

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

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Asian Smokers' Quitline (ASQ) 7mo Evaluation

SERVICE

CHINESE

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 | 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 <ul style="list-style-type: none"> • Refused • 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
- Nothing new
- Too much info / reading
- Cartoons/comics
- All of it / Everything
- Other _____
- Don't know
- Refused
- Not asked

□ □

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

- | | |
|--|--|
| <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?

Too few

- Don't know

Just right

- Refused

Too many

- Not asked

Briefly, how would you describe your counselor? _____

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
- Information/Advice
- # of Counseling Sessions
- Counselor Availability
- All of it / Everything
- Other _____
- Don't know
- 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)
- Wanted face to face, not phone
- Counselor style / personality
- Counselor Availability / follow through
- All of it / Everything
- Other _____
- Don't know
- Refused
- Not asked

[illegible]

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.

- Very satisfied
- Mostly satisfied
- Somewhat satisfied
- Not at all satisfied
- Don't know
- Refused
- Not asked

14.

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

- Everyday
- Some days
- Not at all
- Don't know
- Refused
- Not asked

1. 你是什么时候戒烟的? **Most recent quit date:** ____/____/____

1a. 你戒烟了多长时间? ____ days/weeks/months/years

2. 自从你第一次拨打 **ASQ** 电话 (screen date), 你尝试戒烟 (包括这次) 多少次?

Number of times: []

Don't remember exactly, at least: []

Number of imposed/unintended quits: []

- ☐ Refused
☐ Not Asked

3. 在这些尝试中, 有多少次是戒烟 24 小时或更长时间?

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. 你第一次戒烟 24 小时或更长时间是什么时候 (Screen Date)? ____/____/____

a. 你何时开始每天吸烟 (first attempt date)? ____/____/____

b. 你戒烟了多长时间? ____ days/weeks/months/ years

- ☐ Don't know
☐ Refused
☐ Not asked

5. (FIRST QUIT ATTEMPT): 你戒烟 (1st quit length) 期间, 你吸过香烟 (或 puff) 吗?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused
☐ Not asked

5a.(FIRST QUIT ATTEMPT): 你吸的第一支香烟/puff 是什么时候? ____/____/____

5b. (FIRST QUIT ATTEMPT): 你戒烟 (1st quit length) 期间, 你吸过香烟 (或 puff) 吗?

How many days in a row did you smoke, including the first day?

6.(FIRST QUIT ATTEMPT): ☐ Zyban ☐ Chantix ☐

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

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?
<input type="checkbox"/> Patch	_____ 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"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <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 <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	_____ 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"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <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 <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"/> Zyban	_____ 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"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <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 <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"/> Chantix/ Varenicline	_____ days/weeks/months	NOT ASKED	NOT ASKED	<input type="checkbox"/> Before <input type="checkbox"/> During	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me <input type="checkbox"/> Help/Quit	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked			<input type="checkbox"/> After <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	line <input type="checkbox"/> Insurance <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<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	_____ 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"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <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: <hr/> <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: _____ _____ _____ _____	_____ 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"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <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: <hr/> <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						

*******Last or Only Quit Attempt*******

Have you had a cigarette, or even a puff, since you quit on **(most recent quit date)**?

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

- a. □□□□□□□□□□□□□□□□?

Where did you get the cigarette?

- C.

[illegible]

_____ / _____ / _____

- e. □□□□□□□□□□□□□□□□?

Where did you get the cigarette?

- g. How many days in a row did you smoke, including the first day? _____ **day(s)**.

[illegible]

[illegible]

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

- Everyday
- Some days
- Don't know
- 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

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

☐ <insert screen date> ☐ Zyban ☐ Chantix ☐

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

☐ Zyban ☐ Chantix

Did you use anything like the Nicotine Patch, Gum, Zyban or Chantix to help you quit?

☐ Zyban ☐ Chantix ☐

- ☐ 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	_____ days/weeks/month	_____/day	<input type="checkbox"/> 2mg <input type="checkbox"/> 4mg	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bought <input type="checkbox"/> Given to me	<input type="checkbox"/> \$0, Nothing <input type="checkbox"/> \$1-30

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?

Code: less than 1 as 1 (Amount of cans/pouches)

- ☐ 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

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

END EVAL: □□□□□□□□□□□□□□□□

Those are all the questions I have for you, thank you for your time.

Comments: _____