Form Approved
OMB No. 0920-0856
Exp. Date xx/xx/XXXX

Asian Smokers' Quitline (ASQ)

7-Month Follow-Up Intake Questionnaire (English)

Asian Smokers' Quitline (ASQ)
7-month Evaluation

SERVICE ENGLISH

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
- Patches / quitting aids
- Certificate
- Materials/Booklets/Pamphlets
- Program Information
- No expectations
- Other _____
- Don't know
- Refused
- Not Asked

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

2. Did you receive the materials sent by ASQ?

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

3. Did you read the materials sent by ASQ?

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

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

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

4a. What was it that you liked (about the materials)?

- Coping Strategies / Alternatives
- Facts / Info
- Suggestions / Tips / Advice
- County list / other resources
- Pictures / comics
- 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
Not asked
Don't Know/ remember
Refused

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 ASQ's counseling services.

6. Did you receive telephone counseling?

Yes
No
Not asked
Don't Know
Refused

6a. Was there any particular reason for not receiving counseling?

- 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
- 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
Just right
Too many
- Don't know
- Refused
- Not asked

8. Briefly, how would you describe your counselor? _____

_____

9. How was your counselor in terms of being a good listener, would you say very good, good or not good?

Very good
Good
Not good
Don't know
Refused
Not asked

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

Yes
No
Not asked
Don't Know
Refused

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
No
Don't Know
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

12. 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?

- 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
- Smoking
- Don't know
- Refused
- Not asked

NOT SMOKING **ENGLISH**

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 the Asian Smokers' Quitline (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. 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. 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? [_____]
(Note to evaluator: if clients states they have smoked EVER SINCE: confirm & go to SMOKING form).

6. (FIRST QUIT ATTEMPT): For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban,

Chantix or E-cigarettes 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	_____ 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 line ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $100 ☐ D ☐ R ☐ Z
☐ Gum	_____ 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 line ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $100 ☐ D ☐ R ☐ Z
☐ Zyban	_____ 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 line ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $100 ☐ D ☐ R ☐ Z
☐ Chantix/ Varenicline	_____ 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 line ☐ Insurance ☐ Other: _____ ☐ Don't Know	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $100 ☐ D ☐ R

					☐ Refused ☐ Not Asked	☐ Z
☐ E-cigarettes	_____ days/weeks/months ☐ Don't Know ☐ Refused ☐ Not Asked	**NOT ASKED**	☐ High/full/strong (≥ 19mg) ☐ Medium / regular (11-18mg) ☐ Low / Ultra low / light/ ultra-light (1-10mg) ☐ Nicotine, unknown level ☐ No nicotine ☐ D ☐ R ☐ Z	☐ Before ☐ During ☐ After ☐ 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	_____ 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 line ☐ Insurance ☐ Other: _____ ☐ Don't Know ☐ Refused ☐ Not Asked	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $100 ☐ D ☐ R ☐ Z
☐ 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 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						

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

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

☐ Yes . . . . . When was your **first** cig./puff? _____/_____/_____

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

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

_____

_____

b. Where did you get the cigarette?

☐ Bought a pack
☐ Bought one or a few
☐ Old cigarette pack
☐ Someone offered one
☐ Not asked
☐ Asked or took from someone
☐ Other source
☐ Don't know
☐ Refused

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. . . .***Go to 11***
☐ Don't know
☐ Refused
☐ Not asked

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

_____

_____Code: _____

f. Where did you get the cigarette?

☐ Bought a pack
☐ Bought one or a few
☐ Old cigarette pack
☐ Someone offered one
☐ Asked or took from someone
☐ Other source
☐ Don't know
☐ Refused
☐ Not asked

g. How many days in a row did you smoke, including the first day? _____ **day(s).**
☐ Ever Since
☐ Don't know
☐ Refused
☐ Not Asked

8. 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 Not asked

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

IF E ON QUESTION 7c OR 7g & IF CLIENT HAS QUIT ATTEMPT LASTING OVER 24 HRS (that is, there is a value ≥ 1 in Q5): For this quit attempt, did you use anything like the Nicotine Patch, Gum, Zyban, or Chantix to help you quit?

OTHERWISE USE THIS VERSION 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 / have you used) 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	☐ Before ☐ During ☐ After ☐ 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 $1 ☐ 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	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $1 ☐ D ☐ R ☐ Z

						☐ Refused ☐ Not Asked	
☐ Zyban	☐ 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 $1 ☐ 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 $1 ☐ D ☐ R ☐ Z
☐ E-cigarettes	**NOT ASKED**	_____ days/weeks/months ☐ Don't Know ☐ Refused ☐ Not Asked	**NOT ASKED**	☐ High/full/strong (≥ 19mg) ☐ Medium / regular (11-18mg) ☐ Low / Ultra low / light/ ultra light (1-10mg) ☐ Nicotine, unknown level ☐ No nicotine ☐ 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 $1 ☐ 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	☐ $0, Nothing ☐ $1-30 ☐ $31-50 ☐ $51-100 ☐ More than $1 ☐ D ☐ R ☐ Z

						☐ Not Asked	
☐ 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 $1 ☐ D ☐ R ☐ Z
☐ D ☐ R ☐ Z							

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12. 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?
_____

☐ 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
- ☐ Not asked

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
- ☐ Not asked

END EVAL: *Those are all the questions I have for you, thank you for your time.*
Comments:_____

_____