receive counseling in the future, you can always call us back.

30) We offer help over the phone. The session is about a half hour and helps you prepare to quit/stay quit. Would you like to speak to a smoking cessation counselor?

Yes (counseling) No (materials)

Yes (counseling) No (materials)

Yes (counseling)

a. We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? Yes No Refused Not asked

Yes No Refused Not asked

b. You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available? Yes No Refused Not asked

Yes No Not asked

No (materials only)

c. We like to call back a small number of people to see how well our services work over time. Would it be alright to contact you sometime in the next year? Yes No Refused Not asked

Yes No Refused Not asked

d. You'll be receiving your materials in the mail in about a week. If you would like to receive counseling in the future, you can always call us back. Yes No Refused Not asked