**Form Approved**

**OMB No. 0920-0856**

**Exp. Date xx/xx/XXXX**

**Asian Smokers’ Quitline (ASQ)**

**7-Month Follow-Up Intake Questionnaire (English)**

*Public reporting burden of this collection of information is estimated to average 7 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)*

**Asian Smokers’ Quitline (ASQ)**

**7-month Evaluation**

SERVICE ENGLISH

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. When you first called, what kind of services did you expect to receive to help you quit smoking?

 Counseling  No expectations

 Patches / quitting aids Other \_\_\_\_\_

 Certificate Don’t know

* Materials/Booklets/Pamphlets Refused
* Program Information Not Asked

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

2. Did you receive the materials sent by ASQ?

Yes  Don't Know

 No / Never received  Refused

 Not asked

3. Did you read the materials sent by ASQ?

 Yes (all or some)  Don't Know

 No Refused

 Not asked

4. Was there anything in particular that you LIKED about the materials?

Yes  Don't Know

 No / Never received  Refused

 Not asked

4a. What was it that you liked (about the materials)?

 Coping Strategies / Alternatives  All of it / Everything

 Facts / Info Other\_\_\_\_

 Suggestions / Tips / Advice Don’t Know

County list / other resources Refused

* Pictures / comics 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)?

 Didn’t help  All of it / Everything

 Nothing new Other \_\_\_\_\_

 Too much info / reading Don’t know

Cartoons/comics Refused

 Not asked

**Now, I would like to ask you some questions regarding 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?

 No time / busy  No reason at all

 Counselor didn’t call me Other \_\_\_\_\_\_

 I didn’t call / I missed counselor’s call Don’t know

* Didn’t think I needed it /already quit Refused
* Not ready  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  All of it / Everything

 Information/Advice Other \_\_\_\_\_

 # of Counseling Sessions Don’t know

Counselor Availability 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)  All of it / Everything

 Wanted face to face, not phone Other \_\_\_\_\_

 Counselor style / personality Don’t know

Counselor Availability / follow through 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 Don’t know

 Mostly satisfied Refused

 Somewhat satisfied Not asked

 Not at all satisfied

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

 Everyday Don’t know

 Some days Refused

 Not at all Not asked

 Smoking

**NOT SMOKING ENGLISH**

1. When did you quit? ***Most recent quit date:*** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

1a.How long ago did you quit? \_\_\_\_\_\_ days/weeks/months/years

2. Since you first called the Asian Smokers’ Quitline (ASQ) on ***(screen date)***, how many times have you tried to quit (including this time)?

 Number of times: [ ]

 Don't remember exactly, at least: [ ]

 Number of imposed/unintended quits: [ ]

🞏 Refused

 🞏 Not Asked

3. Out of those times, how many were for 24 hours or more?

 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. When did you first quit for 24 hours or more since ***(Screen Date)***? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ a. When did you start smoking on a daily basis after ***(first attempt date)***? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  b. How long did you quit for?\_\_\_\_\_ days/weeks/months/ years[ ]  Don’t know [ ]  Refused [ ]  Not asked  5. (FIRST QUIT ATTEMPT): During the time you quit for ***(1st quit length)***, did you have a cigarette (or puff)?  🞏 Yes 🞏 No 🞏 Don’t know 🞏 Refused  🞏 Not asked  5a. (FIRST QUIT ATTEMPT): When was your first cigarette/puff? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_   5b. (FIRST QUIT ATTEMPT): How many days in a row did you smoke, including the first day? [\_\_\_\_\_\_\_\_]  (Note to evaluator: if clients states they have smoked EVER SINCE: confirm & go to SMOKING form).  6. (FIRST QUIT ATTEMPT): For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban, Chantix or E-cigarettes 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?**  |
| [ ]  Patch | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused [ ]  Not Asked  | **NOT ASKED** | [ ]  21mg (step1) [ ]  14mg (step2) [ ]  7mg (step3)[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  D [ ]  R [ ]  Z  | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R [ ]  Z  | [ ]  Bought [ ]  Given to me [ ]  Help/Quit line [ ]  Insurance [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused [ ]  Not Asked  | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100 [ ]  More than $100[ ]  D[ ]  R [ ]  Z  |
|  [ ]  Gum | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | \_\_\_\_\_\_\_/day[ ]  D[ ]  R[ ]  Z | [ ]  2mg [ ]  4mg [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  D [ ]  R[ ]  Z | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Zyban | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED** | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Chantix/Varenicline | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED**  | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  E-cigarettes | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED**  | [ ]  High/full/strong (≥ 19mg) [ ]  Medium / regular (11-18mg) [ ]  Low / Ultra low / light/ ultra-light (1-10mg) [ ]  Nicotine, unknown level[ ]  No nicotine[ ]  D [ ]  R[ ]  Z | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Lozenge | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | \_\_\_\_\_\_\_/day[ ]  D[ ]  R[ ]  Z | [ ]  2mg [ ]  4mg [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  D [ ]  R[ ]  Z | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED** | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ] D[ ] R[ ] Z |  |  |  |  |  |  |

 |

|  |
| --- |
| **\*\*\*\*\*\*Last or *Only* Quit Attempt\*\*\*\*\*\*** |
| 7. Have you had a cigarette, or even a puff, since you quit on ***(most recent quit date)***?  🞏 Yes . . . . . When was your **first** cig./puff? \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  🞏 No  🞏 Don’t know  🞏 Refused 🞏 Not asked  a. What was the situation just before you smoked that cigarette?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. Where did you get the cigarette?  🞏 Bought a pack 🞏 Asked or took from someone  🞏 Bought one or a few 🞏 Other source  🞏 Old cigarette pack 🞏 Don’t know  🞏 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?  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  🞏 10 was the last time. . . .***Go to 11*** 🞏 Don’t know 🞏 Refused🞏 Not askede. What was the situation just before you smoked that cigarette?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: \_\_\_\_\_\_ f. Where did you get the cigarette? [ ]  Bought a pack [ ]  Asked or took from someone[ ]  Bought one or a few [ ]  Other source[ ]  Old cigarette pack [ ]  Don't know[ ]  Someone offered one [ ]  Refused [ ]  Not asked g. How many days in a row did you smoke, including the first day? \_\_\_\_\_\_ **day(s).** 🞏 Ever Since 🞏 Don’t know🞏 Refused🞏 Not Asked  |

#### 8. Let me confirm… Are you currently smoking cigarettes everyday or some days?

 Everyday Don’t know

 Some days Refused

 Not asked

9a. On average, how many cigarettes do you smoke per day?\_\_\_\_\_\_\_

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

9c. On average how many cigarettes do you smoke per day on the days you smoke? \_\_\_\_\_\_

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

 0-5 mins  6-30 mins  31-60 mins  More than 60 mins

 Don’t know  Refused  Not asked

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

**IF E ON QUESTION 7c OR 7g & IF CLIENT HAS QUIT ATTEMPT LASTING OVER 24 HRS (that is, there is a value ≥ 1 in Q5):** For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban, or Chantix to help you quit?

**OTHERWISE USE THIS VERSION** 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 / have you used) 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?**  |
| [ ]  Patch | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z  | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know [ ]  Refused [ ]  Not Asked | **NOT ASKED** | [ ]  21mg (step1) [ ]  14mg (step2) [ ]  7mg (step3)[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  D [ ]  R[ ]  Z | [ ]  Before [ ]  During [ ]  After [ ]  D [ ]  R[ ]  Z  | [ ]  Bought [ ]  Given to me [ ]  Help/Quit line [ ]  Insurance [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100 [ ]  More than $100[ ]  D[ ]  R [ ]  Z  |
|  [ ]  Gum | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | \_\_\_\_\_\_\_/day[ ]  D[ ]  R[ ]  Z | [ ]  2mg [ ]  4mg [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  D [ ]  R[ ]  Z | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Zyban | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED** | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Chantix/Varenicline | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED**  | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  E-cigarettes | **NOT ASKED** | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | [ ]  High/full/strong (≥ 19mg) [ ]  Medium / regular (11-18mg) [ ]  Low / Ultra low / light/ ultra light (1-10mg) [ ]  Nicotine, unknown level[ ]  No nicotine[ ]  D [ ]  R[ ]  Z | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Lozenge | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | \_\_\_\_\_\_\_/day[ ]  D[ ]  R[ ]  Z | [ ]  2mg [ ]  4mg [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  D [ ]  R[ ]  Z | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  D [ ]  R[ ]  Z | \_\_\_\_\_\_\_ days/weeks/months[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | **NOT ASKED** | **NOT ASKED** | [ ]  Yes[ ]  No [ ]  D [ ]  R[ ]  Z | [ ]  Bought[ ]  Given to me [ ]  Help/Quit line [ ]  Insurance[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t Know[ ]  Refused[ ]  Not Asked | [ ]  $0, Nothing [ ]  $1-30 [ ]  $31-50 [ ]  $51-100[ ]  More than $100[ ]  D[ ]  R[ ]  Z |
| [ ] D[ ] R[ ] Z |  |  |  |  |  |  |  |

12. 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?

🞏 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?

 [ ] Yes

[ ] No

[ ] Don’t know

[ ] Refused

 Which ones?

[ ] Chew

[ ] Cigars

[ ] Pipes

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [ ] 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?

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

🞏 Not asked

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

🞏 Not asked

***END EVAL:*** *Those are all the questions I have for you, thank you for your time.*

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_