

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

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Asian Smokers' Quitline (ASQ) 7mo Evaluation

SERVICE

KOREAN

안녕하세요? UC 샌디에고 캠퍼스 _____입니다. 안녕하세요. 저희는 ASQ 서비스의 질을 평가하기 위해 전화합니다. 저희 서비스의 질을 평가하는 데 도움을 주실 수 있나요? 저희는 귀하의 피드백을 요약하여 다른 사람들이 ASQ 서비스를 받았을 때의 피드백과 함께 사용할 것입니다. 귀하가 원하는 대로 언제든지 인터뷰를 종료할 수 있습니다. 또한, 질문에 대답하거나 대답하지 않는 것은 귀하의 ASQ 서비스에 영향을 미치지 않습니다. 전화는 몇 분 정도 걸릴 수 있으며, 모니터링되거나 기록될 수 있습니다. 귀하의 응답은 기밀로 유지됩니다. 괜찮습니까?

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. 귀하/귀하의 가족은 ASQ 서비스에 대해 무엇을 기대했습니까? When you first called, what kind of services did you expect to receive to help you quit smoking?

- | | |
|---|--|
| <ul style="list-style-type: none">• Counseling• Patches / quitting aids• Certificate• Materials/Booklets/Pamphlets• Program Information | <ul style="list-style-type: none">• No expectations• Other _____• Don't know• Refused• Not Asked |
|---|--|

저희는 귀하에게 몇 가지 질문을 하고 싶습니다.

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

2. 귀하에게 ASQ가寄送了한 자료가 도착했습니까?

Did you receive the materials sent by ASQ?

Yes

No / Never received

Don't Know

Refused

Not asked

3. 귀하가 ASQ가寄送了한 자료를 읽었습니까?

Did you read the materials sent by ASQ?

Yes (all or some)

No

Don't Know

Refused

Not asked

4. □□□□ □□□ □□ □□ □□□□□□?

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

Yes

No

Don't Know

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• Refused• Not Asked |
|---|---|

5. □□□□ □□□ □□□ □ □□ □□ □□□□□□?

Was there anything in particular that you DISLIKED about the materials?

Yes

No

Don't Know/ remember

Refused

Not asked

5a. □□ □□ □□ □□□ □ □□□□?

What was it you disliked (about the materials)?

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

□□ □□□□□ □□ □□□ □□□ □□ □□ □□□□□□.

Now, I would like to ask you some questions regarding ASQ's counseling services.

6. □□ □□□□ □□□□(□□)□ □□□□?

Did you receive telephone counseling?

Yes

No

Don't Know

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 |
|--|---|

How did you feel about the number of counseling sessions you received, would you say there were too few, just right or too many?

- # 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

12. Overall, how comfortable did you feel when talking with ASQ staff? Would you say very comfortable, comfortable or not comfortable?

Overall, how comfortable did you feel when talking with ASQ staff? Would you say very comfortable, comfortable or not comfortable?

Very comfortable

Comfortable

Not comfortable

- Don't know
- Refused
- 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?

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

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

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

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

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 **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. □ □□□ 24 □□ □□ □□□□ □□ □□ □□□□?

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. □□□□□□ □□□□ □□ □□□□ 24 □□ □□ □□ □□□□ □□ □□□□□□?

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?

6. (FIRST QUIT ATTEMPT): □□□ □□ □□□□, □□□ □□, □, □□□ □□ □□□□ □□ □□ □□ □□ □□□□□□?

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?
☐ Patch ☐ Gum ☐ Zyban ☐ Other: _____	_____ 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 ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ \$0, Nothing ☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z
☐ Gum ☐ Zyban ☐ Other: _____	_____ 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 ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ \$0, Nothing ☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z
☐ Zyban ☐ 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 ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ \$0, Nothing ☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z
	_____ days/weeks/months			☐ Before	☐ Bought	☐ \$0, Nothing

☐ Chantix/ Varenicline	onths ☐ Don't Know ☐ Refused ☐ Not Asked	NOT ASKED	NOT ASKED	☐ During ☐ After ☐ D ☐ R ☐ Z	☐ Given to me ☐ Help/Quit ☐ Insurance ☐ Other: ☐ Don't Know ☐ Refused ☐ Not Asked	☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z
*****Last or Only Quit Attempt*****						
7. (Most recent quit date) Have you had a cigarette, or even a puff, since you quit on (most recent quit date)? ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked ☐ Lozenge ☐ Don't Know ☐ Refused ☐ Not Asked ☐ 2mg ☐ 4mg ☐ Other: ☐ Before ☐ During ☐ After ☐ D ☐ R ☐ Z ☐ Bought ☐ Given to me ☐ Help/Quit ☐ Insurance ☐ Other: ☐ Don't Know ☐ Refused ☐ Not Asked ☐ \$0, Nothing ☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z						
a. What was the situation just before you smoked that cigarette?						
b. Where did you get the cigarette? ☐ Other: ☐ Bought a pack ☐ Bought one or a few ☐ Old cigarette pack ☐ Someone offered one ☐ Refused ☐ Not Asked ☐ Asked or took from someone ☐ Other source ☐ Don't know ☐ Refused ☐ Before ☐ During ☐ After ☐ D ☐ R ☐ Z ☐ Bought ☐ Given to me ☐ Help/Quit ☐ Insurance ☐ Other: ☐ Don't Know ☐ Refused ☐ Not Asked ☐ \$0, Nothing ☐ \$1-30 ☐ \$31-50 ☐ \$51-100 ☐ More than \$100 ☐ D ☐ R ☐ Z						
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
☐ Don't know
☐ Refused

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

e. What was the situation just before you smoked that cigarette?

- Some days
- Refused
- Not asked

9a. How many days per week do you smoke?

f. On average, how many cigarettes do you smoke per day? _____

Where did you get the cigarette?

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

☐ Bought a pack
☐ Bought one or a few
☐ Old cigarette pack
☐ Someone offered one
☐ Refused
☐ Not Asked

☐ Asked or took from someone
☐ Other source
☐ Don't know

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

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

☐ Ever Since
☐ Don't know
☐ Refused
☐ Not Asked

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

11.

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

□□□□□□□ □□ □□□□ □□ □□□ □□, □, □□□ □□ □□□□ □□ □□ □□ □□ □□□□□□□?

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

□□□ □□ □□□□, □□□ □□, □, □□□ □□ □□□□ □□ □□ □□ □□ □□□□□□□?

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 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	☐ 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
☐ 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
	☐ Yes	_____ days/weeks/m	NOT ASKED		☐ Yes	☐ Bought	☐ \$0, Nothing

☐ Zyban	☐ No ☐ D ☐ R ☐ Z	onths ☐ Don't Know ☐ Refused ☐ Not Asked		NOT ASKED	☐ No ☐ D ☐ R ☐ Z	☐ Given to me ☐ Help/Quit line ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ \$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
☐ 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. ☐ Did you use any other programs or methods to quit smoking?
 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?
 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** (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?
 Do you currently use any other form of tobacco, such as chew/snuff, cigars or pipes?

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

☐ Which ones?
 Which ones?

- ☐ Chew
- ☐ Cigars
- ☐ Pipes
- ☐ Other: _____

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

How

- ☐ Don't know
- ☐ Refused

If CHEW/SNUFF: ☐ Is that cans or pouches?
 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

[illegible]

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: _____
