Minimal Data Set
Frequently Asked Questions

Q: What is the Minimal Data Set?
A: The Minimal Data Set (or "MDS") is a standardized set of intake and follow-up questions asked by all publicaly funded quitlines in North America. It was created to:

- *Facilitate data collection and comparisons across quitlines.*
- *Make it easier to answer questions critical to improving quitline practices, yet are impossible to answer by a single quitline.*

Q:What is the purpose of the MDS?
A: The MDS offers a standard approach to evaluating tobacco cessation quitlines. It facilitates performance monitoring, makes learning from other quitlines and comparisons between quitlines possible and does not impose undue resource burdens on quitlines. It helps to inform quitline operations, facilitate comparative evaluation studies and enhance research opportunities.

Q:What are the benefits of using the MDS?
A: The MDS:

- *Provides a common language that allows for consistent communication with others within and outside of the quitline community.*
- *Identifies quitline performance benchmarks that can be used to determine effective, cost-efficient tobacco cessation interventions.*
- *Provides a mechanism to test and assess new treatment techniques across large diverse populations not possible by a single quitline*
- *Collects consistent data and allows aggregation of data across quitlines for improved analyses of a variety of variables relevant to the success of North American quitlines.*

Q: How was the MDS developed?
A: In 2003, the North American Quitline Consortium's Research & Evaluation Working Group, under the leadership of Dr. Sharon Campbell (University of Waterloo), began developing the MDS to evaluate quitlines. Members included quitline funders, administrators, service providers, researchers and evaluators. The goal was to develop a standard set of questions – the "minimal" amount needed to get good information about callers, but not so extensive as to overburden quitlines and callers.

Drawing on literature reviews, tobacco control expertise and the experience of NAQC members, the working group developed the MDS. It was then pilot tested, revised and introduced at the 2005 NAQC Annual Conference. Adoption and implementation was done on a voluntary basis.

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Q: Is the MDS mandatory?
A: No, use of the MDS is voluntary. As of December 2008, it has been implemented by all public quitlines in North America.

Q: How are changes made to the MDS?
A: The MDS is a living document. It is subject to periodic revisions and expansions as evidence, experience and capacity allow. Regular reviews of the MDS ensure that the best science is used to collect data on quitline callers and that the MDS questions serve the needs of the quitline community. The first formal review of the MDS was in early 2009. Recommended updates to the MDS were released in August 2009. A period for comments and thorough review by members followed the release. Moving forward, regular reviews are anticipated.

Optional questions can be proposed by NAQC members at any time. Learn more on the process for submitting an optional question for consideration.

Q: How does the MDS relate to NAQC's Annual Survey or new quality standards for measuring reach and quit rate?
A: The current 2009 review of the MDS is being conducted with the Annual Survey questions and the new quality standard measurements in mind. Recommended updates to the MDS ensure the new standard measures are supported by the MDS questions. The Annual Survey questions will be revised accordingly to request data that is possible to collect with the updated MDS items.

Q: Where do I go for more information or if I have additional questions?
A: All MDS technical documents can be found on NAQC's Web site. There you will find:

- *Current MDS Intake and Follow-up.*
- *Talking points and rationale for specific MDS intake and follow-up items, including rationale for the 7-month follow-up time period*
- *NAQC Issue Paper - Measuring Quit Rates: Provides information on calculating quit rates and detailed recommendations regarding the quit rate questions and methodology related to the follow-up survey*
- *History of the development of the MDS - Campbell HS, Ossip-Klein D, Bailey L, et al. Minimal dataset for quitlines: a best practice. Tobacco Control 2007;16:i16-i20*

For any other questions, contact Jessie Saul, PhD, Director of Research, at jsaul@naquitline.org.

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MDS Intake Questions
December 30, 2009

Notes:
All MDS intake and follow-up questions now have a unique MDS ID. A prefix of "SI" indicates Standard Intake, "SF" indicates Standard Follow-up, "OI" indicates Optional Intake, and "OF" indicates Optional Follow-up.

The updated MDS Intake questions contain two options for assessing use of different tobacco types. The first (Option 1), which is included in the primary section of the intake questions, assesses for all types of tobacco at the same time. Option 2 is included in the Appendix, and contains exactly the same questions, but in a different order. Option 2 reflects the ordering of the original MDS, and asks about cigarette use first, and other types of tobacco later. The two options are provided in an attempt to provide maximum flexibility for quitlines while increasing standardization of the individual questions.

SI = Standard Intake OI = Optional Intake

MDS Intake Questions December 30, 2009

MDS ID	Question
A. REASON FOR CALLING AND AWARENESS OF QUITLINE	
SI 1	**1. How can I help you?** DO NOT READ ☐ Want help / information about quitting ***Optional Probe if selected: So, you are still using tobacco right now? (If caller responds "no" then check the following box for "want help/information about staying quit")*** ☐ Want help / information about staying quit ☐ Want to refer someone for help ☐ Want general information or materials about quitline service ☐ Other: _____ ☐ Refused ☐ Don't know ☐ Not asked
SI 2a	**2a. Just to confirm, are you calling for yourself, or calling on behalf of or to help someone else? :** ☐ Calling for yourself for help with quitting *(SKIP TO SI 3)* ☐ Calling for yourself but not for help with quitting *(CONTINUE TO OI 2b)* ☐ Calling on behalf of or to help someone else *(CONTINUE TO OI 2b)* DO NOT READ ☐ Refused ☐ Don't know ☐ Not asked
OI 2b	***Optional Intake Question:* 2b. Are you:** ☐ A health professional ☐ A friend or family member ☐ A community organization, worksite, insurance ☐ Other: _____

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SI 3	**3. How did you hear about the quitline?** *(DO NOT READ; CHECK ALL RESPONSES)* ☐ MEDIA ☐ Newspaper ☐ Radio ☐ Television ☐ Internet/web ☐ Other: _____ *Other selections within each category can be added by quitline* ☐ OTHER ADVERTISING ☐ Phone directory ☐ Flyers, brochures ☐ Other: _____ *Other selections within each category can be added by quitline* ☐ REFERRAL ☐ Health professional (doctor, dentist, etc.) ☐ Family / friends ☐ Workplace ☐ Health insurance ☐ Community organization ☐ Other: _____ *Other selections within each category can be added by quitline* ☐ Don't know ☐ Refused ☐ Not asked
	END MDS PART OF INTERVIEW IF RESPONDENT IS NOT CALLING FOR THEMSELVES FOR HELP WITH QUITTING (see response to SI 2a)
SI4	**4. Is this your first call to the quitline in the past 12 months?** *DO NOT READ* ☐ Yes ***(SKIP TO SI 5)*** ☐ No ***(CONTINUE TO OI 4b)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 4b	**4b. How many times did you call the quitline in the past 12 months?** ____ *(# of times)* ☐ Don't know ☐ Refused ☐ Not asked

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B. ASSESSMENT FOR TYPES OF TOBACCO USE **Please note in questions 5-8, 10, and 11 that the numeral (5, 6, 7, 8, 10, 11) indicates the question and the alpha indicator (a, b, c, d, e) indicates the type of tobacco being asked about in the question. There are two sequencing options provided for quitlines to use. Represented in this layout is the sequencing option:** ~~5a, 5b, 5c, 5d, 5e, 5e-1;~~ **6a, 6a-1, 7a, 7a-1, 8a;** **6b, 6b-1, 7b, 8b;** **6c, 6c-1, 7c, 8c;** **6d, 6d-1, 7d, 8d;** **6e, 6e-1, 7e, 8e;** **9, 9-1;** **10a, 10b, 10c, 10d, 10e;** **11a, 11b, 11c, 11d, 11e.** **A second sequencing option is provided in Appendix A to assess for all cigarette items first, and other tobacco product items separately.**	
SI5	**5. What types of tobacco have you used in the past 30 days? A) Cigarettes? (record response) B) Cigars, cigarillos, or little cigars? (record response) C) A pipe? (record response) D) Chewing tobacco, snuff, or dip? (record response) E) Any other type of tobacco? (record response)** *DO NOT READ*
SI5a	*5a) Cigarettes* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI5b	*5b) Cigars, cigarillos, or little cigars* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI5c	*5c) Pipe [Note: this is a traditional pipe, not a water pipe – see "water pipe" or "hookah" under "5e other" below.]* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked

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SI5d	*5d) Chewing tobacco, snuff, or dip [Optional: include examples of brand names "such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day's Work"]* ☐ Yes ☐ No ☐ Don't know ☐ Refused
	☐ Not asked
SI5e	*5e) Other* ☐ Yes ***(continue to SI 5e-1)*** ☐ No ***(skip to SI6a, SI6b, SI6c, SI6d, or SI6e as indicated by "yes" to 5a-e above)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 5e-1	*OPTIONAL question 5e-1: What types of other products do you use? [Note: certain sub-populations will have specific names for different types of tobacco products. It will be important to use these names in areas where they are used if quitlines want to assess use of these specific other products among their clients.] Specify: _____ OR select from a list as below* ☐ *Bidis* ☐ *Kreteks* ☐ *Tobacco pouches or "Snus"* ☐ *tobacco "orbs"* ☐ *tobacco strips* ☐ *water pipes or hookahs* ☐ *Other* DO NOT READ ☐ *Don't know* ☐ *Refused* ☐ *Not Asked*
	If SI 5a = "yes," continue to SI6a. If SI5a = "no," skip to SI6b, SI6c, SI6d, or SI6e as indicated by the type of tobacco use question (question series SI 5b-e) above.

SI = Standard Intake OI = Optional Intake

SI6a	***USA Only*** 6a. Do you currently smoke **cigarettes** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(skip to SI 7a)*** ☐ Some days (if less than 7 days per week) – ***(continue to OI 6a-1)*** ☐ Not at all ***(skip to SI 8a)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada Only*** 6a. Do you currently smoke **cigarettes** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(skip to SI 7a)*** ☐ Occasionally days (if less than 7 days per week)– ***(continue to OI 6a-1)*** ☐ Not at all ***(skip to SI 8a)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6a-1	***USA Optional if respond "Some Days":*** ***Optional 6a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond Occasionally:*** ***Optional 6a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7a	***If this item is assessed through conversation with the caller, the number should be confirmed. Example: "You said that you smoke 10 cigarettes per day on the days that you smoke. Is that correct?"*** 7a. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ____ *(If caller says over 100, confirm. 20 cigarettes = 1 pack in the US; 20 or 25 cigarettes = 1 pack in Canada; 100 cpd ≅ 5 packs per day)* ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
OI 7a-1	***Optional question 7a-1: Are the cigarettes you usually smoke menthol cigarettes?*** DO NOT READ ☐ Yes, I usually smoke menthol cigarettes ☐ No, I usually smoke other types of cigarettes (non-menthol) ☐ Don't know ☐ Refused ☐ Not asked	

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	IF SI 6a = EVERY DAY/DAILY SKIP TO SI6b, SI6c, SI6d, or SI6e as indicated by the type of tobacco use question (question series 5) above.
SI8a	8a When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked
	If SI 5b-e = "no" for all other types of tobacco, skip to SI9.

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SI6b	***USA: Read SI 6b if caller responded "yes" to SI 5b above.*** 6b. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(skip to SI 7b)*** ☐ Some days (if less than 7 days per week) ***(continue to OI 6b-1)*** ☐ Not at all ***(skip to SI 8b)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada: Read SI 6b if caller responded "yes" to SI 5b above.*** 6b. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(skip to SI 7b)*** ☐ Occasionally (if less than 7 days per week) ***(continue to OI 6b-1)*** ☐ Not at all ***(skip to SI 8b)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6b-1	***USA: Optional if respond "Some Days":*** ***Optional 6b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda: Optional if respond "Occasionally":*** ***Optional 6b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7b	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 cigars, cigarillos, or little cigars per week during the weeks that you smoke. Is that correct?"*** 7b. How many CIGARS, CIGARILLOS, OR LITTLE CIGARS do you smoke per week during the weeks that you smoke? *(cigars, cigarillos, or little cigars per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6b = EVERY DAY/DAILY SKIP TO SI6c, SI6d, or SI6e as indicated by the type of tobacco use question (question series 5) above.	
SI8b	8b. When was the last time you smoked a cigar, cigarillo, or little cigar, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	

SI = Standard Intake OI = Optional Intake

SI6c	**USA:** ***Read 6c if caller responded "yes" to SI 5c above.*** 6c. Do you currently smoke **A PIPE** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]*	**Canada:** ***Read 6c if caller responded "yes" to SI 5c above.*** 6c. Do you currently smoke **A PIPE** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]*
	(CHECK ONE) DO NOT READ ☐ Everyday ***(skip to SI 7c)*** ☐ Some days (if less than 7 days per week) ***(continue to OI 6c-1)*** ☐ Not at all ***(skip to SI 8c)*** ☐ Don't know ☐ Refused ☐ Not asked	*(CHECK ONE) DO NOT READ* ☐ Daily ***(skip to SI 7c)*** ☐ Occasionally (if less than 7 days per week) ***(continue to OI 6c-1)*** ☐ Not at all ***(skip to SI 8c)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6c-1	***USA Optional if respond "Some Days":*** ***Optional 6c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7c	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 pipes per week during the weeks that you smoke. Is that correct?"*** 7c. How many PIPES do you smoke per week during the weeks that you smoke? *(pipes per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6c = EVERY DAY/DAILY SKIP TO SI6d, or SI6e as indicated by the type of tobacco use question (question series 5) above.	
SI8c	8c. When was the last time you smoked a pipe, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	

SI = Standard Intake OI = Optional Intake

SI6d	*USA: Read 6d if caller responded "yes" to SI 5d above.* 6d. Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(skip to SI 7d)*** ☐ Some days (if less than 7 days per week) ***(continue to OI 6d-1)*** ☐ Not at all ***(skip to SI 8d)*** ☐ Don't know ☐ Refused ☐ Not asked	*Canada: Read 6d if caller responded "yes" to SI 5d above.* 6d. Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(skip to SI 7d)*** ☐ Occasionally (if less than 7 days per week) ***(continue to OI 6d-1)***1 ☐ Not at all ***(skip to SI 8d)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6d-1	*USA Optional if respond "Some Days":* ***Optional 6d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	*Cda Optional if respond "Occasionally":* ***Optional 6d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7d	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you use 2 tins per week during the weeks that you chew. Is that correct?"*** 7d. How many POUCHES OR TINS do you use per week during the weeks that you use tobacco? *(pouches/tins per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6d = EVERYDAY/DAILY AND SI5e = "yes" skip to SI6e. ***IF SI6d = EVERYDAY/DAILY and SI5e = "no" skip to SI9 or OI 9-1 as indicated.***	
SI8d	8d. When was the last time you used chewing tobacco, snuff, or dip, even a pinch *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	

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SI6e	**USA:** ***Read 6e if caller responded "yes" to SI 5e above.*** 6e. Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]*	**Canada:** ***Read 6e if caller responded "yes" to SI 5e above.*** 6e. Do you currently use **OTHER TYPES OF TOBACCO** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]*
	(CHECK ONE) DO NOT READ ☐ Everyday ***(skip to SI 7e)*** ☐ Some days (if less than 7 days per week) ***(continue to OI 6e-1)*** ☐ Not at all ***(skip to SI 8e)*** ☐ Don't know ☐ Refused ☐ Not asked	*(CHECK ONE) DO NOT READ* ☐ Daily ***(skip to SI 7e)*** ☐ Occasionally (if less than 7 days per week) ***(continue to OI 6e-1)*** ☐ Not at all ***(skip to SI 8e)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6e-1	***USA Optional if respond "Some Days":*** ***Optional 6e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7e	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 bidis per week during the weeks that you smoke. Is that correct?"*** 7e. How much [how many] OTHER TOBACCO do you use per week during the weeks that you use other tobacco? *(other tobacco per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI6e = "some days/occasionally" or "not at all" Continue to SI8e ***IF SI 6a = "everyday/daily" or "some days/occasionally" Skip to SI 9*** ***IF SI 5a = No AND one of SI 5b-e = "everyday/daily" or "some days/occasionally" Skip to OI 9-1***	

SI8e	8e. When was the last time you used other types of tobacco, even a puff or pinch *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked
SI9	***Read SI9 if SI6a = "everyday/daily" or "some days/occasionally"*** **9. Cigarette smokers only:** How soon after you wake up do you smoke your first cigarette? (*DO NOT READ*) ☐ Within five minutes ☐ 6 to 30 minutes ☐ 31 to 60 minutes ☐ More than 60 minutes ☐ Don't know ☐ Refused ☐ Not asked
	If SI 5b-e = "no" for all other types of tobacco, skip to SI10a
OI 9-1	**OPTIONAL Intake Question 9-1:** **Other tobacco users:** How soon after you wake up do you use tobacco (other than cigarettes)? (*DO NOT READ*) ☐ Within five minutes ☐ 6 to 30 minutes ☐ 31 to 60 minutes ☐ More than 60 minutes ☐ Don't know ☐ Refused ☐ Not asked
SI10a	*10a. Ask only if participant replied they have used cigarettes in the past 30 days in question SI5a.* Do you intend to quit using cigarettes within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked

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	If SI 5b-e = "no" for all other types of tobacco, skip to SI 11a
SI 10b	*10b. Ask only if participant replied they have used cigars, cigarillos, or little cigars in the past 30 days in question SI 5b.* Do you intend to quit using cigars, cigarillos, or little cigars within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI 10c	*10c. Ask only if participant replied they have used a pipe in the past 30 days in question SI 5c.* Do you intend to quit using a pipe within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI 10d	*10d. Ask only if participant replied they have used chewing tobacco, snuff, or dip in the past 30 days in question SI 5d.* Do you intend to quit using chewing tobacco, snuff, or dip within the next 30 days? *[Optional: include examples of brand names "such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day's Work"]* *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI 10e	*10e. Ask only if participant replied they have used other tobacco products in the past 30 days in question SI 5e.* Do you intend to quit using [NAME OF OTHER TOBACCO PRODUCT] within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked

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OI 11a	***Optional Intake Question 11a:*** *Ask only if participant replied they have used cigarettes in the past 30 days in question SI 5a.* At what age did you start smoking cigarettes regularly? _____ *(age in years)* ☐ Don't know ☐ Refused ☐ Not asked
	If SI 5b-e = "no" for all other types of tobacco, skip to SI 12
OI 11b	***Optional 11b:*** *Ask only if participant replied they have used cigars, cigarillos, or little cigars in the past 30 days in question SI 5b.* At what age did you start smoking cigars, cigarillos, or little cigars regularly? _____ *(age in years)* ☐ Don't know ☐ Refused ☐ Not asked
OI 11c	***Optional 11c:*** *Ask only if participant replied they have used a pipe in the past 30 days in question SI 5c.* At what age did you start smoking a pipe regularly? _____ *(age in years)* ☐ Don't know ☐ Refused ☐ Not asked
OI 11d	***Optional 11d:*** *Ask only if participant replied they have used chewing tobacco, snuff, or dip in the past 30 days in question SI 5d.* At what age did you start using chewing tobacco, snuff, or dip regularly? _____ *(age in years)* ☐ Don't know ☐ Refused ☐ Not asked
OI 11e	***Optional 11e:*** *Ask only if participant replied they have used other tobacco products in the past 30 days in question SI 5e.* At what age did you start using [NAME OF OTHER TOBACCO PRODUCT] regularly? _____ *(age in years)* ☐ Don't know ☐ Refused ☐ Not asked

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C. CALLER CHARACTERISTICS (Ask of all eligible* callers) *(*eligible is defined by each quitline and should be clearly described. For example, if a quitline provides services of any kind to proxy callers, then proxy callers should be asked this question.)* ***Optional Scripting:*** Before we finish, I'd like to ask you some additional questions about yourself.		
SI12	12. First I need to verify, are you male or female? ☐ Male ☐ Female ☐ Refused	
SI13	13. What year were you born? _ _ _ _ ***It is acceptable to assess this information through conversation with the caller, although the specific year of birth should be confirmed. (E.g., "you just said you are 52 years old. Does that mean you were born in 1957?")*** ☐ Don't know ☐ Refused ☐ Not asked Or use alternative question: What is your date of birth? _ _ / _ _ _ _ *(mm/yyyy)*	
SI14	14. USA: What is your zip code? ☐ Don't know ☐ Refused ☐ Not asked	14. Canada: What is your postal code? ☐ Don't know ☐ Refused ☐ Not asked
OI 15a	***Optional Intake Question 15a* (USA only):** Do you have any health insurance, including pre-paid (such as XXX – provide examples for your state) or government programs (such as Medicaid or Medicare)? ☐ Yes ***(Continue to OI 15b)*** ☐ No ***(SKIP TO SI 16)*** ☐ Don't know ☐ Refused ☐ Not asked	

OI 15b	***Optional Intake Question 15b* (USA only):** What type of health insurance do you have? **Suggested prompt:** ***Please take out your health insurance card and read the name of the health plan on the card.*** ***Quitlines are to provide response categories that meet the needs of the individual state or territory, but responses should be able to be rolled up to:*** ☐ Private Insurance ☐ Government-sponsored insurance (including Medicaid, Medicare, military insurance, etc.) DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
SI16	**16. USA:** What is the highest level of education you have completed? *(DO NOT READ)* **USA:** ☐ Less than grade 9 ☐ Grade 9 to 11, no degree ☐ GED ☐ High school degree ☐ Some college or university (includes some technical or trade school) ☐ College or university degree (includes AA, BA, Masters, Ph.D.) ☐ Refused ☐ Don't know ☐ Not asked	**16. Canada:** What is the highest level of education you have completed? *(DO NOT READ)* **CANADA:** ☐ Less than high school ☐ High school diploma, certificate, or equivalent ☐ Some post-secondary education without degree, certificate, or diploma ☐ Registered Apprenticeship or other trades certificate or diploma ☐ College, CEGEP, or other certificate or diploma ☐ University degree (including LL.B.; Masters degree; degree in medicine, dentistry, veterinary medicine, or optometry; or doctorate) ☐ Refused ☐ Don't know ☐ Not asked

SI = Standard Intake OI = Optional Intake

SI 17 – USA only	**17. USA only:** Are you of Hispanic or Latino origin? ☐ No (Not of Hispanic or Latino origin) ☐ Yes (of Hispanic or Latino origin) o OPTIONAL: Yes, Mexican, Mexican American, Chicano o OPTIONAL: Yes, Puerto Rican o OPTIONAL: Yes, Cuban o OPTIONAL: Yes, Central or South American o OPTIONAL: Yes, another Hispanic or Latino origin (Specify:_____) ☐ Refused ☐ Don't know ☐ Not asked	
SI 18 **OI 18a**	**18. USA:** What is your race? Which one or more of these groups would you say best describes you? **(select one or more)** ☐ White ☐ Black or African American ☐ Asian ***Optional Intake Question 18a: (if respond "Asian"):*** Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)* ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (e.g., Hmong, Lao, Thai, Pakistani, Cambodian, etc.) → *Optional 18a-1: Specify* _____ ☐ Native Hawaiian or other Pacific	**18. Canada:** People living in Canada come from many different cultural and racial backgrounds. Are you: (Note: *This information is collected so that we can monitor and ensure that our program is reaching people from different cultural and racial backgrounds.)* READ; CAN CHECK MORE THAN ONE ☐ White ☐ Asian ***Optional Intake Question 18a: (if respond "Asian"):*** Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)* ☐ Chinese ☐ Filipino ☐ Korean ☐ Japanese ☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) ☐ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) ☐ Middle Eastern (Arab, Iranian/Persian, Afghan, etc.) ☐ Black ☐ Latin American ☐ Aboriginal (First Nations/North American

SI = Standard Intake OI = Optional Intake

OI 18b	Islander ***Optional Intake Question 18b: (if respond "Native Hawaiian or other pacific islander"):*** Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)* ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (e.g., Fijian, Tongan, etc.) *Optional 18b-1: Specify* _____	Indian, Métis, or Inuk/Inuit) ***Optional Intake Question 18b: (if respond "Aboriginal"):*** Are you a member of an Indian Band/First Nation? ☐ No ☐ Yes, member of an Indian Band/First Nation ***Optional 18b-1: Specify Indian Band/First Nation (for example, Musqueam)*** _____
OI 18b-1 **OI 18c** **OI 18d**	☐ American Indian or Alaska Native ***Optional Intake Question 18c:*** *Specify name of enrolled or principal tribe*_____ ☐ Some other race ***Optional Intake Question 18d:*** *Specify* _____ ☐ Don't know ☐ Refused ☐ Not Asked	*[Note: there is no 18c for Canadian quitlines]* DO NOT READ ☐ Other ***Optional Intake Question 18d:*** *Specify* _____ ☐ Don't know ☐ Refused ☐ Not Asked
OI 18-1		***Optional Intake Question 18-1:*** To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) *(READ; CAN CHECK MORE THAN ONE. IF CANADIAN IS THE ONLY RESPONSE, PROBE.)* ☐ Canadian (English or French Canadian) ☐ Aboriginal (First Nations/North American Indian, Métis, or Inuk/Inuit) ☐ British (English, Irish, Scottish, Welsh) ☐ European (specify country): _____ ☐ Asian (specify country): _____ ☐ Other (specify): _____ *(DON'T READ)* ☐ None of the above *(DON'T READ)* ☐ Don't know *(DON'T READ)* ☐ Refused *(DON'T READ)* ☐ Not asked *(DON'T READ)*

OI 19	**Optional Intake Question 19:** Recommended question and scripting: Several communities have been targeted by the tobacco industry or have higher smoking rates. We have some special materials for people in these communities. So we'd like to ask you some demographic questions. Please remember that your answers are completely confidential. Do you consider yourself to be one or more of the following: [say the letter and the response option so that they can respond by either one] a) Straight b) Gay or Lesbian c) Bisexual d) Transgender [If pause or refusal/none of above, also say: You can name a different category if that fits you better: _____] e) Other i. queer ii. genderqueer iii. dyke iv. other These are not read aloud, but are pre-coded as they were the most frequently chosen in the testing phase.

SI = Standard Intake OI = Optional Intake

D. INTAKE ADMINISTRATIVE DATA	
OI20	**20. Counselor ID** *(Optional)*
SI21	**21. Caller ID**
SI22	**22. Date of first contact with quitline** *(dd/mm/yyyy)*: __/__/____
OI23	**23. Optional: Language of preference** ☐ English ☐ Spanish ☐ French ☐ *(others as needed or desired by each quitline depending on services provided, or availability of in-language counseling or materials in other languages) (Optional: specify)* ☐ *(other languages for which an interpreter service is needed) (Optional: specify)*
SI24	**24. Result of first contact** (*Check all that apply*): ☐ Basic information provided (no materials sent) ☐ Literature and/or self-help materials sent ☐ Reactive counseling (one counseling session provided during first contact) ☐ Proactive counseling requested (more than one counseling session) (first counseling session may or may not have taken place during first contact) ☐ Medications sent (FDA approved) (***Optional:*** type of medication) ☐ Referral to another service (for tobacco cessation or other services, including web-based services, community clinics, etc.) (Optional: specify the referral service) ☐ Other
SI25	**25. Mode of entry to the quitline** (e.g., direct call to the number, voicemail, fax referral, internet advertising, internet-generated self-referrals, email solicitation/click-through, etc.)
SI26	**26. Services RECEIVED by the caller (should be updated after every contact to provide cumulative services received by caller)** ☐ Counseling using an interpreter service *(Optional: specify language)* ☐ Counseling (any amount, should not include time spent asking intake questions or on content that is not directly related to counseling) ☐ Optional: Number of minutes of counseling (total cumulative over the course of treatment) ☐ Web-based services (registered/logged in at least once to a cessation-focused website) ☐ Medications (medications were shipped to the caller) ☐ Materials (materials were mailed to the caller) ☐ Other (as relevant to each quitline)

SI = Standard Intake OI = Optional Intake

APPENDIX A

ASSESSMENT FOR TYPES OF TOBACCO USE – OPTION 2 (cigarettes first, then other tobacco products)

<table>
<tr><td colspan="3">B. ASSESSMENT FOR TYPES OF TOBACCO USE

Please note in questions 5-8, 10, and 11 that the numeral (5, 6, 7, 8, 10, 11) indicates the question and the alpha indicator (a, b, c, d, e) indicates the type of tobacco being asked about in the question. There are two sequencing options provided for quitlines to use. Represented in this layout is the second sequencing option that assesses for cigarettes first, and other tobacco products separately:
5a, 6a, 6a-1, 7a, 7a-1, 8a, 9;
5b, 5c, 5d, 5e, 5e-1;
6b, 6b-1, 7b, 8b;
6c, 6c-1, 7c, 8c;
6d, 6d-1, 7d, 8d;
6e, 6e-1, 7e, 8e;
9-1;
10a, 10b, 10c, 10d, 10e;
11a, 11b, 11c, 11d, 11e. [Note that questions 10 a-e and 11 a-e are not repeated in Appendix A.]</td></tr>
<tr><td>SI5a</td><td colspan="2">5a (option 2). Have you used cigarettes in the past 30 days?

DO NOT READ
☐ Yes
☐ No (SKIP TO SI 5b)
☐ Don't know
☐ Refused
☐ Not asked</td></tr>
<tr><td>SI6a</td><td>USA Only
6a: Do you currently smoke cigarettes every day, some days, or not at all?
[NOTE: "currently" refers to right now, today.]
(CHECK ONE) DO NOT READ
☐ Everyday (Skip to SI 7a)
☐ Some days (if less than 7 days per week) (Continue to OI 6a-1)
☐ Not at all (skip to SI 8a)
☐ Don't know
☐ Refused
☐ Not asked</td><td>CANADA Only
6a. Do you currently smoke cigarettes daily, occasionally, or not at all?
[NOTE: "currently" refers to right now, today.]
(CHECK ONE) DO NOT READ
☐ Daily (Skip to SI 7a)
☐ Occasionally (if less than 7 days per week) (Continue to OI 6a-1)
☐ Not at all (skip to SI 8a)
☐ Don't know
☐ Refused
☐ Not asked</td></tr>
</table>

OI 6a-1	*USA Optional if respond "Some Days":* ***Optional 6a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	*Cda Optional if respond "Occasionally":* ***Optional 6a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7a	***If this item is assessed through conversation with the caller, the number should be confirmed. For example, "You said that you smoke 10 cigarettes per day on the days that you smoke. Is that correct?"*** 7a. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ____ *(If caller says over 100, confirm: 20 cigarettes = 1 pack in the US; 20 or 25 cigarettes = 1 pack in Canada; 100 cpd = 5 packs per day)* ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
OI 7a-1	***OPTIONAL QUESTION 7a-1: Are the cigarettes you usually smoke menthol cigarettes?*** DO NOT READ ☐ Yes, I usually smoke menthol cigarettes ☐ No, I usually smoke other types of cigarettes (non-menthol) ☐ Don't know ☐ Refused ☐ Not asked	
	If SI 6a = "Everyday/Daily" skip to SI9.	
SI8a	8a. When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess - it is OK if it is not perfect. [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	

SI9	**Cigarette smokers only:** 9. How soon after you wake up do you smoke your first cigarette? (*DO NOT READ*) ☐ Within five minutes ☐ 6 to 30 minutes ☐ 31 to 60 minutes ☐ More than 60 minutes
	☐ Don't know ☐ Refused ☐ Not asked
SI 5b-e (opt 2)	**What other types of tobacco have you used in the past 30 days? B) Cigars, cigarillos, or little cigars? (record response) C) A pipe? (record response) D) Chewing tobacco, snuff, or dip? (record response) E) Any other type of tobacco? (record response)** *DO NOT READ*
SI5b	*5b. Cigars, cigarillos, or little cigars* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI5c	*5c. Pipe [Note: this is a traditional pipe, not a water pipe – see "water pipe" or "hookah" under "5e other" below.]* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI5d	*5d. Chewing tobacco, snuff, or dip [Optional: include examples of brand names "such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day's Work"]* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SI5e	*5e. Other (optional)* ☐ Yes ***(continue to SI 5e-1)*** ☐ No ***(skip to SI6b, SI6c, SI6d, or SI6e as indicated by "yes" to 5b-e above)*** ☐ Don't know ☐ Refused ☐ Not asked
	☐ ***None (note: no to all above equals none) (SKIP to SI10a)***

OI 5e-1	***Optional Intake Question 5e-1:*** *What types of other products do you use? [Note: certain sub-populations will have specific names for different types of tobacco products. It will be important to use these names in areas where they are used if quitlines want to assess use of these specific other products among their clients.] Specify: _____ OR select from a list as below* ☐ *Bidis* ☐ *Kreteks* ☐ *Tobacco pouches or "Snus"* ☐ *tobacco "orbs"* ☐ *tobacco strips* ☐ *water pipes or hookahs* ☐ *Other* *DO NOT READ* ☐ *Don't know* ☐ *Refused* ☐ *Not Asked*

SI = Standard Intake OI = Optional Intake

SI6b	*USA Only* 6b: Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SI 7b)*** ☐ Some days (if less than 7 days per week) ***(Continue to OI 6b-1)*** ☐ Not at all ***(skip to SI 8b)*** ☐ Don't know ☐ Refused ☐ Not asked	*CANADA Only* 6b. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SI 7b)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OI 6b-1)*** ☐ Not at all ***(skip to SI 8b)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6b-1	***USA Optional if respond "Some Days":*** ***Optional 6b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7b	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 cigars, cigarillos, or little cigars per week during the weeks that you smoke. Is that correct?"*** 7b. How many CIGARS, CIGARILLOS, OR LITTLE CIGARS do you smoke per week during the weeks that you smoke? *(cigars, cigarillos, or little cigars per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6b = EVERY DAY/DAILY, SKIP to SI6c, SI6d, or SI6e as indicated by the type of tobacco use question (question series 5b-e) above.	
SI8b	8b. When was the last time you smoked a cigar, cigarillo, or little cigar, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	If SI5c = "no" AND SI5d="no" AND SI5e = "no" skip to OI 9-1	

SI = Standard Intake OI = Optional Intake

SI6c	***USA: Read 6c if caller responded "yes" to SI 5c above.*** 6c: Do you currently smoke **A PIPE** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SI 7c)*** ☐ Some days (if less than 7 days per week) ***(Continue to OI 6c-1)*** ☐ Not at all ***(skip to SI 8c)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada: Read 6c if caller responded "yes to SI 5c above.*** 6c: Do you currently smoke **A PIPE** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SI 7c)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OI 6c-1)*** ☐ Not at all ***(skip to SI 8c)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6c-1	***USA Optional if respond "Some Days":*** ***Optional 6c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7c	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 pipes per week during the weeks that you smoke. Is that correct?"*** 7c. How many PIPES do you smoke per week during the weeks that you smoke? *(pipes per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6c = EVERY DAY/DAILY, SKIP to SI6d or SI6e as indicated by the type of tobacco use question (question series 5b-e) above.	
SI8c	8c. When was the last time you smoked a pipe, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	If SI5d="no" AND SI5e = "no" skip to OI 9-1	

SI = Standard Intake OI = Optional Intake

SI6d	*USA: Read 6d if caller responded "yes" to SI 5d above.* 6d: Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SI 7d)*** ☐ Some days (if less than 7 days per week) ***(Continue to OI 6d-1)*** ☐ Not at all ***(skip to SI 8d)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada: Read 6d if caller responded "yes to SI 5d above.*** 6d: Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SI 7d)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OI 6d-1)*** ☐ Not at all ***(skip to SI 8d)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6d-1	***USA Optional if respond "Some Days":*** ***Optional 6d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7d	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you use 2 tins per week during the weeks that you chew. Is that correct?"*** 7d. How many POUCHES OR TINS do you use per week during the weeks that you use tobacco? *(pouches/tins per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	IF SI 6d = EVERY DAY/DAILY, AND SI 5e = "yes" SKIP to SI6e.	
SI8d	8d. When was the last time you used chewing tobacco, snuff, or dip, even a pinch *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	If SI5e="no" skip to OI 9-1	

SI6e	***USA: Read 6e if caller responded "yes" to SI 5e above.*** 6e: Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SI 7e)*** ☐ Some days (if less than 7 days per week) ***(Continue to OI 6e-1)*** ☐ Not at all ***(skip to SI 8e)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada: Read 6e if caller responded "yes to SI 5e above.*** 6e: Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SI 7e)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OI 6e-1)*** ☐ Not at all ***(skip to SI 8e)*** ☐ Don't know ☐ Refused ☐ Not asked
OI 6e-1	***USA Optional if respond "Some Days":*** ***Optional 6e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Cda Optional if respond "Occasionally":*** ***Optional 6e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SI7e	***If this item is assessed through conversation with the caller, counselors or other quitline staff should confirm the number. For example, "You said that you smoke 10 bidis per week during the weeks that you smoke. Is that correct?"*** 7e. How much [how many] OTHER TOBACCO do you use per week during the weeks that you smoke? *(other tobacco per week)* ____ *()* ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	Continue to SI8e if SI 6e = "some days/occasionally" or "not at all" ***Skip to OI 9-1 if SI 6e = "everyday/daily"***	

SI = Standard Intake OI = Optional Intake

SI8e	8e. When was the last time you used other types of tobacco, even a puff or pinch *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional optional probes if participant cannot provide a "best guess," see the annotated tables.]*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked
OI 9-1	**OPTIONAL Intake Question 9-1:** **Other tobacco users:** How soon after you wake up do you use tobacco (other than cigarettes)? *(DO NOT READ)* ☐ Within five minutes ☐ 6-30 minutes ☐ 31-60 minutes ☐ More than 60 minutes ☐ Don't know ☐ Refused ☐ Not asked

Seven-Month MDS Follow-up Questions
December 30, 2009

All MDS intake and follow-up questions now have a unique MDS ID. A prefix of "SI" indicates Standard Intake, "SF" indicates Standard Follow-up, "OI" indicates Optional Intake, and "OF" indicates Optional Follow-up.

For additional information on recommended methods and protocols for conducting follow-up surveys, including timing of follow-up surveys, increasing response rates, and using MDS items to calculate quit rates, see the NAQC Issue paper "Measuring Quit Rates" available at http://www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_measuringqui.pdf or the Implementation Guide for quit rates available at http://www.naquitline.org/?page=qiita.

MDS ID	Question
A. CALLER SATISFACTION	
SF1	1. Overall, how satisfied were you with the service you received from the quitline? *(READ ALL, CHECK ONE ONLY)* ☐ Very satisfied ☐ Mostly satisfied ☐ Somewhat satisfied ☐ Not at all satisfied DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked *FOR ADDITIONAL POTENTIAL SATISFACTION QUESTIONS, SEE APPENDIX B, PAGE 14.*

SF = Standard Follow-up OF = Optional Follow-up

B. TOBACCO BEHAVIORS	
SF2	2. Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 30 days? *(DO NOT READ)* ☐ Yes ☐ No ***(Skip to SF 9)*** ☐ Don't know
	☐ Refused ☐ Not asked
OF3	OPTIONAL Follow-up Question 3. Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 7 days? (DO NOT READ) ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
	If SF2 = "no" skip to SF 9
SF4	4. What types of tobacco have you used in the past 30 days? A) Cigarettes? (record response) B) Cigars, cigarillos, or little cigars? (record response) C) A pipe? (record response) D) Chewing tobacco, snuff, or dip? (record response) E) Any other type of tobacco? (record response) *DO NOT READ*
SF4a	*4a. Cigarettes* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF4b	*4b. Cigars, cigarillos, or little cigars* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF4c	*4c. Pipe [Note: this is a traditional pipe, not a water pipe – see "water pipe" or "hookah" under 4e "other" below.]* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked

SF4d	*4d. Chewing tobacco, snuff, or dip [Optional: include examples of brand names "such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day's Work"]* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF4e	*4e. Other* ☐ Yes ***(Continue to 4e-1)*** ☐ No ***(SKIP to SI5a, SI5b, SI5c, SI5d, or SI5e as indicated by "yes" to 4a-e above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 4e-1	***Optional Follow-up Question 4e-1:*** *What types of other products do you use? [Note: certain sub-populations will have specific names for different types of tobacco products. It will be important to use these names in areas where they are used if quitlines want to assess use of these specific other products among their clients.] Specify: _____ OR select from a list as below* ☐ Bidis ☐ Kreteks ☐ Tobacco pouches or "Snus" ☐ Tobacco 'orbs' ☐ Tobacco strips ☐ Water pipes or hookahs ☐ Other DO NOT READ ☐ Don't know ☐ Refused ☐ Not Asked
	If SF 4a = "yes" continue to SF 5a. If SI 4a = "no" skip to SF 5b, SF 5c, SF 5d, or SF 5d as indicated by the type of tobacco use questions (question series SF 4) above.

SF = Standard Follow-up OF = Optional Follow-up

SF5a	*USA* 5a. Do you currently smoke **cigarettes** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SF 6a)*** ☐ Some days (if less than 7 days per week) ***(Continue to OF 5a-1)*** ☐ Not at all ***(Skip to SF 5b, 5c, 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked	**Canada** 5a. Do you currently smoke **cigarettes** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SF 6a)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OF 5a-1)*** ☐ Not at all ***(Skip to SF 5b, 5c, 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 5a-1	***USA Optional if respond "Some Days":*** ***Optional 5a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Canada Optional: if respond "Occasionally":*** ***Optional 5a-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SF6a	6a. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ____ *(If caller says over 100, confirm. 20 cigarettes = 1 pack in the U.S.; 20 or 25 cigarettes = 1 pack in Canada; 100 cpd ≅ 5 packs per day)* ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked ***SKIP TO SF 5b, 5c, 5d, 5e, or SF 7 as indicated by the type of tobacco use question (question series SF4) above.***	

SF5b	***USA: Read 5b if caller responded "yes" to SF4b above.*** 5b. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SF 6b)*** ☐ Some days (if less than 7 days per week) ***(Continue to OF 5b-1)*** ☐ Not at all ***(Skip to SF 5c, 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked	Canada: ***Read 5b if caller responded "yes" to SF4b above.*** 5b. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SF 6b)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OF 5b-1)*** ☐ Not at all ***(Skip to SF 5c, 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 5b-1	***USA Optional if respond "Some Days":*** ***Optional 5b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Canada Optional if respond "Occasionally":*** ***Optional 5b-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SF6b	6b. How many CIGARS, CIGARILLOS, OR LITTLE CIGARS do you smoke per week during the weeks that you smoke? *(cigars, cigarillos, or little cigars per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked ***SKIP TO SF 5c, 5d, 5e, or SF 7 or 7-1 as indicated by the type of tobacco use question (question series SF4) above.***	

SF5c	***USA Read 5c if caller responded "yes" to SF 4c above.*** 5c. Do you currently smoke **A PIPE** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SF 6c)*** ☐ Some days (if less than 7 days per week) ***(Continue to OF 5c-1)*** ☐ Not at all ***(Skip to SF 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada Read 5c if caller responded "yes" to SF 4c above.*** 5c. Do you currently smoke **A PIPE** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SF 6c)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OF 5c-1)*** ☐ Not at all ***(Skip to SF 5d, 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 5c-1	***USA Optional if respond "Some Days":*** ***Optional 5c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Canada Optional if respond "Occasionally":*** ***Optional 5c-1:*** How many days did you smoke in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SF6c	6c. How many PIPES do you smoke per week during the weeks that you smoke? *(pipes per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked ***SKIP TO SF 5d, 5e, or SF 7 or 7-1 as indicated by the type of tobacco use question (question series SF4) above.***	

SF5d	*USA: Read 5d if caller responded "yes" to SF 4d above.* 5d. Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SF 6d)*** ☐ Some days (if less than 7 days per week) ***(Continue to OF 5d-1)*** ☐ Not at all ***(Skip to SF 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked	*Canada: Read 5d if caller responded "yes" to SF 4d above.* 5d. Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** *daily, occasionally, or not at all?* *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SF 6d)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OF 5d-1)*** ☐ Not at all ***(Skip to SF 5e, or SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 5d-1	***USA Optional if respond "Some Days":*** ***Optional 5d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Canada Optional if respond Occasionally":*** ***Optional 5d-1:*** How many days did you chew in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SF6d	6d. How many POUCHES OR TINS do you use per week during the weeks that you use tobacco? *(pouches/tins per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked ***SKIP TO SF 5e, or SF 7 or 7-1 as indicated by the type of tobacco use question (question series SF4) above.***	

SF = Standard Follow-up OF = Optional Follow-up

SF5e	***USA Read 5e if caller responded "yes" to SF 4e above.*** 5e. Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Everyday ***(Skip to SF 6e)*** ☐ Some days (if less than 7 days per week) ***(Continue to OF 5e-1)*** ☐ Not at all ***(Skip to SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked	***Canada Read 5e if caller responded "yes" to SF 4e above.*** 5e. Do you currently use **OTHER TYPES OF TOBACCO** daily, occasionally, or not at all? *[NOTE: "currently" refers to right now, today.]* *(CHECK ONE) DO NOT READ* ☐ Daily ***(Skip to SF 6e)*** ☐ Occasionally (if less than 7 days per week) ***(Continue to OF 5e-1)*** ☐ Not at all ***(Skip to SF 8a-e as indicated by the type of tobacco use question (question series SF 4) above)*** ☐ Don't know ☐ Refused ☐ Not asked
OF 5e-1	***USA Optional if respond "Some Days":*** ***Optional 5e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked	***Canada Optional if respond "Occasionally":*** ***Optional 5e-1:*** How many days did you use other types of tobacco in the last 30 days? ____ ☐ Don't know ☐ Refused ☐ Not asked
SF6e	6e. How much [how many] [OTHER TOBACCO PRODUCT NAME] do you use per week during the weeks that you use other tobacco? *(other tobacco per week)* ____ ***If caller cannot identify a specific number, probe: "Give me your best guess – it is OK if it is not perfect."*** DO NOT READ ☐ Don't know ☐ Refused ☐ Not asked	
	If SF 5a = "everyday/daily" or "some days/occasionally" continue to SF7. ***If any of SF 5b-e = "everyday/daily" or "some days/occasionally" skip to OF7-1.*** ***All others skip to SF 8a-e as indicated by responses to SF 4a-e above.***	

SF7	7. **Cigarette smokers only:** How soon after you wake up do you smoke your first cigarette? *(DO NOT READ)* ☐ Within five minutes ☐ 6 to 30 minutes ☐ 31 to 60 minutes ☐ More than 60 minutes ☐ Don't know ☐ Refused ☐ Not asked
OF 7-1	**Optional 7-1: Other tobacco product users only:** How soon after you wake up do you use tobacco (other than cigarettes)? (*DO NOT READ*) ☐ Within five minutes ☐ 6 to 30 minutes ☐ 31 to 60 minutes ☐ More than 60 minutes ☐ Don't know ☐ Refused ☐ Not asked
SF8a	*Ask only if participant replied they have used cigarettes in the past 30 days in SF 4a.* 8a. Do you intend to quit using cigarettes within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF8b	*Ask only if participant replied they have used cigars, cigarillos, or little cigars in the past 30 days in SF 4b.* 8b. Do you intend to quit using cigars, cigarillos, or little cigars within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked

SF8c	*Ask only if participant replied they have used a pipe in the past 30 days in SF 4c.* 8c. Do you intend to quit using a pipe within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF8d	*Ask only if participant replied they have used chewing tobacco, snuff, or dip in the past 30 days in SF 4d.* 8d. Do you intend to quit using chewing tobacco, snuff, or dip within the next 30 days? *[Optional: include examples of brand names "such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day's Work"]* *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF8e	*Ask only if participant replied they have used other tobacco products in the past 30 days in SF 4e.* 8e. Do you intend to quit using [NAME OF OTHER TOBACCO PRODUCT] within the next 30 days? *(DO NOT READ)* ☐ Yes ☐ No ☐ Don't know ☐ Refused ☐ Not asked
SF9	9. Since you first called the quitline on *(Date of first contact)*, seven months ago, did you stop using tobacco for 24 hours or longer because you were trying to quit? *(DO NOT READ, CHECK ONE ONLY)* ☐ Yes ***(Continue to OF 9-1)*** ☐ No ***(Skip to SF 10 or 10a-e)*** ☐ Don't know ☐ Refused ☐ Not asked

OF 9-1	***Optional if responded "Yes":*** ***Optional 9-1:*** How many times did you stop using tobacco for 24 hours or longer? _____ For example, if you stopped for 2 days and then started smoking again, and then stopped for a week and started smoking again, that counts as 2 quits. (*Note: collect number of intentional quit attempts only*) ☐ Don't know ☐ Refused ☐ Not asked
OF 10 var 1	***See two alternatives for question 10:*** ***Optional 10:*** When was the last time you used any type of tobacco, even a puff or pinch (dd/mm/yyyy)? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked OR
OF 10a-e (var 2)	Optional 10a. When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked Optional 10b. When was the last time you smoked a cigar, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked

	Optional 10c. When was the last time you smoked a pipe, even a puff *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked Optional 10d. When was the last time you used chewing tobacco, snuff, or dip, even a pinch *(dd/mm/yyyy)*? ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked Optional 10e. When was the last time you used other types of tobacco, even a puff or pinch? *(dd/mm/yyyy)* ***OPTIONAL probe: If caller cannot identify a specific date, probe: "Give me your best guess – it is OK if it is not perfect." [For additional probes if participant cannot provide a "best guess," see the annotated tables.]*** ☐ Don't know ☐ Refused ☐ Not asked
SF11	11. Since you first called the quitline seven months ago, have you used any of the following products or medications to help you quit? ☐ Nicotine patches ☐ Nicotine gum ☐ Nicotine lozenges ☐ Nicotine spray ☐ Nicotine inhaler ☐ Zyban (also called Wellbutrin or bupropion) ☐ Chantix (also called varenicline) [CANADA: Champix] ☐ Other medications to help you quit? (if yes, please specify):_____ *(DO NOT READ)* ☐ No products or medications ☐ Don't know ☐ Refused ☐ Not asked

SF12	12. Other than the quitline or medications, did you use any other kinds of assistance to help you quit over the past seven months, such as advice from a health professional, or other kinds of quitting assistance? (*let interviewee free-respond and prompt with response categories if needed.)* *(Check all that apply)* ☐ Advice from a health professional → *Optional: quitlines may choose to include specific types of health professionals if they have special relationships with those groups. E.g., physician, pharmacist, nurse, dentist/hygienist* ☐ Website → *Optional:* If yes, which one?_____ ☐ Telephone program → *Optional:* If yes, which one?_____ ☐ Counseling program → *Optional:* If yes, which one?_____ ☐ Self-help materials → *Optional:* If yes, which one?_____ *(DO NOT READ OR USE AS PROMPTS)* ☐ Something else (*Optional:* specify:_____) ☐ Don't know ☐ Refused ☐ Not asked
7 MONTH FOLLOW-UP ADMINISTRATIVE DATA	
SF13	Evaluator ID
SF14	Caller ID
SF15	Date of first contact with quitline *(dd/mm/yyyy)*: _ _/_ _/_ _ _ _
SF16	Date of Evaluation Interview: target is seven months after date of first contact with quitline *(dd/mm/yyyy)*: _ _/_ _/_ _ _ _

SF = Standard Follow-up OF = Optional Follow-up

APPENDIX B

Optional satisfaction question 1a:
To what extent has the quitline met your quitting needs?
☐ Almost all of my needs have been met
☐ Most of my needs have been met
☐ Only a few of my needs have been met
☐ None of my needs have been met
DO NOT READ
☐ Don't know
☐ Refused
☐ Not Asked

If only a few or none of your needs have been met, please explain why? _____

Optional satisfaction question 1b:
If you were to seek help again, would you contact the quitline?
☐ Yes, definitely
☐ Yes, I think so
☐ No, I don't think so
☐ No, definitely not
DO NOT READ
☐ Don't know
☐ Refused
☐ Not Asked

If no, why not? _____

Optional satisfaction question 1c:
If a friend were in need of similar help, would you recommend the quitline to him/her?
☐ Yes, definitely
☐ Yes, I think so
☐ No, I don't think so
☐ No, definitely not
DO NOT READ
☐ Don't know
☐ Refused
☐ Not Asked

If no, why not? _____