



MDS Follow-up Questionnaire

October 2019

Background:

In October 2019, the MDS Intake and Follow-up questionnaires were updated to:

- remove questions that are no longer needed;
- shift some questions from required status to optional status;
- reorder questions so that questions about a similar topic are clustered together; and
- move all optional questions to an “[Optional Question Bank](#)”

All MDS intake and follow-up questions continue to have a unique MDS ID, however, the prefixes have changed to:

- Required Intake = "RI";
- Required Follow-up = "RF"
- Optional Intake = "OI"
- Optional Follow-up = "OF"

| A. CALLER SATISFACTION | |
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| MDS ID | Question |
| RF 1 | <p>1. Overall, how satisfied were you with the service you received from the quitline?</p> <p>READ RESPONSE OPTION; CHECK ONE ONLY</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Mostly satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Not at all satisfied</p> <p>DO NOT READ</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| B. TOBACCO BEHAVIORS | |
| <p><u>Introduction for question series RFI 2(a-e) through RF 4a:</u></p> <p>“Next I am going to ask you a series of questions about your use of tobacco. When I ask about tobacco, I am not talking about tobacco related to scared or traditional uses that are part of some American Indiana/Alaskan Native tribal traditions. Also, when I ask about tobacco for this next few questions, please <u>do not</u> including vaping or use of e-cigarettes that contain nicotine. I will be asking you about vaping and e-cigarettes a bit later.”</p> | |
| MDS ID | Question |
| RF 2 | <p>2. Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 30 days?</p> |

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| | <p>DO NOT READ</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (<i>Skip to RF 5</i>)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| RF 3 | <p>3. 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 products, such as Bidis, Kreteks, tobacco pouches like Snus, tobacco orbs, tobacco strips, waterpipe/hookahs?</p> <p>DO NOT READ RF 3 a-e</p> |
| RF 3a | <p>3a. Cigarettes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| RF 3b | <p>3b. Cigars, cigarillos, or little cigars</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| RF 3c | <p>3c. Pipe [Note: this is a traditional pipe, not a water pipe – see “water pipe” or “hookah” under 3e “other” below.]</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| RF 3d | <p>3d. Chewing tobacco, snuff, or dip [Optional: include examples of brand names “such as Skoal, Copenhagen, Grizzly, Levi Garrett, Red Man or Day's Work”]</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Not asked</p> |
| RF 3e | <p>3e. Other type of tobacco products, such as Bidis, Kreteks, tobacco pouches like Snus, tobacco orbs, tobacco strips, waterpipe/hookahs?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (<i>SKIP to RF 5</i>)</p> <p><input type="checkbox"/> Don't know</p> |

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| | <input type="checkbox"/> Refused <input type="checkbox"/> Not asked |
| RF 4a | <div> <div> US Quitline Question: <i>Ask only if caller responded “yes” to RF 3a</i> 4a. Do you currently smoke cigarettes every day, some days, or not at all? [NOTE: “currently” refers to right now, today.] DO NOT READ; CHECK ONLY ONE <input type="checkbox"/> Everyday <input type="checkbox"/> Some days (if less than 7 days per week) <input type="checkbox"/> Not at all <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused <input type="checkbox"/> Not asked </div> <div> Canadian Quitline Question: <i>Ask only if caller responded “yes” to RF 3a</i> 4a. Do you currently smoke cigarettes daily, occasionally, or not at all? [NOTE: “currently” refers to right now, today.] DO NOT READ; CHECK ONLY ONE <input type="checkbox"/> Daily <input type="checkbox"/> Occasionally (if less than 7 days per week) <input type="checkbox"/> Not at all <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused <input type="checkbox"/> Not asked </div> </div> |
| RF 5 | <p><u>Guidance for Quitlines:</u> <i>Ask of all quitline participants who consented to follow-up and are included in the follow-up sample.</i></p> <p><u>Introduction for RF 5:</u> “Next I am going to ask you about your use of e-cigarettes. To better assist quitline callers with quitting tobacco, the quitline would like to understand if quitline callers are using e-cigarettes and other electronic vaping products, such as JUUL, NJOY, BLU, MarkTen, or Vuse, to vape nicotine. We understand that other products can be vaped, but the quitline is only asking about the use of e-cigarettes to vape nicotine.”</p> <p>5. Have you used an e-cigarette or other electronic “vaping” products in the past 30 days? We are only asking about products used to vape nicotine, not other substances like marijuana.</p> <p>DO NOT READ</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Refused <input type="checkbox"/> Not asked |
| C. CESSATION MEDICATION/ASSISTANCE USED | |
| MDS ID | Question |
| RF 6 | <p>6. Since you first called the quitline seven months ago, have you used any of the following products or medications to help you quit?</p> <p>READ RESPONSE OPTIONS; CHECK ALL THAT APPLY</p> <input type="checkbox"/> Nicotine patches <input type="checkbox"/> Nicotine gum |

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| <input type="checkbox"/> Nicotine lozenges <input type="checkbox"/> Nicotine spray <input type="checkbox"/> Nicotine inhaler <input type="checkbox"/> Zyban (also called Wellbutrin or bupropion) <input type="checkbox"/> Chantix (also called varenicline) [CANADA: Champix] <input type="checkbox"/> Other medications to help you quit? (if yes, please specify): _____ DO NOT READ <input type="checkbox"/> No products or medications <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Not asked |
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7 MONTH FOLLOW-UP ADMINISTRATIVE DATA

Guidance for Quitlines:

Quitlines should work closely with their evaluator to ensure the following information is captured and documented for each quitline participant included in follow-up. Definitions of terms have been included to help quitlines and evaluators clearly communicate about what data are needed and how the data are used.

- **Evaluator ID:** This is a unique number that can identify which evaluation staff conducted the follow-up interview. These data can help evaluators in quality improvement efforts.
- **Client/Caller ID:** This is a unique number assigned to each quitline caller. These data are essential for tracking quitline callers through their participation in the quitline and use of quitline services.
- **Date of first contact with quitline:** This is the date (day, month and year) that a quitline caller first had contact with the quitline. These data help identify quitlines callers that should be included in a 7-month follow-up survey.
- **Date of evaluation interview:** This is the date the evaluation interview took place and the evaluation questionnaire was completed/answered by the quitline caller.