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# National Quitline Data Warehouse Intake Questionnaire

(Asian Smoker's Quitline: Chinese)

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### Asian Smokers' Quitline (ASQ) Chinese 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?

and all of your responses are voluntary. Is that OK?					
000000000000000000000000000000000000000	00000000000000000000000000000000000000	)0000000000000000000000000000000000000			
<b>1)</b> Are you calling for yourself o ? Yourself	or someone else? [[ ] Someone els				
<b>2)</b> What's your year of birth? []					
IF REFUSED: Then how old are you? ☐☐☐☐☐☐☐☐☐☐☐ ② Refused ③Unwilling, but >= 18 yrs. old  3) How did you hear about us? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐					
	D ( )	E 1440			
Ads:	Referrals:	? WIC	? Refused		
? TV	? VA	? Pharmacy	Promotional		
? Radio	? Hospital	? School	Materials		
? Newspaper/	? Clinic/	? Non-profit	? Card (Gold,		
Magazine	Doctor's Office	Org.	Salud, Quit		
<pre> ② Billboard/</pre>	<pre> ② Dentist/</pre>	?	Now)		
Bus Sign	Dental	Insurance/HM	Patch Voucher		
Phone Book Hygienist		O/MediCal	Brochure/Pamphlet		
? Web ? Friend/		? Other	? Postcard		
	Family	? Don't know			
<u>If any Referral s</u>	<u>ource (e.g. VA thrοι</u>	<u> </u>	<u>l above):</u>		
Did you receive	anything, such as a d	card or brochure with our nur	mber on it?		
? No ? YesPostcard ? YesRe-					
engagement letter					
? Yes Card		? YesMagnet	? Don't Know		
? YesPatch Voucher		? YesBrochure/ Pamphlet	? Refused		

It <u>PROM</u>	<u> DTIONAL MATERIALS</u> :			
W	here did you get it?			
	30000000/000/00000			
?	VA	? Hospital	<pre>? Clinic/</pre>	
Doctor's	Office			
?	Dentist/ Dental Hygienist	? Friend/ Family	? WIC	
?	Pharmacy	? School	? Non-profit	
0	rg.			
?	Insurance/HMO/MediCal	? CSH	? Other	
	□□□□□□□□□? ay	e days, or not at all (already qu	uit)?	
	all (already quit)			
	orm of tobacco			
i Other i	offit of tobacco			
	RY DAY: On average, how m	nany cigarettes do you smoke t know ? Refused	per day?_	
	o you usually smoke mentl	nol or non-menthol cigarettes ]	?	
	Menthol   ② Non-menthol  Not asked	ol 『No usual type 』Don't k	now 🛚 Refused	
	<u>E DAYS</u> : How many days po □□□□□□ ? ? Refu			
O smoke?	n average how many cigare	ettes do you smoke per day or	n the days you	
	000000000000000000000000000000000000000	? ? Refused		
Do you usually smoke menthol or non-menthol cigarettes?  One of the control of th				
Not asked	d			
/		t know ? Refused	_	
	ıy days per week did you sn now	noke?	]{	

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?  DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
5) How soon after you wake up do/did you usually smoke your first cigarette?  2 0-5 mins 2 6-30 mins 2 31-60 mins 2 +60 mins 2 Don't know 2 Refused
6a) Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?  2 Yes 2 No 2 Don't know 2 Refused
<b>6b)</b> Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?
6c) Which ones?[[]]? ② Chew/snuff ② Cigarillos ([]]]) ② Cigars ② Pipes ② Hookah ([]]]) ② Other:
If CHEW/SNUFF: M How much tobacco do you use per week?
If NO to current use (7b): When did you quit?
If CIGARS: M How many do you smoke per week?
2 Don't know 2 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?  DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
b.	When was the last time you used an e-cigarette?  DODDDDDDDDDDDDDD /  Don't know  Refused  Not asked
c.	In the last 30 days, how many days did you use an e-cigarette?  days (0-30)  Don't know  Refused  Not asked
d.	Do you think you will quit using e-cigarettes within 1 year?  \[ ODDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
e.	Do you think you will quit within a month, within 6 months, or after 6 months?  UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU
<b>a)</b> Zy	two options depending if AQ or not: <b>IF ALREADY QUIT:</b> Are you currently using the nicotine gum, patch, or ban or Chantix?   Chantix?   Chantix Chanting Chantix Chanting Chanti
<b>b</b> )	<u>If YES</u> : Which ones? □□□?

Patch  2 Gum  2 Zyban  2 Chantix  2 Other:
c) IF NOT ALREADY QUIT: Do you plan to quit smoking within a month?  Yes 2 No 2 Don't know 2 Refused
<b>9)</b> 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
<u>If YES</u> : Which ones? □□□?② Patch ② Gum ② Zyban ② Chantix ③ Other:
<b>10)</b> Do you have any form of health insurance, such as Kaiser or MediCal?  □□□□□□□□□□□Kaiser □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
? 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?  2 Yes 2 No 2 Don't know 2 Refused
IF YES: Is it under control? □□□□□□□□□? ② Yes, with medication
Yes, w/o medication
② No, not controlled
<ul><li>② Don't know</li><li>② Refused</li></ul>
12) Have you ever been told by a doctor that you have DIABETES [[[]]][[]][[]][[][][][][][][][][][][][
<u>If YES</u> : Do you use insulin or take pills for it? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
? Yes, insulin
? Yes, both pills and insulin
<ul><li>No, neither pills nor insulin</li><li>Don't know</li></ul>
Refused

13) Have you ever had a heart attack? [[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[i]]]]]]
If YES: Was it within the last 6 months? [][][][][][][][][][][][][][][][][][][]
14) Have you ever had a stroke? [[[[[[[[]]]]]]]]  ② Yes ② No ② Don't know ② Refused
If YES: Was it within the last 6 months? [][][][][][][][]?  ? Yes ? No ? Don't know ? Refused
<b>15)</b> We send free materials to everyone, so may I have your zip code?   \[ \begin{align*} & \left( \text{D} \right) \\ \text{D} \right) \\ \text{D} \\ \text{D} \right) \\ \text{D} \\ \t
<b>16)</b> I have a few demographic questions. First, I need to verifyAre you male or female?  \[ \begin{align*} CODDODODODODODODODODODODODODODODODODODO
If FEMALE and = 45 yrs. old: We also have special information for pregnant clients, is there any chance you may be pregnant? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□</td
If YES: When is your baby due? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
17) What is your ethnic background?  ① ① ① ① ② ② Black/African American ② Hispanic/Latino ② Asian/ Pacific Islander
What is your specific Asian background? (drop down menu)
Do you have a particular tribal affiliation?
<ul><li> More than one of the above</li><li> Check ANY/ALL that apply:</li><li> White</li></ul>

? Asian/Pacif			
What i	is your specific Asian background? (drop down		
menu)			
	an American		
	ndian/Alaska Native (tribe menu)		
-	u have a particular tribal affiliation?		
? Yes	? No ? Refused ? Not Asked		
	link to tribe menu		
? Other			
<b>18a)</b> In which country were you bor			
2 U.S.	? Other		
Rorea	② Don't know		
☑ Vietnam	? Refused		
2 China	? Not asked		
i Ciliia	i Not asked		
<b>18b)</b> What year did you come to U.	S?		
<b>19)</b> What is the highest level of educ	cation that you have completed?		
	ation that you have completed.		
Never attended school	② 2-yr College degree (AA)		
Grades 1-8	2 4-yr, College or Univ degree (BA, BS)		
© Grades 9-12 (No Diploma)	Post-Graduate degree (Masters,		
Ph.D)	= 1 000 01000000 01000000 (1 1000000)		
? GED	? Refused		
	② Don't know		
	ool, No Degree ② Not asked		
•	_		
20) What is the age of the youngest	person in your household? ? D ? R ? Z		
	rhythmia (an irregular heart beat/rhythm that		
requires medication)?			
? Yes	? No		
? Don't know	? Refused		
22) Have very because told very become	-i (i		
and an arrange of the state of	gina (serious heart pain/chest pain with exertion)? $\Box$		
	1 No		
? Yes	? No		
? Don't know	? Refused		
23) Have you ever had an allergic re	action to adhesive tape?		

	, severe (problems breathing or hospitalization) , mild (rash)
? No	,a (. aa., ,
<pre>? Don</pre>	't know
? Refu	used
24a) What do	osage are you on?□□□□□□□□□
If pate	ch: 221 mg (Step 1)
	2 14 mg (Step 2)
	<pre></pre>
	② Don't know
	? Refused
•	osage are you on? [][][][][][][]
If gum	_
	②2 mg
	② Don't know
	? Refused
If has medica	l contraindications (any box needing MD OK checked) :
	to get a Doctor's OK for you to use patches. Is that OK?
	? Yes (Ok to contact MD)
	② Doesn't have an MD (Ok from an MD will be required)
	? No (Not ok to contact MD —client will be ineligible) go to ineligible
endin	g
If Yes.	···
What	is his/her name? (or clinic/hospital name?) []/[][][][][][([][][][][][][][][][][][][
Name	
And tl	ne phone Number? 🔲 🗎 🗎 🗎
	? Don't know ? Refused
Do yo	u happen to know the fax number?/
?	Don't know ② Refused
24a) If Ok +a	aget MD consent, but no MD or Den't Know
	back with your MD phone or fax number, you may be able to receive
=	directly to you. Or, in most cases, Medi-Cal will pay for the patches or
=	g aids if you have two things:
a)	A prescription from your doctor DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
b)	A certificate from us

Take these to your pharmacy.

<b>26b) If Not okay to get MD consent:</b> 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?
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?  110000000000000000000000000000000000
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?  One of the counseling now if a counselor is available?  One of the counseling now if a counselor is available?  One of the counseling now if a counselor is available?  One of the 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?  One of the counselor is available?  One of the counseling now if a counselor is available?  One of the counselor is available?
available • Refused Counseling
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? (skip this consent question for cx's that refuse ph# or no phone # is given)   \[ \begin{align*} Ond The 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)  \text{Ond Ond Ond Ond Ond Ond Ond Ond Ond Ond
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?
<ul> <li>Yes Let me see if one is available \( \bigcup \bigcup</li></ul>

• Refused Counseling ...

If not eligible for N	RT (e.g., no	phone, add	dress, no vouch	ner #, etc):	
a.We like to call ba	ck a small nu	mber of pe	eople to see ho	w well our services v	vork over
		-	•	next year?	
	•	-			
				JUU .	
? Ye	s ? No		used ? Not ask	ea	
<b>b</b> .You'll be receivin	g your mate	ials in the	mail in about a	week. Do you have	time to do
the counseling nov	if a counsel	or is availa	ble?		
? Ye	s ? No	2 Not	t asked		
<u>.</u> 1€	.5 · INO	. INO	askcu		
<b>29) No</b> (materials c	• •				
<b>a.</b> We like to call b	oack a small i	number of	people to see h	now well our services	s work over
time. Would it	be alright to	contact yo	ou sometime in	the next year? ∏∏∏[	
		חחחחחחח			
? Ye			used ? Not ask	ed	
Ŀ 10	5 110	E ICI	asca 🖪 Not ask	cu	
<b>b</b> v	•				J. 19 4 .
				a week. If you woul	
receive counse	ling in the fu	ture, you c	an always call ι	ıs back. (□□□) □□	
30) We offer help o	over the phoi	ne. The ses	sion is about a	half hour and helps	VOLL
· · ·	' <del>-</del> '			moking cessation cou	='
					iliscioi. 🛮
? Ye	s (counseling	g)	? No (materi	ials)	
Yes (counselin	g)				
<b>a</b> .We like t	o call back a	small num	ber of people to	o see how well our s	ervices
				ou sometime in the n	
	? Yes ?	No	? Refused	? Not asked	
<b>b</b> .You'll be	receiving yo	ur materia	ls in the mail in	about a week. Do y	ou have
				vailable? (∏∏∏) [	
	? Yes ?	INO	? 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	② Not asked		
d.		<b>.</b>		about a week. If you would always call us back.		