

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

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Asian Smokers' Quitline (ASQ) 7mo Evaluation

SERVICE

KOREAN

안녕하세요? UC 버클리 대학교 _____입니다. 안녕하세요. 저희는 ASQ 서비스의 질을 평가하기 위해 전화 인터뷰를 하고 있습니다. 저희 서비스의 질을 개선하기 위해, 다른 사람들이 제공한 피드백과 함께 귀하의 피드백을 요약할 것입니다. 귀하가 대답하고 싶은 질문만 대답하시면 됩니다. 언제든지 인터뷰를 종료할 수 있습니다. 또한, 질문에 대답하거나 대답하지 않음은 ASQ 서비스의 질을 변경하지 않습니다. 전화 인터뷰는 몇 분 정도 소요되며, 모니터링되거나 기록될 수 있습니다. 귀하의 응답은 기밀로 유지됩니다. 괜찮습니까?

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. 귀하/귀하의 가족은 ASQ 서비스에 대해 어떤 기대를 하셨습니까? 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 |
|---|--|

더 많은 질문을 하고 싶습니다.

I'd like to ask you some questions about the written materials

2. 귀하/귀하의 가족은 ASQ가寄來한 자료를 받았습니까?

Did you receive the materials sent by ASQ?

Yes

No / Never received

Don't Know

Refused

Not asked

3. 귀하가 ASQ가寄來한 자료를 읽었습니까?

Did you read the materials sent by ASQ?

Yes (all or some)

No

Don't Know

Refused

Not asked

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?

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?

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?

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?

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)?

What was it that you liked (about the counseling)?

- | | |
|--|---|
| <ul style="list-style-type: none"> • Counselor/Someone to talk to/Support • Information/Advice • # of Counseling Sessions • Counselor Availability | <ul style="list-style-type: none"> • All of it / Everything • Other _____ • Don't know • Refused • Not asked |
|--|---|

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

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)?

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

- | | |
|--|--|
| <ul style="list-style-type: none"> • # of counseling sessions (high or low) • Wanted face to face, not phone • Counselor style / personality • Counselor Availability / follow through | <ul style="list-style-type: none"> • 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

<p>Which ones?</p> <p><input type="checkbox"/> Patch <input type="checkbox"/> Gum <input type="checkbox"/> Zyban <input type="checkbox"/> Chantix?</p>	<p>How long did you use them for?</p> <p><input type="text"/> days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked</p>	<p>On average, how many did you use per day?</p> <p><input type="text"/> /day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p>What dosage did you use?</p> <p><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</p>	<p>Did you use them BEFORE, DURING and/or AFTER your quit attempt?</p> <p><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p>Where did you get them?</p> <p><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</p>	<p>How much money did you spend on them?</p> <p><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</p>
<p><input type="checkbox"/> Patch</p>	<p>_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked</p>	<p>NOT ASKED</p>	<p><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</p>	<p><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p><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</p>	<p><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</p>
<p><input type="checkbox"/> Gum</p>	<p>_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked</p>	<p>_____ /day <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p><input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <input type="checkbox"/> Other: _____ <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p><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</p>	<p><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</p>
<p><input type="checkbox"/> Zyban</p>	<p>_____ days/weeks/months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked</p>	<p>NOT ASKED</p>	<p>NOT ASKED</p>	<p><input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z</p>	<p><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</p>	<p><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</p>
<p><input type="checkbox"/> Chantix</p>	<p>_____ days/weeks/months</p>	<p>NOT ASKED</p>	<p>NOT ASKED</p>	<p><input type="checkbox"/> Before</p>	<p><input type="checkbox"/> Bought</p>	<p><input type="checkbox"/> \$0, Nothing</p>

<input type="checkbox"/> Chantix/ Varenicline	months <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: <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
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*******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
 No
 Don't know
 Refused
 Not asked

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

a. What was the situation just before you smoked that cigarette?

b. Where did you get the cigarette?
 Bought a pack
 Bought one or a few
 Old cigarette pack
 Someone offered one
 Refused
 Not asked

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?
 _____ / _____ / _____

8. **Let me confirm. Are you currently smoking cigarettes every day or some days?**

e. **What was the situation just before you smoked that cigarette?**

- Some days
- Refused
- Not asked

9a. **On average, how many cigarettes do you smoke per day?** _____

f. **Where did you get the cigarette?**

9b. **How many days per week do you smoke?**

Bought a pack
 Bought one or a few
 Old cigarette pack
 Someone offered one
 Refused
 Not asked

9c. **On average, how many cigarettes do you smoke per day on the days you smoke?** _____

g. **How soon after you wake up do you usually smoke your first cigarette?**

Ever Since
 Don't know
 Refused
 Not Asked

11. Since <insert screen date>, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix? :
 □□□□□□□□ □□ □□□□ □□ □□□□ □□, □, □□□□ □□ □□□□ □□ □□ □□ □□ □□□□□□□□?

For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit?
 □□□□ □□ □□□□, □□□□ □□, □, □□□□ □□ □□□□ □□ □□ □□ □□ □□ □□□□□□□□?

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? □□ □□□□ □□ □□ □□□□ □□ □□□□□□?	Are you currently using them? □□ □□ □□□□□□?	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 your quit attempt? □□ □□ □□ □□□□□□□□ □?	Where did you get them? □□ □□ □□□□ □□□□ □□□□□□□?	How much money did you spend on them? □ □□ □□ □□□□ □□□□ □□□□ □□□□□□□□□?
<input type="checkbox"/> Patch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 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"/> 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"/> Gum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 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"/> 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"/> Yes	_____ days/weeks/m	NOT ASKED		<input type="checkbox"/> Yes	<input type="checkbox"/> Bought	<input type="checkbox"/> \$0, Nothing

<input type="checkbox"/> Zyban	<input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	NOT ASKED	NOT ASKED	<input type="checkbox"/> No <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: _____ <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"/> Chantix/ Varenicline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 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"/> 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"/> Lozenge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 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"/> 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"/> Other: _____ _____ _____ _____ _____ _____ -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	_____ 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"/> 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? _____
 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...

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

- Yes
- No
- Don't know
- Refused

Yes... Which one? _____
 Which ones?

- Chew
- Cigars
- Pipes
- Other: _____

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

How

- Don't know
- Refused

If CHEW/SNUFF: Yes... Is that cans or pouches?

If CIGARS: 0 1-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81-90 91-100 More than 100
How many do you smoke per week?

Don't know Refused

15. Very confident, Confident, Not confident, Don't know, Refused
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?

Very confident, Confident, Not confident, Don't know, Refused
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. Advice, None, Don't know, Refused
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: Yes, No. Yes, No.
Those are all the questions I have for you, thank you for your time.

Comments: _____
