

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

*Public reporting burden of this collection of information is estimated to range from 1-10 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)*



<input type="checkbox"/> No	<input type="checkbox"/> Yes...Postcard	<input type="checkbox"/> Yes...Re-
ement letter		
<input type="checkbox"/> Yes... Card	<input type="checkbox"/> Yes...Magnet	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Yes...Patch Voucher	<input type="checkbox"/> Yes...Brochure/ Pamphlet	<input type="checkbox"/> Refused

**If PROMOTIONAL MATERIALS:**

Where did you get it? □□□□ □□□□□?

Office	<input type="checkbox"/> VA	<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic/ Doctor's
	<input type="checkbox"/> Dentist/ Dental Hygienist	<input type="checkbox"/> Friend/ Family	<input type="checkbox"/> WIC
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> School	<input type="checkbox"/> Non-profit Org.
	<input type="checkbox"/> Insurance/HMO/MediCal	<input type="checkbox"/> CSH	<input type="checkbox"/> Other

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

☐ 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?  
☐ Yes (Yes) ☐ No? ☐ No usual type ☐ Don't know ☐ Refused ☐ Not asked

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ? Don't know ? Refused [Not eligible if DK or R]

How many days per week did you smoke?

□□□□ □□□□ □□□ □□□□□□? \_\_\_\_\_ ? Don't know ? Refused

On average how many cigarettes did you smoke per day on the days you smoked? □□□ □□□ □□□ □□ □□□ □ □□ □□□□□□? \_\_\_\_\_

? Don't know ? Refused [Not Eligible if DK or R]

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 ? Cigars ? Pipes ? Other: \_\_\_\_\_

**If CHEW/SNUFF:** 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:** 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

- 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?  
□□ 30 □ □□ □□□□□ □□□ □□ □□□□ □□□□?

\_\_\_\_\_ days (0-30)  
Don't know  
Refused  
Not asked

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

□□□□□ □□□ 1 □ □□ □□ □□□□□□?

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?

□□□□□ □□□ □□□□, 6 □□□□ □□ 6 □□□□ □□ □□□□□□?

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?

□□□ □, □□, □□□□□ □□□(□□□: □□□) □ □□□□ □□ □□□ □□□□?

☐ Yes ☐ No ☐ Don't know ☐ Refused

**b) If YES:** Which ones?

□□ □□□ □□ □□□□□ □□□□ □□□□?

☐ 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

**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

**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?**

□□□ □□□, □□□ □□□ □□□ □□ □□□□?

☐ Yes ☐ No ☐ Don't know ☐ Refused

**IF YES:** Is it under control? □□□□ □□□□□□?

☐ 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

**If YES:** Do you use insulin or take pills for it?

□□□□ □□□□□ □□ □□□□ □□□□?

☐ Yes, pills

☐ Yes, insulin

☐ Yes, both pills and insulin

☐ No, neither pills nor insulin

☐ Don't know

☐ Refused

**13) Have you ever had a heart attack?**

□□□□□(□□□□□) □□□□□ □□□□?

☐ Yes ☐ No ☐ Don't know ☐ Refused

**If YES:** Was it within the last 6 months? □□ 6 □□ □□ □□□□□□?

☐ 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? □□ 6 □□ □□ □□□□□□?

☐ Yes ☐ No ☐ Don't know ☐ Refused

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

□□ □□□□ □□□ □□□□□□□□, □□ □□ zip code □ □□□ □□□□□

☐ Refused ☐ No phone

**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

☐ 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)  
Ph.D)

☐ Post-Graduate degree (Masters,

☐ 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 (arrhythmia is an irregular heart beat/rhythm that requires medication) ☐ No

☐ Yes

☐ No

☐ Don't know

☐ Refused

**22) Have you been told you have angina (serious heart pain/chest pain with exertion)?** ☐ Yes (angina is serious heart pain/chest pain with exertion) ☐ No

☐ Yes

☐ No

☐ Don't know ☐ Refused

**23) Have you ever had an allergic reaction to adhesive tape?** ☐ Yes (allergic reaction to adhesive tape is a reaction to the tape) ☐ No

☐ Yes, severe (problems breathing or hospitalization)

☐ Yes, mild (rash)

☐ No

☐ Don't know

☐ Refused

**24a) What dosage are you on?** ☐ mg ☐ mg ☐ mg ☐ mg ☐ mg

**If patch:** ☐ 21 mg (Step 1)

☐ 14 mg (Step 2)

☐ 7 mg (Step 3)

☐ Don't know

☐ Refused

[Not Eligible if DK or R]

**24b) What dosage are you on?** ☐ mg ☐ mg ☐ mg ☐ mg

**If gum:** ☐ 4 mg

☐ 2 mg

☐ Don't know

☐ Refused

[Not Eligible if DK or R]

**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 (We need to get a Doctor's OK for you to use patches. Is that OK?) ☐ No

☐ Yes

☐ Doesn't have an MD

☐ No

**If Yes...**

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

□□□ □□□ □□□ □□□□?

Name \_\_\_\_\_ ? Don't know ? Refused

And the phone Number? □□□□□ □□□ □□□□?

\_\_\_\_\_ ? Don't know (...go to (30a)) ? 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.

□□□□□□□ □□□

**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?

□□□ □□ □□ □□□ □□□□ □□□ □□□□□ □□□□. □□□ □□ 30 □ □□ □□□□ □□□ □□□□□□ □□□ □ □□□□. □□□□□□ □□ □□□ □□ □□□□□□?

? 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? (skip this consent question for cx's that refuse ph# or no phone # is given) □□□ □ □□ □□□/□□□□ □□ □□ □□□ □□□ □□□ □□□ □□□ □□□□□□?**

? 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. □□ □□□□ □□□ □□□ □□ □□□□. □□□ □□□ □□□ □□□□□□□□.

**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?**

□□□ □□□□□□ □□□□ □□□□□□. □□□ □□ 30 □ □□ □□□□ □□□ □□□□□ □□□ □ □□□□. □□ □□ □□□□ □□ □□ □□□ □□□□□□?

• Yes

Let me see if one is available....

• 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? ☐ Yes ☐ No ☐ Refused ☐ Not asked

☐ 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. ☐ Yes ☐ No ☐ Refused ☐ Not asked

**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?**

☐ Yes ☐ No ☐ Refused ☐ Not asked

- Yes ☐ Let me see if one is available.... ☐ Available
- No ☐ ☐ Not available
- Refused Counseling ...

**If not eligible for NRT (e.g., no phone, address, no voucher #, etc):**

**29a.** 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 ☐ Not asked

☐ Yes ☐ No ☐ Refused ☐ Not asked

**29b.** You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available? ☐ Yes ☐ No ☐ Refused ☐ Not asked

☐ Yes ☐ No ☐ Not asked

**a. No (materials only)**

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) ☐ Yes ☐ No ☐ Refused ☐ Not asked

☐ Yes ☐ No ☐ Refused ☐ Not asked

**b.** 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. ☐ Yes ☐ No ☐ Refused ☐ Not asked

**30)** We offer help over the phone. 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? ☐ Yes (counseling) ☐ No (materials)

☐ Yes (counseling) ☐ No (materials)

**Yes (counseling)**

a. 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 ☐ Not asked

b. You'll be receiving your materials in the mail in about a week. Do you have time to do the counseling now if a counselor is available? ☐ Yes ☐ No ☐ 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 ☐ 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. ☐ Yes ☐ No ☐ Not asked