

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

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**California Smoker's Helpline
NRT Screening (Enhanced Services)**

If PROMOTIONAL MATERIALS:

Where did you get it?

□□□□□□□□/□□□/□□□□□

☐ VA

☐ Hospital

☐ Clinic/

Doctor's Office

☐ Dentist/ Dental Hygienist

☐ Friend/ Family

☐ WIC

☐ Pharmacy

☐ School

☐ Non-profit

Org.

☐ Insurance/HMO/MediCal

☐ CSH

☐ Other

4) Do you smoke cigarettes every day, some days, or not at all (already quit)?

□□□□□□, □□□□□□□□□□□□□□□?

☐ Every day

☐ Some Days...

☐ Not at all (already quit)...

☐ Other form of tobacco...

a. If EVERY DAY: On average, how many cigarettes do you smoke per day?_

□□□□□□□□□□□□ ? _____ ☐ Don't know ☐ Refused

Do you usually smoke menthol or non-menthol cigarettes?

□□□□□□□□□□□□□□□□□□□□

☐ Menthol

☐ Non-menthol

☐ No usual type

☐ Don't know ☐ Refused

☐ Not asked

b. If SOME DAYS: How many days per week do you smoke?

□□□□□□□□ ? _____ ☐ Refused

On average how many cigarettes do you smoke per day on the days you smoke?

□□□□□□□□□□□□□□□□□□ ? _____ ☐ Refused

Do you usually smoke menthol or non-menthol cigarettes?

□□□□□□□□□□□□□□□□□□□□

☐ Menthol

☐ Non-menthol

☐ No usual type

☐ Don't know

☐ Refused

☐ Not asked

c. If NOT AT ALL: When did you quit? □□□□□□□□

_____/_____/_____ ☐ Don't know ☐ Refused

How many days per week did you smoke? □□□□□□□□□□□□□□□□ ? _____

☐ Don't know ☐ Refused

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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?

☐ 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 ☐ Cigarillos () ☐ Cigars ☐ Pipes ☐ Hookah () ☐ Other:

If CHEW/SNUFF: M 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: M 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

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- 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?

_____ days (0-30)

□□□ 30 □□□□□□□□□□

Don't know

Refused

Not asked

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

□ □ □ □ □ □ □ □ □ □ □ □ □ □

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?

[illegible]

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? ☐☐☐☐☐☐☐☐☐☐ Zyban ☐☐ Chantix ☐

Yes	No	Don't know	Refused

- b) If YES:** Which ones? ☐☐☐?

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☐ 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

☐ 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

☐ Yes ☐ No ☐ Don't know ☐ Refused

IF YES: What is the plan name? ☐ Kaiser ☐ MediCal _____

Now I have a few health questions that are related to smoking.

☐ Yes ☐ No ☐ Don't know ☐ Refused

11) Have you ever been told by a doctor that you have HIGH BLOOD PRESSURE?

☐ Yes ☐ No ☐ Don't know ☐ Refused

☐ Yes ☐ No ☐ Don't know ☐ Refused

IF YES: Is it under control? ☐ Yes ☐ No ☐ Don't know ☐ Refused

☐ 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

☐ Yes ☐ No ☐ Don't know ☐ Refused

If YES: Do you use insulin or take pills for it? ☐ Yes ☐ No ☐ Don't know ☐ Refused

☐ Yes, pills

☐ Yes, insulin

☐ Yes, both pills and insulin

☐ No, neither pills nor insulin

☐ Don't know

☐ Refused

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13) Have you ever had a heart attack? ☐ Yes ☐ No ☐ Don't know ☐ Refused

If YES: Was it within the last 6 months? ☐ 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? ☐ Yes ☐ No ☐ Don't know ☐ Refused

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

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

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☐ 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)

☐ Post-Graduate degree (Masters,

Ph.D)

☐ 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

☐ No

☐ Don't know

☐ Refused

22) Have you been told you have angina (serious heart pain/chest pain with exertion)? ☐

□□□□□□□□□□□□□□□□/□□□□□□□□

☐ Yes

☐ No

☐ Don't know

☐ Refused

23) Have you ever had an allergic reaction to adhesive tape? □□□□□□□□□□□□□□

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

24a) What dosage are you on?

- If patch:
- ☐ 21 mg (Step 1)
 - ☐ 14 mg (Step 2)
 - ☐ 7 mg (Step 3)
 - ☐ Don't know
 - ☐ Refused

24b) What dosage are you on?

- If gum:
- ☐ 4 mg
 - ☐ 2 mg
 - ☐ Don't know
 - ☐ Refused

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 (Ok to contact MD)
- ☐ 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

ending

If Yes...

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

Name ☐ Don't know ☐ Refused

And the phone Number?

☐ Don't know ☐ 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.

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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?

XXXXXXXXXXXXXXXXXXXX 30 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX

☐ 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?

XX?

☐ 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.

XX

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?

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 30 XXXX
XXXXXX

• Yes Let me see if one is available XXXXXXXXXXXXXXX . . . • Available
• No... • Not
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) XXXXXXXXXXXXXXXXXXXXXXX

XX?

☐ 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. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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?

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX/XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX 30 XXXXXXXXXXXXXXX

• Yes Let me see if one is available XXXXXXXXXXXXXXX.... • Available
• No... • Not
available

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year?

☐ 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.
(...) .