

S4 Text. Follow-up questionnaires

1 week

Code : _____ Date : _____ Name: _____ Contact number: _____

Contact history:

Call attempt	1	2	3	4	5	6	7
Caller							
Date/time							
Status							

Part One: Smoking status

A1. Have you smoked in the past 7 days? 1. No, I did not smoke 0. Yes



A1-0-1 How long have you sustained? _____ days



A1-1-1. In the past 7 days, How many days do you smoke, Average _____ days

A1-1-2. In the past 7 days, How many cigarettes do you smoke on working days? Average ____ Cigarettes /day
How many cigarettes do you smoke on weekend? Average ____ Cigarettes /day

- A2. Do you use e-cigarettes in the past 7 days? 1. Yes 0. No (Go to A6)
- A3. Does the e-cigarette you used contain nicotine ingredients?
1. Yes 0. No 9. Don't know
- A4. Do you use heated tobacco products in the past 7 days? 1. Yes 0. No
- A5. Do you use any other tobacco products in the past 7 days except for traditional cigarettes, electronic cigarettes or heated cigarettes?
0. No (Go to A9) 1. Yes, It's _____ (Please fill the category of the tobacco products)
- A6. How many such tobacco products have you used in the past past 7 days?
A total of _____ times, a total of _____ units (please fill in the specific number on the line)\
- A7. How soon after waking do you smoke your first cigarette?
3. Within 5 mins 2. 6-30 mins 1. 31-60 mins 0. 60 mins later
- A8. Do you find it difficult to refrain from smoking places where it is forbidden? E.g. Church, Library, etc.
1. Yes 0. No
- A9. Which cigarette would you hate to give up? 1. The First in the morning 0. Any other
- A10. How many cigarette a day do you smoke?
0. 10 or less 1. 11-20 2. 21-30 3. 31 or more
- A11. Do you smoke more frequently in the morning? 1. Yes 0. No
- A12. Do you smoke even if you are sick in most of the day? 1. Yes 0. No

0To be completed by researcher: Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6 - 10)

Part Two: Quit history

- B1. Since last meet, how many times have you attempted to quit smoking for more than 24 hours in the past year?
0. No attempt (Go to D1) 1. Yes, I attempted _____ times (Please fill in the specific number on the line)
- B2. Since last meet, how long have you sustained to no smoke? _____ days (Please fill in the specific number on the line)
- C1. Do you plan to quit smoking now? 1. Yes 0. No(Pre-contemplation) (Go to D1)
- C2. When do you plan to quit smoking? (Single choice)
- 0. I have no smoking now (action)
 - 1. I will quit smoking within 7 days (preparation/contemplation)
 - 2. I will quit smoking within 1 month (preparation/contemplation)
 - 3. I will quit smoking within 6 months (contemplation)
 - 4. I will quit smoking after 6 months (pre-contemplation)
 - 5. Have not made a decision yet (pre-contemplation)
- C3. 1. Decided smoking cessation date _____ 0. Undecided smoking cessation date

The exact time
i) ___ days after; or
ii) ___ months after.

0 Stage of readiness to quit smoking:
 Action Preparation# Contemplation# Pre-contemplation
Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

Part Three: The use of smoking cessation services

- D1. Since last meet, have you used any other smoking cessation service in the past year?
1. Yes 0. No (Go to part seven)
- D2. What smoking cessation service you have used? (Multiple choices)

	No	Yes	(times used)
1. <input type="checkbox"/> Telephone counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
2. <input type="checkbox"/> Nicotine replacement treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
3. <input type="checkbox"/> Face to Face counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
4. <input type="checkbox"/> Group discussion	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
5. <input type="checkbox"/> Medication treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. <input type="checkbox"/> Acupuncture treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. <input type="checkbox"/> Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

(Please mark)

_____ Thank you for your cooperation! This is the end of the questionnaire _____

1 周随访问卷

编码：_____ 日期：_____ 姓名：_____ 联系电话：_____

联络记录：

尝试次数	1	2	3	4	5	6	7
填写人							
日期/时间							
状态							

第一部分：吸烟情况

A1. 您最近7天内有没有吸烟？ 0 没有，一口都没有 1 有

A1-0-1 您有多长时间一点都没有吸烟？_____天

A1-1-1 最近7天内，您大概有几天有吸烟？_____天

A1-1-2 过去的30天内，工作日通常一天吸_____支；周末吸烟，通常一天吸_____支

- A2. 您最近7天内有没有使用电子烟？ 1. 有 0. 没有(跳到A6)
- A3. 您使用的电子烟含不含尼古丁成分？ 1. 有 0. 没有 9. 不知道
- A4. 您最近7天内有没有使用加热烟？ 1. 有 0. 没有
- A5. 除了传统烟、电子烟或者加热烟，您最近7天内还有没有使用其他烟草产品？
0. 没有 (跳到D部分) 1. 有，是_____ (请填入烟草产品)
- A6. 你最近7天内有使用多少这种烟草产品？共_____次，共_____个/支 (请在横线上填入具体数字)
- A7. 您早晨醒来后多久吸第一支烟？
3. 5分钟 2. 6-30分钟内 1. 31-60分钟内 0. 60分钟后
- A8. 当您身处非吸烟区内，会不会感到难受而忍不住吸烟？ 1. 会 0. 不会
- A9. 您觉得哪一支烟最难放弃？ 1. 早上第一支 0. 其它
- A10. 您每天抽多少支烟？
0. 10支或以下 1. 11-20支 2. 21-30支 3. 31支或更多
- A11. 当您生病几乎整天卧病在床时还会吸烟吗？ 1. 会 0. 不会
- A12. 在起床后数小时内，您吸烟次数是否较在其他时间频繁？ 1. 会 0. 不会

0 To be completed by researcher: Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6-10)

第二部分：戒烟史部分：戒烟情况

B1. 自从上次见面之后，有没有认真试过连续24小时以上不吸烟？1 有试过 0 没有试过

B2. 自从上次见面之后，你最长有多久没有吸烟？_____天

C1. 您现在有没有打算戒烟？1. 有 0. 没有(Pre-contemplation) (跳去 D1)

C2. 您打算从什么时候开始戒烟？(单选)

0. 我现在已经没有吸烟了 (action)

1. 我会在近7天之内戒烟 (preparation/contemplation)

2. 我会在近1个月之内戒烟 (preparation/contemplation)

3. 我会在近6个月之内戒烟 (contemplation)

4. 我会在6个月之后戒烟 (pre-contemplation)

5. 还没做好决定 (pre-contemplation)

C3. 1. 已决定的戒烟日期_____ 0. 未决定戒烟日期

确切时间：
i) ___ 日后 或 ii) ___ 月后

0 Stage of readiness to quit smoking:

Action

Preparation#

Contemplation#

Pre-contemplation

Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

第三部分：戒烟辅导服务使用情况

D1. 自从上次见面之后，你有没有用过任何其他戒烟辅导服务？

1. 有 0. 没有 (问卷完)

D2. 您使用的是什么服务？(可多选)

	没有	有	(次数)
1. <input type="checkbox"/> 电话戒烟辅导	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
2. <input type="checkbox"/> 尼古丁替代治疗	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
3. <input type="checkbox"/> 面对面辅导	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
4. <input type="checkbox"/> 小组讨论戒烟辅导	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
5. <input type="checkbox"/> 戒烟药物治疗	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. <input type="checkbox"/> 针灸治疗	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. <input type="checkbox"/> 其他：_____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

(请注明)

感谢您的合作！问卷到此结束

Follow-up Questionnaire: 1 month

Code : _____ Date : _____ Name: _____ Contact number: _____

Contact history:

Call attempt	1	2	3	4	5	6	7
Caller							
Date/time							
Status							

Part One: Smoking status

A1. Have you smoked in the past 7 days? 1. No, I did not smoke 0. Yes

↓

A1-0-1 How long have you sustained? _____ days

↓

A1-1-1. In the past 30 days, How many days do you smoke, Average _____ days

A1-1-2. In the past 30 days, How many cigarettes do you smoke on working days? Average ____ Cigarettes /day
 How many cigarettes do you smoke on weekend? Average ____ Cigarettes /day

A2. Do you use e-cigarettes in the past 30 days? 1. Yes 0. No (Go to A6)

A3. Does the e-cigarette you used contain nicotine ingredients?

1. Yes 0. No 9. Don't know

A4. Do you use heated tobacco products in the past 30 days? 1. Yes 0. No

A5. Do you use any other tobacco products in the past 30 days except for traditional cigarettes, electronic cigarettes or heated cigarettes?

0. No (Go to A9) 1. Yes, It's _____ (Please fill the category of the tobacco products)

A6. How many such tobacco products have you used in the past 30 days?

A total of _____ times, a total of _____ units (please fill in the specific number on the line)\

A7. How soon after waking do you smoke your first cigarette?

3. Within 5 mins 2. 6-30 mins 1. 31-60 mins 0. 60 mins later

A8. Do you find it difficult to refrain from smoking places where it is forbidden? E.g. Church, Library, etc.

1. Yes 0. No

A9. Which cigarette would you hate to give up? 1. The First in the morning 0. Any other

A10. How many cigarette a day do you smoke?

0. 10 or less 1. 11-20 2. 21-30 3. 31 or more

A11. Do you smoke more frequently in the morning? 1. Yes 0. No

A12. Do you smoke even if you are sick in most of the day? 1. Yes 0. No

0To be completed by researcher: Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6 - 10)

Part Two: Quit history

- B1. Since last call, how many times have you attempted to quit smoking for more than 24 hours in the past year?
0. No attempt (Go to D1) 1. Yes, I attempted _____ times (Please fill in the specific number on the line)
- B2. Since last call, how long have you sustained to no smoke? _____ days (Please fill in the specific number on the line)
- C4. Do you plan to quit smoking now? 1. Yes 0. No(Pre-contemplation) (Go to D1)
- C5. When do you plan to quit smoking? (Single choice)
- 0. I have no smoking now (action)
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- C6. 1. Decided smoking cessation date _____ 0. Undecided smoking cessation date

The exact time
i) ___ days after; or
ii) ___ months after.

0 Stage of readiness to quit smoking:
 Action Preparation# Contemplation# Pre-contemplation
Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

Part Three: The use of smoking cessation services

- D1. Since last call, have you used any other smoking cessation service in the past year?
1. Yes 0. No (Go to part seven)
- D2. What smoking cessation service you have used? (Multiple choices)

	No	Yes	(times used)
1. <input type="checkbox"/> Telephone counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
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3. <input type="checkbox"/> Face to Face counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
4. <input type="checkbox"/> Group discussion	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
5. <input type="checkbox"/> Medication treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. <input type="checkbox"/> Acupuncture treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. <input type="checkbox"/> Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

(Please mark)

Thank you for your cooperation! This is the end of the questionnaire

1 月随访问卷

编码：_____ 日期：_____ 姓名：_____ 联系电话：_____

联络记录：

尝试次数	1	2	3	4	5	6	7
填写人							
日期/时间							
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第一部分：吸烟情况

A1. 您最近7天内有没有吸烟？ 0 没有，一口都没有 1 有

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A1-1-1 最近7天内，您大概有几天有吸烟？_____天

A1-1-2 过去的30天内，工作日通常一天吸_____支；周末吸烟，通常一天吸_____支

- A2. 您最近7天内有没有使用电子烟？ 1. 有 0. 没有(跳到A6)
- A3. 您使用的电子烟含不含尼古丁成分？ 1. 有 0. 没有 9. 不知道
- A4. 您最近7天内有没有使用加热烟？ 1. 有 0. 没有
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0. 没有 (跳到D部分) 1. 有，是_____ (请填入烟草产品)
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3. 5 分钟 2. 6-30 分钟内 1. 31-60 分钟内 0. 60 分钟后
- A8. 当您身处非吸烟区内，会不会感到难受而忍不住吸烟？ 1. 会 0. 不会
- A9. 您觉得哪一支烟最难放弃？ 1. 早上第一支 0. 其它
- A10. 您每天抽多少支烟？
0. 10支或以下 1. 11-20支 2. 21-30支 3. 31支或更多
- A11. 当您生病几乎整天卧病在床时还会吸烟吗？ 1. 会 0. 不会
- A12. 在起床后数小时内，您吸烟次数是否较在其他时间频繁？ 1. 会 0. 不会

0 To be completed by researcher: Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6-10)

第二部分：戒烟史部分：戒烟情况

B1. 自从上次电话之后，有没有认真试过连续24小时以上不吸烟？1 有试过 0 没有试过

B2. 自从上次电话之后，你最长有多久没有吸烟？ _____天

C1. 您现在有没有打算戒烟？1. 有 0. 没有(Pre-contemplation) (跳去 D1)

C2. 您打算从什么时候开始戒烟？(单选)

- 0. 我现在已经没有吸烟了 (action)
- 1. 我会在近7天之内戒烟 (preparation/contemplation)
- 2. 我会在近1个月之内戒烟 (preparation/contemplation)
- 3. 我会在近6个月之内戒烟 (contemplation)
- 4. 我会在6个月之后戒烟 (pre-contemplation)
- 5. 还没做好决定 (pre-contemplation)

确切时间：
i) ___ 日后 或 ii) ___ 月后

C3. 1. 已决定的戒烟日期 _____ 0. 未决定戒烟日期

0 Stage of readiness to quit smoking:

- Action Preparation# Contemplation# Pre-contemplation

Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

第三部分：戒烟辅导服务使用情况

D1. 自从上次电话之后，你有没有用过任何其他戒烟辅导服务？

1. 有 0. 没有 (问卷完)

D2. 您使用的是什么服务？(可多选)

- | | 没有 | 有 | (次数) |
|---------------------------------------|--------------------------|--------------------------|--------|
| 1. <input type="checkbox"/> 电话戒烟辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 2. <input type="checkbox"/> 尼古丁替代治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 3. <input type="checkbox"/> 面对面辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 4. <input type="checkbox"/> 小组讨论戒烟辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 5. <input type="checkbox"/> 戒烟药物治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 6. <input type="checkbox"/> 针灸治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 7. <input type="checkbox"/> 其他： _____ | <input type="checkbox"/> | <input type="checkbox"/> | (____) |

(请注明)

—————感谢您的合作！问卷到此结束—————

Follow-up Questionnaire: 3 month

Code : _____ Date : _____ Name: _____ Contact number: _____

Contact history:

Call attempt	1	2	3	4	5	6	7
Caller							
Date/time							
Status							

Part One: Smoking status

A1. Have you smoked in the past 7 days? 1. No, I did not smoke 0. Yes

A1-0-1 How long have you sustained? _____ days

A1-1-1. In the past 30 days, How many days do you smoke, Average _____ days

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A2. Do you use e-cigarettes in the past 30 days? 1. Yes 0. No (Go to A6)

A3. Does the e-cigarette you used contain nicotine ingredients?
1. Yes 0. No 9. Don't know

A4. Do you use heated tobacco products in the past 30 days? 1. Yes 0. No

A5. Do you use any other tobacco products in the past 30 days except for traditional cigarettes, electronic cigarettes or heated cigarettes?
0. No (Go to A9) 1. Yes, It's _____ (Please fill the category of the tobacco products)

A6. How many such tobacco products have you used in the past 30 days?
A total of _____ times, a total of _____ units (please fill in the specific number on the line)\

A7. How soon after waking do you smoke your first cigarette?
3. Within 5 mins 2. 6-30 mins 1. 31-60 mins 0. 60 mins later

A8. Do you find it difficult to refrain from smoking places where it is forbidden? E.g. Church, Library, etc.
1. Yes 0. No

A9. Which cigarette would you hate to give up? 1. The First in the morning 0. Any other

A10. How many cigarette a day do you smoke?
0. 10 or less 1. 11-20 2. 21-30 3. 31 or more

A11. Do you smoke more frequently in the morning? 1. Yes 0. No

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0 **To be completed by researcher:** Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6-10)

Part Two: Quit history

- B1. Since last call, how many times have you attempted to quit smoking for more than 24 hours in the past year?
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- C8. When do you plan to quit smoking? (Single choice)
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 - 5. Have not made a decision yet (pre-contemplation)
- C9. 1. Decided smoking cessation date _____ 0. Undecided smoking cessation date

The exact time
 i) ___ days after; or
 ii) ___ months after.

0 Stage of readiness to quit smoking:
 Action Preparation# Contemplation# Pre-contemplation
 # **Preparation:** At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

Part Three: The use of smoking cessation services

- D1. Since last call, have you used any other smoking cessation service in the past year?
 1. Yes 0. No (Go to part seven)
- D2. What smoking cessation service you have used? (Multiple choices)

	No	Yes	(times used)
1. <input type="checkbox"/> Telephone counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
2. <input type="checkbox"/> Nicotine replacement treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
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4. <input type="checkbox"/> Group discussion	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
5. <input type="checkbox"/> Medication treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. <input type="checkbox"/> Acupuncture treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. <input type="checkbox"/> Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

(Please mark)

Thank you for your cooperation! This is the end of the questionnaire

3月随访问卷

编码：_____ 日期：_____ 姓名：_____ 联系电话：_____

联络记录：

尝试次数	1	2	3	4	5	6	7
填写人							
日期/时间							
状态							

第一部分：吸烟情况

A1. 您最近7天内有没有吸烟？ 0 没有，一口都没有 1 有

↓

A1-0-1 您有多长时间一点都没有吸烟？_____天

↓

A1-1-1 最近7天内，您大概有几天有吸烟？_____天

A1-1-2 过去的30天内，工作日通常一天吸_____支；周末吸烟，通常一天吸_____支

- A2. 您最近7天内有没有使用电子烟？ 1. 有 0. 没有(跳到A6)
- A3. 您使用的电子烟含不含尼古丁成分？ 1. 有 0. 没有 9. 不知道
- A4. 您最近7天内有没有使用加热烟？ 1. 有 0. 没有
- A5. 除了传统烟、电子烟或者加热烟，您最近7天内还有没有使用其他烟草产品？
0. 没有 (跳到D部分) 1. 有，是_____ (请填入烟草产品)
- A6. 你最近7天内有使用多少这种烟草产品？共_____次，共_____个/支（请在横线上填入具体数字）
- A7. 您早晨醒来后多久吸第一支烟？
3. 5分钟 2. 6-30分钟内 1. 31-60分钟内 0. 60分钟后
- A8. 当您身处非吸烟区内，会不会感到难受而忍不住吸烟？ 1. 会 0. 不会
- A9. 您觉得哪一支烟最难放弃？ 1. 早上第一支 0. 其它
- A10. 您每天抽多少支烟？
0. 10支或以下 1. 11-20支 2. 21-30支 3. 31支或更多
- A11. 当您生病几乎整天卧病在床时还会吸烟吗？ 1. 会 0. 不会
- A12. 在起床后数小时内，您吸烟次数是否较在其他时间频繁？ 1. 会 0. 不会

0 To be completed by researcher: Total score: _____

Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6-10)

第二部分：戒烟史部分：戒烟情况

B1. 自从上次电话之后，有没有认真试过连续24小时以上不吸烟？1 有试过 0 没有试过

B2. 自从上次电话之后，你最长有多久没有吸烟？ _____天

C1. 您现在有没有打算戒烟？1. 有 0. 没有(Pre-contemplation) (跳去 D1)

C2. 您打算从什么时候开始戒烟？(单选)

- 0. 我现在已经没有吸烟了 (action)
- 1. 我会在近7天之内戒烟 (preparation/contemplation)
- 2. 我会在近1个月之内戒烟 (preparation/contemplation)
- 3. 我会在近6个月之内戒烟 (contemplation)
- 4. 我会在6个月之后戒烟 (pre-contemplation)
- 5. 还没做好决定 (pre-contemplation)

确切时间：
i) ___ 日后 或 ii) ___ 月后

C3. 1. 已决定的戒烟日期 _____ 0. 未决定戒烟日期

0 Stage of readiness to quit smoking:

- Action Preparation# Contemplation# Pre-contemplation

Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

第三部分：戒烟辅导服务使用情况

D1. 自从上次电话之后，你有没有用过任何其他戒烟辅导服务？

1. 有 0. 没有 (问卷完)

D2. 您使用的是什麼服务？(可多选)

- | | 没有 | 有 | (次数) |
|---------------------------------------|--------------------------|--------------------------|--------|
| 1. <input type="checkbox"/> 电话戒烟辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 2. <input type="checkbox"/> 尼古丁替代治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 3. <input type="checkbox"/> 面对面辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 4. <input type="checkbox"/> 小组讨论戒烟辅导 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 5. <input type="checkbox"/> 戒烟药物治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 6. <input type="checkbox"/> 针灸治疗 | <input type="checkbox"/> | <input type="checkbox"/> | (____) |
| 7. <input type="checkbox"/> 其他： _____ | <input type="checkbox"/> | <input type="checkbox"/> | (____) |

(请注明)

———多谢您的合作！问卷到此结束———

Follow-up Questionnaire: 6 month

Code : _____ Date : _____ Name: _____ Contact number: _____

Contact history:

Call attempt	1	2	3	4	5	6	7
Caller							
Date/time							
Status							

Part One: Smoking status

A1. Have you smoked in the past 7 days? 1. No, I did not smoke 0. Yes

A1-0-1 How long have you sustained? _____ days

Biochemical validation appointment:

0. Refused

1. Time: _____ Date: _____

Venue: _____

Notes: _____

A1-1-1. In the past 30 days, How many days do you smoke, Average _____ days

A1-1-2. In the past 30 days, How many cigarettes do you smoke on working days? Average ____ Cigarettes /day

How many cigarettes do you smoke on weekend? Average ____ Cigarettes /day

- A2. Do you use e-cigarettes in the past 30 days? 1. Yes 0. No (Go to A6)
- A3. Does the e-cigarette you used contain nicotine ingredients?
1. Yes 0. No 9. Don't know
- A4. Do you use heated tobacco products in the past 30 days? 1. Yes 0. No
- A5. Do you use any other tobacco products in the past 30 days except for traditional cigarettes, electronic cigarettes or heated cigarettes?
0. No (Go to A9) 1. Yes, It's _____ (Please fill the category of the tobacco products)
- A6. How many such tobacco products have you used in the past 30 days?
- A total of _____ times, a total of _____ units (please fill in the specific number on the line)\
- A7. How soon after waking do you smoke your first cigarette?
3. Within 5 mins 2. 6-30 mins 1. 31-60 mins 0. 60 mins later
- A8. Do you find it difficult to refrain from smoking places where it is forbidden? E.g. Church, Library, etc.
1. Yes 0. No
- A9. Which cigarette would you hate to give up? 1. The First in the morning 0. Any other
- A10. How many cigarette a day do you smoke?
0. 10 or less 1. 11-20 2. 21-30 3. 31 or more

- A11. Do you smoke more frequently in the morning? 1. Yes 0. No
 A12. Do you smoke even if you are sick in most of the day? 1. Yes 0. No

0 To be completed by researcher: Total score: _____
 Nicotine Dependency: 1. Mild (0–3) 2. Moderate (4–5) 3. Severe (6 – 10)

Part Two: Quit history

- B1. Since last call, how many times have you attempted to quit smoking for more than 24 hours in the past year?
 0. No attempt (Go to D1) 1. Yes, I attempted _____ times (Please fill in the specific number on the line)
 B2. Since last call, how long have you sustained to no smoke? _____ days (Please fill in the specific number on the line)
 C10. Do you plan to quit smoking now? 1. Yes 0. No (Pre-contemplation) (Go to D1)
 C11. When do you plan to quit smoking? (Single choice)
 0. I have no smoking now (action)
 1. I will quit smoking within 7 days (preparation/contemplation)
 2. I will quit smoking within 1 month (preparation/contemplation)
 3. I will quit smoking within 6 months (contemplation)
 4. I will quit smoking after 6 months (pre-contemplation)
 5. Have not made a decision yet (pre-contemplation)
 C12. 1. Decided smoking cessation date _____ 0. Undecided smoking cessation date

The exact time
 i) ___ days after; or
 ii) ___ months after.

0 Stage of readiness to quit smoking:

- Action Preparation# Contemplation# Pre-contemplation

Preparation: At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

Part Three: The use of smoking cessation services

- D1. Since last call, have you used any other smoking cessation service in the past year?
 1. Yes 0. No (Go to part seven)
 D2. What smoking cessation service you have used? (Multiple choices)

	No	Yes	(times used)
1. <input type="checkbox"/> Telephone counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
2. <input type="checkbox"/> Nicotine replacement treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
3. <input type="checkbox"/> Face to Face counselling	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
4. <input type="checkbox"/> Group discussion	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
5. <input type="checkbox"/> Medication treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
6. <input type="checkbox"/> Acupuncture treatment	<input type="checkbox"/>	<input type="checkbox"/>	(_____)
7. <input type="checkbox"/> Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	(_____)

(Please mark)

Thank you for your cooperation! This is the end of the questionnaire

6月随访问卷

编码：_____ 日期：_____ 姓名：_____ 联系电话：_____

联络记录：

尝试次数	1	2	3	4	5	6	7
填写人							
日期/时间							
状态							

第一部分：吸烟情况

A1. 您最近7天内有没有吸烟？ 0 没有，一口都没有 1 有

A1-0-1 您有多长时间一点都没有吸烟？_____天

预约生化检测：

0. 拒绝

1. 预约时间：_____ 日期：_____

预约地点：_____

备注：_____

A1-1-1 最近7天内，您大概有几天有吸烟？_____天

A1-1-2 过去的30天内，工作日通常一天吸_____支；周末吸烟，通常一天吸_____支

A2. 您最近7天内有没有使用电子烟？ 1. 有 0. 没有(跳到A6)A3. 您使用的电子烟含不含尼古丁成分？ 1. 有 0. 没有 9. 不知道A4. 您最近7天内有没有使用加热烟？ 1. 有 0. 没有

A5. 除了传统烟、电子烟或者加热烟，您最近7天内还有没有使用其他烟草产品？

0. 没有(跳到D部分) 1. 有，是_____ (请填入烟草产品)

A6. 你最近7天内有使用多少这种烟草产品？共_____次，共_____个/支（请在横线上填入具体数字）

A7. 您早晨醒来后多久吸第一支烟？

3. 5 分钟 2. 6-30 分钟内 1. 31-60 分钟内 0. 60 分钟后

- A8. 当您身处非吸烟区内，会不会感到难受而忍不住吸烟？ 1. 会 0. 不会
- A9. 您觉得哪一支烟最难放弃？ 1. 早上第一支 0. 其它
- A10. 您每天抽多少支烟？
 0. 10支或以下 1. 11-20支 2. 21-30支 3. 31支或更多
- A11. 当您生病几乎整天卧病在床时还会吸烟吗？ 1. 会 0. 不会
- A12. 在起床后数小时内，您吸烟次数是否较在其他时间频繁？ 1. 会 0. 不会

0 To be completed by researcher: Total score: _____
 Nicotine Dependency: 1. Mild (0-3) 2. Moderate (4-5) 3. Severe (6-10)

第二部分：戒烟史部分：戒烟情况

- B1. 自从上次电话之后，有没有认真试过连续24小时以上不吸烟？ 1 有试过 0 没有试过
- B2. 自从上次电话之后，你最长有多久没有吸烟？ _____天
- C1. 您现在有没有打算戒烟？ 1. 有 0. 没有(Pre-contemplation) (跳去 D1)
- C2. 您打算从什么时候开始戒烟？(单选)
0. 我现在已经没有吸烟了 (action) _____
1. 我会在近7天之内戒烟 (preparation/contemplation)
2. 我会在近1个月之内戒烟 (preparation/contemplation)
3. 我会在近6个月之内戒烟 (contemplation)
4. 我会在6个月之后戒烟 (pre-contemplation)
5. 还没做好决定 (pre-contemplation)
- C3. 1. 已决定的戒烟日期_____ 0. 未决定戒烟日期

确切时间：
 i) ___ 日后 或 ii) ___ 月后

0 Stage of readiness to quit smoking:
 Action Preparation# Contemplation# Pre-contemplation
 # **Preparation:** At least one 24-hour quit attempt in the past year; **Contemplation:** No quit attempt

第三部分：戒烟辅导服务使用情况

- D1. 自从上次电话之后，你有没有用过任何其他戒烟辅导服务？
 1. 有 0. 没有 (问卷完)
- D2. 您使用的是什么服务？(可多选)

	没有	有	(次数)
1. <input type="checkbox"/> 电话戒烟辅导	<input type="checkbox"/>	<input type="checkbox"/>	(____)
2. <input type="checkbox"/> 尼古丁替代治疗	<input type="checkbox"/>	<input type="checkbox"/>	(____)
3. <input type="checkbox"/> 面对面辅导	<input type="checkbox"/>	<input type="checkbox"/>	(____)
4. <input type="checkbox"/> 小组讨论戒烟辅导	<input type="checkbox"/>	<input type="checkbox"/>	(____)
5. <input type="checkbox"/> 戒烟药物治疗	<input type="checkbox"/>	<input type="checkbox"/>	(____)
6. <input type="checkbox"/> 针灸治疗	<input type="checkbox"/>	<input type="checkbox"/>	(____)
7. <input type="checkbox"/> 其他：_____	<input type="checkbox"/>	<input type="checkbox"/>	(____)

(请注明)

——多谢您的合作！问卷到此结束——