

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

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Asian Smokers' Quitline (ASQ) 7mo Evaluation

SERVICE

CHINESE

_____ 請聽取您的意見，以便我們改進服務。您的意見將與其他人的意見一起總結，並用於改善服務。您不必回答任何您不想回答的問題，您可以隨時結束訪問。此外，回答或不回答問題不會改變您將獲得的服務。電話將僅持續幾分鐘，可能會被監控或錄製以確保質量，並且您的所有回答都將保持私密。這是否OK？

Hi, this is _____ from the University of California. I'm calling to evaluate the quality of service provided by the Asian Smokers' Quitline (ASQ). In order to improve the program, I would like to get your feedback on the services that you received. Your feedback will be summarized along with feedback provided by other people who have used the Quitline. You don't have to answer any questions you don't want to, and you can end the interview at any time. Also, answering or choosing not to answer questions will not change the quitline services you can or will receive. The call will take just few a minutes, may be monitored or recorded for quality assurance and all of your responses will be kept private. Is that OK?"

1. 請告訴我，當您第一次撥打時，您期望收到什麼服務來幫助您戒煙？
When you first called, what kind of services did you expect to receive to help you quit smoking?

- | | |
|---|--|
| <ul style="list-style-type: none"> • Counseling • Patches / quitting aids • Certificate • Materials/Booklets/Pamphlets • Program Information | <ul style="list-style-type: none"> • No expectations • Other _____ • Don't know • Refused • Not Asked |
|---|--|

我想就書面材料提出一些問題.....
I'd like to ask you some questions about the written materials

2. 您是否收到了ASQ寄出的材料？
Did you receive the materials sent by ASQ?

- | | |
|---------------------|------------|
| Yes | Don't Know |
| No / Never received | Refused |
| Not asked | |

3. 您是否閱讀了ASQ寄出的材料？
Did you read the materials sent by ASQ?

- | | |
|-------------------|------------|
| Yes (all or some) | Don't Know |
| No | Refused |
| Not asked | |

4. 關於書面材料，您是否有任何特別喜歡的地方？
Was there anything in particular that you LIKED about the materials?

- | | |
|-----------|------------|
| Yes | Don't Know |
| No | Refused |
| Not asked | |

4a. 請告訴我您喜歡書面材料的哪一部分？
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 | Don't Know/ remember |
| No | 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 the ASQ's counseling services.

6. □□□□□□□□□□□□□□□□

Did you receive telephone counseling?

- | | |
|-----------|------------|
| Yes | Don't Know |
| No | 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 | • Don't know |
| Just right | • Refused |
| Too many | • 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 Don't know
Good Refused
Not good Not asked

10. Was there anything in particular that you LIKED about the counseling?
Yes Don't Know
No 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 Don't Know
No 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
- Not asked

12. Overall, how comfortable did you feel when talking with ASQ staff? Would you say very comfortable, comfortable or not comfortable?
Very comfortable • Don't know
Comfortable • Refused
Not comfortable • 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?

- Very satisfied
- Mostly satisfied
- Somewhat satisfied
- Not at all satisfied
- Don't know
- Refused
- Not asked

14. □□□□□□□□□□□□□□□□□□□□□□

Do you currently smoke cigarettes everyday, some days, or not at all?

- Everyday
- Some days
- Not at all
- Don't know
- Refused
- Not asked

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), 你尝试戒烟了多少次(包括这次)?

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. 你第一次戒烟24小时或更长时间是什么时候(Screen Date)? ____/____/____

a. 你何时开始每天吸烟(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(1st 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/m onths <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/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: _____ <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/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: _____ <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/m onths | NOT ASKED | NOT ASKED | <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 | 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. 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

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

What was your main reason for deciding not to use any quitting aids?

What was your main reason for deciding not to use any quitting aids?

- 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. Do you currently use any other form of tobacco, such as chew/snuff, cigars or pipes?

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

- Yes
- No
- Don't know
- Refused

Which ones?

- Chew
- Cigars
- Pipes
- Other: _____

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

Code: less than 1 as 1 (Amount of cans/pouches)

- 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?

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?

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: _____
