

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

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# Asian Smokers' Quitline (ASQ)

## 7mo Evaluation

### SERVICE

### VIETNAMESE

Chào bạn, tôi là \_\_\_\_\_, nhân viên của Trung tâm Hút thuốc California. Tôi gọi để hỏi ý kiến bạn về phẩm chất của chương dịch vụ do Trung tâm Cai thuốc Lá cung cấp. Nếu cần thì chúng tôi sẽ cố gắng giúp bạn cai thuốc, chúng tôi mong nhận được ý kiến của bạn về các tài liệu và chương dịch vụ bạn đã nhận được. Cuộc phỏng vấn này chỉ mất vài phút và bạn chỉ cần trả lời những gì bạn muốn. Bạn có đồng ý không?

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 a few minutes, may be monitored or recorded for quality assurance and all of your responses will be kept private. Is that OK?"

1. Lần đầu tiên bạn gọi vào Trung tâm Cai thuốc Lá, bạn nghĩ mình sẽ nhận được dịch vụ gì để giúp bạn cai thuốc?

When you first called, what kind of services did you expect to receive to help you quit smoking?

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

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

**Tôi xin hỏi bạn vài câu về những tài liệu cai thuốc...**

2. Bạn có nhận được tài liệu mà Trung tâm Cai thuốc Lá đã gửi cho bạn không?

Did you receive the materials sent by ASQ?

- |                     |            |
|---------------------|------------|
| Yes                 | Don't Know |
| No / Never received | Refused    |
| Not asked           |            |

3. Bạn đã đọc những tài liệu có chưa?

Did you read the materials sent by ASQ?

- |                   |            |
|-------------------|------------|
| Yes (all or some) | Don't Know |
| No                | Refused    |
| Not asked         |            |

4. Bạn có thích những gì về tài liệu không?

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

- |           |            |
|-----------|------------|
| Yes       | Don't Know |
| No        | Refused    |
| Not asked |            |

4a. Bạn đã thích những gì về tài liệu?

What was it that you liked (about the materials)?

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Coping Strategies / Alternatives</li><li>• Facts / Info</li><li>• Suggestions / Tips / Advice</li><li>• County list / other resources</li><li>• Pictures / comics</li></ul> | <ul style="list-style-type: none"><li>• All of it / Everything</li><li>• Other _____</li><li>• Don't Know</li><li>• Refused</li><li>• Not Asked</li></ul> |
|---|---|



5. Bạn có không thích nh»ng gì vř tÆp tài liÊu không?

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

Yes

Don't Know/ remember

No

Refused

Not asked

5a. Bạn Cã không thich nh»ng gì vř tÆp tài liÊu?

What was it you disliked (about the materials)?

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

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

Bây gi©, tôi xin hi bạn vài câu vř nh»ng cu¶c tÛ vãn của Trung Tâm Cai Thuc Lá.

6. Bạn có nhÆn CÛ®c tÛ vãn qua ÇiÇn thoãi không?

Did you receive telephone counseling?

Yes

Don't Know

No

Refused

Not asked

6a. Lř do nào khi%on bạn không nhÆn CÛ®c tÛ vãn qua ÇiÇn thoãi?

Was there any particular reason for not receiving counseling?

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• No time / busy</li><li>• Counselor didn't call me</li><li>• I didn't call / I missed counselor's call</li><li>• Didn't think I needed it /already quit</li><li>• Not ready</li></ul> | <ul style="list-style-type: none"><li>• No reason at all</li><li>• Other _____</li><li>• Don't know</li><li>• Refused</li><li>• Not Asked</li></ul> |
|--|---|

7. Bạn cảm thÃy sao vř số iÛ®ng tÛ vãn qua ÇiÇn thoãi mà bạn Cã nhÆn CÛ®c? Bạn nghĩ là quá ít, v Çü, hay nhiřu quá?

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

8. Tóm lÃi, bạn sẽ diřn tả chuyên gia tÛ vãn của bạn nhÛ th%o nào?

Briefly, how would you describe your counselor? \_\_\_\_\_

9. Chuyên gia tÛ vãn của bạn nhÛ th%o nào trong lãnh vçc lřng nghe bạn nói chuyÇn?

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. Bạn có thích nh»ng gì vř nh»ng cu¶c tÛ vãn không?

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

Yes

Don't Know

No

Refused

Not asked

10a. Bạn Đã thích nh»ng gì v» nh»ng cu»c t» v»n?  
What was it that you liked (about the counseling)?

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Counselor/Someone to talk to/Support</li><li>• Information/Advice</li><li>• # of Counseling Sessions</li><li>• Counselor Availability</li></ul> | <ul style="list-style-type: none"><li>• All of it / Everything</li><li>• Other _____</li><li>• Don't know</li><li>• Refused</li><li>• Not asked</li></ul> |
|---|---|

11. Bạn có không thích nh»ng gì v» nh»ng cu»c t» v»n không?  
Was there anything in particular that you DISLIKED about the counseling?  
Yes Don't Know  
No Refused  
Not asked

11a. Bạn Đã không thích gì v» nh»ng cu»c t» v»n?  
What was it that you disliked (about the counseling)?

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• # of counseling sessions (high or low)</li><li>• Wanted face to face, not phone</li><li>• Counselor style / personality</li><li>• Counselor Availability / follow through</li></ul> | <ul style="list-style-type: none"><li>• All of it / Everything</li><li>• Other _____</li><li>• Don't know</li><li>• Refused</li><li>• Not asked</li></ul> |
|---|---|

12. Nói chung, bạn thấy thoải mái t»i Câu khi nói chuy»n v»i nh»ng nhân viên tr» giúp » Trung Tâm Cai Thuốc Lá? Bạn  
r»t thoải mái, thoải mái, hay không thoải mái?  
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. Nói chung, bạn hài lòng t»i Câu v»i nh»ng dịch v» mà bạn Đã nh»n C»c? Bạn r»t hài lòng, khá hài lòng, t»»ng C»i  
hài lòng, hay không hài lòng?

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

14. Hi»n gi», bạn hút thuốc lá m»i ngày, vài ngày trong tu»n, hay Đã b» hút thuốc r»i?  
Do you currently smoke cigarettes everyday, some days, or not at all?

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

1. Bạn Đã bỏ hút thuốc vào ngày nào?

When did you quit? **Most recent quit date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1a. Bạn Đã bỏ bao lâu rồi?

How long ago did you quit? \_\_\_\_ days/weeks/months/years

2. Kể từ lần đầu tiên bạn gọi vào Trung Tâm Cai Thuốc Lá ngày (Screen date), bạn Đã thử cai thuốc lá Chưa bao nhiêu lần (kể cả lần này)?

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. Trong những lần Có, có bao nhiêu lần bạn cai thuốc lá 24 tiếng hay lâu hơn?

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  $\geq 24$  hours

☐ Refused

☐ Not Asked

### First Quit Attempt

4. Kể từ ngày (screen date), lần đầu tiên bạn cai thuốc lá 24 tiếng hay lâu hơn là ngày nào?

When did you first quit for 24 hours or more since **(Screen Date)**? \_\_\_\_/\_\_\_\_/\_\_\_\_

a. Sau lần cai Có **(first attempt date)**, bạn Đã hút lại thuốc xuyên vào ngày nào?

When did you start smoking on a daily basis after **(first attempt date)**? \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Bạn cai thuốc bao lâu?

How long did you quit for? \_\_\_\_ days/weeks/months/ years

☐ Don't know

☐ Refused

☐ Not asked

5. (FIRST QUIT ATTEMPT): Trong lần bạn cai thuốc lá Chưa **(1<sup>st</sup> quit length)**, bạn có hút thuốc lá (hay bẻp 1 hời) thuốc nào không?

During the time you quit for **(1<sup>st</sup> quit length)**, did you have a cigarette (or puff)?

☐ Yes

☐ No

☐ Don't know

☐ Refused

☐ Not asked

5a. (FIRST QUIT ATTEMPT): Bạn hút thuốc lá/bẻp hời thuốc Có vào ngày nào?

When was your first cigarette/puff? \_\_\_\_/\_\_\_\_/\_\_\_\_

5b. (FIRST QUIT ATTEMPT): Bạn Đã hút liên ti%op mÃy ngày, k< cả ngày bạn bẹt CẬu hút lÃi?  
How many days in a row did you smoke, including the first day? [\_\_\_\_\_]

6. (FIRST QUIT ATTEMPT): Trong th©i gian này, bạn có dung m¶t dŨ®c phẩm cai thuÓc nào nhŨ bæng dán nicotine, kỂo gum nicotine, thuÓc viên Zyban hoỷc thuÓc viên Chantix không?

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

ThŨ nào? <b>Which ones?</b>	Bản dùng trong bao lâu? <b>How long did you use them for?</b>	Trung bình, bản dùng bao nhiêu m¶i ngày? <b>On average, how many did you use per day?</b>	Bản dung liỂu C¶i nào? <b>What dosage did you use?</b>	Bản dùng trŨớc khi cai, trong LẦN cai, hoỷc sau LẦN cai CỐ? <b>Did you use them BEFORE, DURING and/or AFTER your quit attempt?</b>	Bản lÃy CŨ®c tỖ CẬu? <b>Where did you get them?</b>	Bản CẢ tỐn bao nhiêu tiỂn? <b>How much money did you spend on them?</b>
<input type="checkbox"/> Patch	_____ days/weeks/months  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<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 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	_____ 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: _____  <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	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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: _____  <input type="checkbox"/> Don't Know	<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"/> Refused <input type="checkbox"/> Not Asked	<input type="checkbox"/> Z
<input type="checkbox"/> Chantix/ Varenicline	<u>          </u> days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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"/> Lozenge	<u>          </u> days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<u>          </u> /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: <hr/> <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: <hr/> <hr/> <hr/> <hr/> <hr/>	<u>          </u> days/weeks/m onths  <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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\*\*\*\*\***

7. Sau ngày (**recent quit date**), bạn có hút (hay bÆp) Çi%ou thuÓc nào không?  
 Have you had a cigarette, or even a puff, since you quit on (**most recent quit date**)?

- ☐ Yes . . . . . B¶n h¶t Çi%ou thuÓc/hÖi thuÓc Çó vào ngày nào?  
 When was your **first** cig./puff?       /      /
- ☐ No  
☐ Don't know  
☐ Refused  
☐ Not asked

a. Ngay tr¶c khi b¶n h¶t Çi%ou thuÓc Çó, b¶n ¢ trong hoàn cảnh  
 nào hoÆc có chuy¶n gì xảy ra?  
 What was the situation just before you smoked that cigarette?

b. B¶n Çã l¶y Çi%ou thuÓc Çó tÖ Çâu?



Where did you get the cigarette?

- |  |   |
|--|---|
| <input type="checkbox"/> Bought a pack       | <input type="checkbox"/> Asked or took from someone |
| <input type="checkbox"/> Bought one or a few | <input type="checkbox"/> Other source               |
| <input type="checkbox"/> Old cigarette pack  | <input type="checkbox"/> Don't know                 |
| <input type="checkbox"/> Someone offered one | <input type="checkbox"/> Refused                    |

c. **Bản Cã hút liên ti%op mÃy ngày, k< cả ngày bản bít CÀu hút lải?**

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

☐ Don't know

☐ Ever Since

☐ Refused

☐ Not Asked

d. **LÀn chót bản hút thuÓc, dù chỉ bÆp 1 hÖi là ngày nào?**

When was the last time you had a cigarette, or even a puff?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- ☐ 10 was the last time  
☐ Don't know  
☐ Refused  
☐ Not asked

e. **Ngày trÜsc khi bản hút Çi%ou thuÓc Çó, bản ã trong hoàn cảnh nào ho¥c có chuyÆn gì xảy ra?**

What was the situation just before you smoked that cigarette?

f. **Bản Cã lAy Çi%ou thuÓc Çó tØ CÀu?**

Where did you get the cigarette?

- |  |   |
|--|---|
| <input type="checkbox"/> Bought a pack       | <input type="checkbox"/> Asked or took from someone |
| <input type="checkbox"/> Bought one or a few | <input type="checkbox"/> Other source               |
| <input type="checkbox"/> Old cigarette pack  | <input type="checkbox"/> Don't know                 |
| <input type="checkbox"/> Someone offered one | <input type="checkbox"/> Refused                    |

g. **Bản Cã hút liên ti%op mÃy ngày, k< cả ngày bản bít CÀu hút lải?**

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

☐ Ever Since ☐ Not Asked

☐ Don't know

☐ Refused

8. **ñí tôi xác nhÆn.. HiÆn gi© bản hút thuÓc hợng ngày hay vài ngày trong 1 tuÀn lí?**

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

- |             |              |
|-------------|--------------|
| • Everyday  | • Don't know |
| • Some days | • Refused    |
|             | • Not asked  |

9a. **Trung bình mội ngày bản hút mÃy Çi%ou?**

On average, how many cigarettes do you smoke per day? \_\_\_\_\_

9b. **Bản hút thuÓc mÃy ngày m¶t tuÀn?**

How many days per week do you smoke? \_\_\_\_\_

9c. **Trong nh»ng ngày bản hút thuÓc, trung bình mội ngày bản hút mÃy Çi%ou?**

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

10. Mọi sáng sau khi thức dậy, khoảng bao lâu thì bạn hút Cigarette đầu tiên trong ngày?

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?

Kể từ ngày (screen date), bạn có dùng một dũ các phẩm cai thuốc nào như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

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

Trong thời gian này, bạn có dùng một dũ các phẩm cai thuốc nào như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

Bạn có dùng các dũ các phẩm cai thuốc lá như là băng dán nicotine, kẹo gum nicotine, thuốc viên Zyban hoặc thuốc viên Chantix không?

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

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

Thuốc nào? Which ones?	Bạn có đang dùng hay không? Are you currently using them?	Bạn dùng trong bao lâu? How long did you use them for?	Trung bình, bạn dùng bao nhiêu mỗi ngày? On average, how many did you use per day?	Bạn dùng liều Cigarette nào? What dosage did you use?	Bạn có dùng trước khi bắt đầu cai thuốc không? Did you use them BEFORE your quit attempt?	Bạn lấy Cigarette từ đâu? Where did you get them?	Bạn Chi tốn bao nhiêu tiền? 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	<b>NOT ASKED</b>	<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 <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	_____/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"/> 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"/> Zyban	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u>          </u> days/weeks/ months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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: <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"/> Chantix/ Vareniclin e	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u>          </u> days/weeks/ months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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: <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"/> Lozenge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u>          </u> days/weeks/ months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<u>          </u> /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: <u>                    </u> <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: <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: _____ _____ _____ _____ _____ -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> Z	<u>          </u> days/weeks/ months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked	<b>NOT ASKED</b>	<b>NOT ASKED</b>	<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: <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							

12. Trong khoảng thời gian này, bạn có tham gia những chương trình khác hoặc dùng những phương pháp khác để giúp bạn cai không?

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..**

Lý do nào khiến bạn không dùng bất cứ một loại thuốc cai thuốc nào?

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 Trung Tâm Cai Thuốc Lá
- ☐ Delivery took too long
- ☐ Other
- ☐ Don't Know
- ☐ Refused
- ☐ Not Asked

14. Bạn có đang dùng các loại thuốc khác có chứa nicotine như thuốc nhai, thuốc lá bột, xì gà, ống chiu (ống pip) không?

Do you currently use any other form of tobacco, such as chew/snuff, cigars or pipes?

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

Loại nào?

Which ones?

- ☐ Chew
- ☐ Cigars
- ☐ Pipes
- ☐ Other: \_\_\_\_\_

If CHEW/SNUFF: Bạn nhai hay hít bao nhiêu thuốc mỗi tuần?

How much tobacco do you use per week?

\_\_\_\_\_

- ☐ Don't know
- ☐ Refused

If CHEW/SNUFF: Nó là hộp hay túi nhỏ?

Is that cans or pouches?

If CIGARS: Mỗi tuần, bạn hút mấy chiu xì gà?

How many do you smoke per week?

\_\_\_\_\_

- ☐ Don't know
- ☐ Refused

15. Nếu bạn bỏ thuốc lá hôm nay, bạn tự tin cỡ nào là bạn có thể bỏ hút thuốc trong một tuần lễ?

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?

Bạn tự tin cỡ nào là bạn có thể tiếp tục cai trong một tuần tới? Bạn nghĩ là bạn rất tự tin, tự tin, hay không tự tin?

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. Bạn có lời khuyên nào quan trọng nhất để nhìn lại cho những người đang cố gắng cai thuốc lá (Nếu có gì đã giúp bạn cai thuốc)?

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:** Đây là tất cả những câu chúng tôi cần hỏi bạn. Cảm ơn bạn đã bỏ chút thì giờ trả lời chúng tôi.

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

Comments: \_\_\_\_\_

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