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_issu paper_measuringqui.pdf](http://www.naquitline.org/resource/resmgr/docs/naqc_issu paper_measuringqui.pdf) or the Implementation Guide for quit rates available at [http://www.naquitline.org/?page=qiita](http://www.naquitline.org/?page=qiita).

<table>
<thead>
<tr>
<th>MDS ID</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF1</td>
<td>1. Overall, how satisfied were you with the service you received from the quitline? <em>(READ ALL, CHECK ONE ONLY)</em></td>
</tr>
<tr>
<td></td>
<td>□ Very satisfied</td>
</tr>
<tr>
<td></td>
<td>□ Mostly satisfied</td>
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<tr>
<td></td>
<td>□ Somewhat satisfied</td>
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<tr>
<td></td>
<td>□ Not at all satisfied</td>
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<tr>
<td></td>
<td>DO NOT READ</td>
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<tr>
<td></td>
<td>□ Don’t know</td>
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<tr>
<td></td>
<td>□ Refused</td>
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<tr>
<td></td>
<td>□ Not asked</td>
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</tbody>
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*FOR ADDITIONAL POTENTIAL SATISFACTION QUESTIONS, SEE APPENDIX B, PAGE 14.*
### 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*


**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
<table>
<thead>
<tr>
<th>SF4d</th>
<th>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”]</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>SF4e</th>
<th>4e. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes <em>(Continue to 4e-1)</em></td>
</tr>
<tr>
<td></td>
<td>□ No <em>(SKIP to SI5a, SI5b, SI5c, SI5d, or SI5e as indicated by &quot;yes&quot; to 4a-e above)</em></td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
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<tr>
<td></td>
<td>□ Not asked</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OF</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Bidis</td>
</tr>
<tr>
<td></td>
<td>□ Kreteks</td>
</tr>
<tr>
<td></td>
<td>□ Tobacco pouches or &quot;Snus&quot;</td>
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<tr>
<td></td>
<td>□ Tobacco ‘orbs’</td>
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<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><strong>DO NOT READ</strong></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 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.*
### SF5a

**USA**

5a. Do you currently smoke **cigarettes** every day, some days, or not at all?

*NOTE:* “currently” refers to right now, today.

(____) 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

### 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  
<p>| 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. |</p>
<table>
<thead>
<tr>
<th>SF5c</th>
<th>USA Read 5c if caller responded “yes” to SF 4c above.</th>
</tr>
</thead>
</table>
| 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 |

<table>
<thead>
<tr>
<th>OF 5c-1</th>
<th>USA Optional if respond “Some Days”: Optional 5c-1: How many days did you smoke in the last 30 days? ____</th>
</tr>
</thead>
</table>
| □ 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.” |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>DO NOT READ</td>
<td></td>
</tr>
</tbody>
</table>
| □ Don’t know  
□ Refused  
□ Not asked |

<table>
<thead>
<tr>
<th>Canada Read 5c if caller responded “yes” to SF 4c above.</th>
</tr>
</thead>
</table>
| 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 |

<table>
<thead>
<tr>
<th>OF 5c-1</th>
<th>USA Optional if respond “Some Days”: Optional 5c-1: How many days did you smoke in the last 30 days? ____</th>
</tr>
</thead>
</table>
| □ Don’t know  
□ Refused  
□ Not asked |

<table>
<thead>
<tr>
<th>Canada Optional if respond “Occasionally”: Optional 5c-1: How many days did you smoke in the last 30 days? ____</th>
</tr>
</thead>
</table>
| □ Don’t know  
□ Refused  
□ Not asked |

<p>| SKIP TO SF 5d, 5e, or SF 7 or 7-1 as indicated by the type of tobacco use question (question series SF 4) above. |</p>
<table>
<thead>
<tr>
<th>SF5d</th>
<th>USA: Read 5d if caller responded “yes” to SF 4d above.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5d. Do you currently use CHEWING TOBACCO, SNUFF, OR DIP every day, some days, or not at all?</td>
</tr>
<tr>
<td></td>
<td>[NOTE: “currently” refers to right now, today.]</td>
</tr>
<tr>
<td></td>
<td>(CHECK ONE) DO NOT READ</td>
</tr>
<tr>
<td></td>
<td>☐ Everyday (Skip to SF 6d)</td>
</tr>
<tr>
<td></td>
<td>☐ Some days (if less than 7 days per week) (Continue to OF 5d-1)</td>
</tr>
<tr>
<td></td>
<td>☐ 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)</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>

| 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 |

| 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 |

| OF 5d-1 | 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 |

| SF5d | SKIP TO SF 5e, or SF 7 or 7-1 as indicated by the type of tobacco use question (question series SF4) above. |
| 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 |
|---|---|
| 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 |
| 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  

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| 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  

| OF 10a-e (var 2) | OR  
|                 |  
|                 | 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
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

<table>
<thead>
<tr>
<th>SF13</th>
<th>Evaluator ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF14</td>
<td>Caller ID</td>
</tr>
<tr>
<td>SF15</td>
<td>Date of first contact with quitline <em>(dd/mm/yyyy)</em>: <strong>/</strong>/__</td>
</tr>
<tr>
<td>SF16</td>
<td>Date of Evaluation Interview: target is seven months after date of first contact with quitline <em>(dd/mm/yyyy)</em>: <strong>/</strong>/__</td>
</tr>
</tbody>
</table>
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? ______________