MDS Intake Questions  
December 30, 2009  
Items SI3, OI3a, OI3a-1 updated January 11, 2012

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.
<table>
<thead>
<tr>
<th>MDS ID</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. REASON FOR CALLING AND AWARENESS OF QUITLINE</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **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: ________________________________ |
### SI 3 3. How did you hear about the quitline? *(DO NOT READ; CHECK ALL RESPONSES.)*

**Instructions and important notes for Quitlines:**

- The major categories in capital letters are intended to serve as “rollup” categories for reporting purposes. The sub-categories in regular text underneath the major categories are intended to serve as examples of commonly used promotional strategies, but **SHOULD BE EDITED, CHANGED, AND ADDED TO AS NEEDED DEPENDING ON EACH QUITLINE’S PROMOTIONAL AND OUTREACH EFFORTS.**
- **If it is easier for a quitline to include the new response category of graphic health warnings/tobacco package as a sub-category under “MEDIA” that is acceptable as long as quitlines can report on that response option separately from the other response options.**
- **This item is intended to be multi-select: if a tobacco user reports that they heard about the quitline (or service) by reading a newspaper article about the new cigarette pack labels, this item should be coded as BOTH newspaper AND graphic health warnings/tobacco package.**
- **This item is subject to individual recall, and therefore should be considered a rough indicator only for the number of people who contact quitlines due to graphic health warnings; it will never provide a complete and 100% accurate measure of direct impact of the graphic health warning labels.**

<table>
<thead>
<tr>
<th></th>
<th>[new item, Jan 2012] GRAPHIC HEALTH WARNINGS/TOBACCO PACKAGE/(1-800# or 1-866#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDIA</td>
<td></td>
</tr>
<tr>
<td>- Newspaper</td>
<td></td>
</tr>
<tr>
<td>- Radio</td>
<td></td>
</tr>
<tr>
<td>- Television</td>
<td></td>
</tr>
<tr>
<td>- Internet/web</td>
<td></td>
</tr>
<tr>
<td>- Other: _________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Other selections within each category can be added by quitline**

<table>
<thead>
<tr>
<th></th>
<th>OTHER ADVERTISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Phone directory</td>
<td></td>
</tr>
<tr>
<td>- Flyers, brochures</td>
<td></td>
</tr>
<tr>
<td>- Other: _________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Other selections within each category can be added by quitline**

<table>
<thead>
<tr>
<th></th>
<th>REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health professional (doctor, dentist, etc.)</td>
<td></td>
</tr>
<tr>
<td>- Family / friends</td>
<td></td>
</tr>
<tr>
<td>- Workplace</td>
<td></td>
</tr>
<tr>
<td>- Health insurance</td>
<td></td>
</tr>
<tr>
<td>- Community organization</td>
<td></td>
</tr>
<tr>
<td>- Other: _________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Other selections within each category can be added by quitline**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Don’t know</td>
<td></td>
</tr>
<tr>
<td>- Refused</td>
<td></td>
</tr>
<tr>
<td>- Not asked</td>
<td></td>
</tr>
<tr>
<td>OI3a</td>
<td>NEW OPTIONAL QUESTION (Added January 11, 2012)</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>(Note: NAQC provides language for this question only as a way of standardizing language for quitlines already asking this question, or intending to ask about this question. It is not viewed as a high priority for implementation for quitlines not already considering adding such a question to their quitline intake.)</td>
</tr>
<tr>
<td></td>
<td>3a. [OPTIONAL] Do you recall seeing any information about the service[quitline] on tobacco packages?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td>OI3a-1</td>
<td>3a-1. [OPTIONAL; CANADIAN QUITLINES ONLY; US QUITLINES SHOULD NOT USE] If yes: where on the package do you recall seeing the information?</td>
</tr>
<tr>
<td></td>
<td>☐ Outside of pack</td>
</tr>
<tr>
<td></td>
<td>☐ Inside of pack</td>
</tr>
<tr>
<td></td>
<td>☐ Other: (Please specify): ________________</td>
</tr>
</tbody>
</table>

**END MDS PART OF INTERVIEW IF RESPONDENT IS NOT CALLING FOR THEMSELVES FOR HELP WITH QUITTING** *(see response to SI 2a)*

<table>
<thead>
<tr>
<th>SI4</th>
<th>4. Is this your first call to the quitline in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DO NOT READ</strong></td>
</tr>
<tr>
<td></td>
<td>☐ Yes (<em>SKIP TO SI 5</em>)</td>
</tr>
<tr>
<td></td>
<td>☐ No (<em>CONTINUE TO OI 4b</em>)</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OI 4b</th>
<th>4b. How many times did you call the quitline in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____ (# of times)</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>SI5d</th>
<th>5d) Chewing tobacco, snuff, or dip [Optional: include examples of brand names &quot;such as Skoal, Copenhagen, Grizzley, Levi Garrett, Red Man or Day’s Work&quot;]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI5e</th>
<th>5e) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes (continue to SI 5e-1)</td>
</tr>
<tr>
<td></td>
<td>□ No (skip to SI6a, SI6b, SI6c, SI6d, or SI6e as indicated by &quot;yes&quot; to 5a-e above)</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OI 5e-1</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Bidis</td>
</tr>
<tr>
<td></td>
<td>□ Kretexs</td>
</tr>
<tr>
<td></td>
<td>□ Tobacco pouches or “Snus”</td>
</tr>
<tr>
<td></td>
<td>□ tobacco “orbs”</td>
</tr>
<tr>
<td></td>
<td>□ tobacco strips</td>
</tr>
<tr>
<td></td>
<td>□ water pipes or hookahs</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ DO NOT READ</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>SI6a</th>
<th>USA Only</th>
<th>Canada Only</th>
</tr>
</thead>
</table>
| 6a. Do you currently smoke cigarettes every day, some days, or not at all?  
[NOTE: “currently” refers to right now, today.] | 6a. Do you currently smoke cigarettes daily, occasionally, 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 | (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? ____ | 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 | ☐ Don’t know  
☐ Refused  
☐ Not asked |}

<table>
<thead>
<tr>
<th>SI7a</th>
<th>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?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>If caller cannot identify a specific number, probe: “Give me your best guess – it is OK if it is not perfect.”</td>
</tr>
</tbody>
</table>
| DO NOT READ  
☐ Don’t know  
☐ Refused  
☐ Not asked |}

<table>
<thead>
<tr>
<th>OI 7a-1</th>
<th>Optional question 7a-1: Are the cigarettes you usually smoke menthol cigarettes?</th>
</tr>
</thead>
</table>
| 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 |
<table>
<thead>
<tr>
<th><strong>SI</strong></th>
<th><strong>SI8a</strong> 8a When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>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.]</strong></td>
</tr>
<tr>
<td></td>
<td>DO NOT READ</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
</tbody>
</table>

| **If SI 5b-e = "no" for all other types of tobacco, skip to SI19.** |
| 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 |
**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** daily, occasionally, 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

Canada 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 6d

**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)**
- 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

**Canada Optional if respond “Occasionally”:**

**Optional 6d-1:** How many days did you chew in the last 30 days? ____
- Don’t know
- Refused
- Not asked

### SI 7d

**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

### SI 8d

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 SI 6d = EVERYDAY/DAILY AND SI 5e = "yes" skip to SI 6e.*  
*IF SI 6d = EVERYDAY/DAILY and SI 5e = "no" skip to SI 9 or OI 9-1 as indicated.*
| 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 daily, occasionally, 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 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 |
If SI 5b-e = "no" for all other types of tobacco, skip to SI 11a

<table>
<thead>
<tr>
<th>SI 10b</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI 10c</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI 10d</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI 10e</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td>SI</td>
<td>OI</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
</tr>
</tbody>
</table>
| **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 |
| **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 |
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.

<table>
<thead>
<tr>
<th>SI12</th>
<th>12. First I need to verify, are you male or female?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI13</th>
<th>13. What year were you born? _ _ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Don’t know</td>
<td>☐ Refused</td>
</tr>
</tbody>
</table>

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?”)

Or use alternative question: What is your date of birth? _ _ / _ _ _ _ (mm/yyyy)

<table>
<thead>
<tr>
<th>SI14</th>
<th>14. USA: What is your zip code?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Don’t know</td>
<td>☐ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Canada: What is your postal code?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Don’t know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OI 15a</th>
<th>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)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes (Continue to OI 15b)</td>
<td>☐ No (SKIP TO SI 16)</td>
</tr>
</tbody>
</table>
**SI = Standard Intake  OI = Optional Intake**

| 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.)  
☐ 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 |
17. USA only:
Are you of Hispanic or Latino origin?
☐ No (Not of Hispanic or Latino origin)
☐ Yes (of Hispanic or Latino origin)
  ☐ OPTIONAL: Yes, Mexican, Mexican American, Chicano
  ☐ OPTIONAL: Yes, Puerto Rican
  ☐ OPTIONAL: Yes, Cuban
  ☐ OPTIONAL: Yes, Central or South American
  ☐ OPTIONAL: Yes, another Hispanic or Latino origin (Specify:___________)
☐ Refused
☐ Don’t know
☐ Not asked

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)
| 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  
- 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  

| OI 18b-1 | 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)  

[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)  

MDS Intake Questions 12-30-09 FINAL – REVISED JAN 11, 2012  
This and all related MDS documents are available at http://www.naquitline.org/?page=technical  
© North American Quitline Consortium, 2009
**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.
### D. INTAKE ADMINISTRATIVE DATA

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

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

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.]

**SI5a 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

**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

**SI6a 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
<table>
<thead>
<tr>
<th>SI = Standard Intake</th>
<th>OI = Optional Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SI 6a-1</strong> USA Optional if respond “Some Days”:</td>
<td><strong>Cda Optional if respond “Occasionally”:</strong></td>
</tr>
<tr>
<td><strong>Optional 6a-1</strong>: How many days did you smoke in the last 30 days? ____</td>
<td><strong>Optional 6a-1</strong>: How many days did you smoke in the last 30 days? ____</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Refused</td>
<td>□ Refused</td>
</tr>
<tr>
<td>□ Not asked</td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SI7a</strong></td>
<td><strong>SI7a</strong></td>
</tr>
<tr>
<td>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?”</td>
<td>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?”</td>
</tr>
<tr>
<td>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)</td>
<td>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)</td>
</tr>
<tr>
<td>If caller cannot identify a specific number, probe: “Give me your best guess – it is OK if it is not perfect.”</td>
<td>If caller cannot identify a specific number, probe: “Give me your best guess – it is OK if it is not perfect.”</td>
</tr>
<tr>
<td>DO NOT READ</td>
<td>DO NOT READ</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Refused</td>
<td>□ Refused</td>
</tr>
<tr>
<td>□ Not asked</td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OI 7a-1</strong></td>
<td><strong>OI 7a-1</strong></td>
</tr>
<tr>
<td><strong>OPTIONAL QUESTION 7a-1</strong>: Are the cigarettes you usually smoke menthol cigarettes?</td>
<td><strong>OPTIONAL QUESTION 7a-1</strong>: Are the cigarettes you usually smoke menthol cigarettes?</td>
</tr>
<tr>
<td>DO NOT READ</td>
<td>DO NOT READ</td>
</tr>
<tr>
<td>□ Yes, I usually smoke menthol cigarettes</td>
<td>□ Yes, I usually smoke menthol cigarettes</td>
</tr>
<tr>
<td>□ No, I usually smoke other types of cigarettes (non-menthol)</td>
<td>□ No, I usually smoke other types of cigarettes (non-menthol)</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Refused</td>
<td>□ Refused</td>
</tr>
<tr>
<td>□ Not asked</td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SI8a</strong></td>
<td><strong>SI8a</strong></td>
</tr>
<tr>
<td>8a. When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</td>
<td>8a. When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</td>
</tr>
<tr>
<td><strong>OPTIONAL probe: If caller cannot identify a specific date, probe: &quot;Give me your best guess - it is OK if it is not perfect. [For additional optional probes if participant cannot provide a &quot;best guess,&quot; see the annotated tables.]</strong></td>
<td><strong>OPTIONAL probe: If caller cannot identify a specific date, probe: &quot;Give me your best guess - it is OK if it is not perfect. [For additional optional probes if participant cannot provide a &quot;best guess,&quot; see the annotated tables.]</strong></td>
</tr>
<tr>
<td>DO NOT READ</td>
<td>DO NOT READ</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Refused</td>
<td>□ Refused</td>
</tr>
<tr>
<td>□ Not asked</td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>
### 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

### SI5b-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-I)*
- [ ] 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)*
### 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
<table>
<thead>
<tr>
<th>SI6b</th>
<th>USA Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b: Do you currently smoke <strong>CIGARS, CIGARILLOS, OR LITTLE CIGARS</strong> every day, some days, or not at all? [NOTE: “currently” refers to right now, today.]</td>
<td></td>
</tr>
<tr>
<td>(CHECK ONE) DO NOT READ</td>
<td></td>
</tr>
<tr>
<td>□ Everyday (Skip to SI 7b)</td>
<td></td>
</tr>
<tr>
<td>□ Some days (if less than 7 days per week) (Continue to OI 6b-1)</td>
<td></td>
</tr>
<tr>
<td>□ Not at all (skip to SI 8b)</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
</tr>
<tr>
<td>□ Not asked</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANADA Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b. Do you currently smoke <strong>CIGARS, CIGARILLOS, OR LITTLE CIGARS</strong> every day, some days, or not at all? [NOTE: “currently” refers to right now, today.]</td>
</tr>
<tr>
<td>(CHECK ONE) DO NOT READ</td>
</tr>
<tr>
<td>□ Daily (Skip to SI 7b)</td>
</tr>
<tr>
<td>□ Occasionally (if less than 7 days per week) (Continue to OI 6b-1)</td>
</tr>
<tr>
<td>□ Not at all (skip to SI 8b)</td>
</tr>
<tr>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Refused</td>
</tr>
<tr>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OI 6b-1</th>
<th>USA Optional if respond “Some Days”:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional 6b-1: How many days did you smoke in the last 30 days? ____</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
</tr>
<tr>
<td>□ Not asked</td>
<td></td>
</tr>
</tbody>
</table>

| 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 6c** | 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?  
(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 |
|---|---|
| **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 | Canada Optional if respond “Occasionally”:  
Optional 6c-1: How many days did you smoke in the last 30 days? ____  
☐ Don’t know  
☐ Refused  
☐ Not asked |
| **SI 7c** | 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 |
| **SI 8c** | 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.  
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
| 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" |
| 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