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Demographic Differences in Tobacco Use & Utilization of Cessation Resources Among Asian Oregonians



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Introduction

The Asian Family Center (AFC), a program of the *Immigrant and Refugee Community Organization (IRCO)*, has worked on tobacco control issues in Oregon since 1999. The AFC Tobacco Prevention and Education Program (TPEP) seeks to increase the capacity of Oregon's Asian and Pacific Islander (API) communities to develop and implement effective, culturally appropriate strategies to reduce the use of tobacco and exposure to secondhand smoke. This mission is accomplished through educational outreach, collaborative partnerships with API community leaders and organizations, and mobilizing API youth and adults to address tobacco disparity issues among APIs.



The AFC and its API Health Network identified two gaps in current knowledge about tobacco use and cessation among APIs.

- 1. We do not have good estimates of tobacco use among various API ethnic subgroups.**
- 2. We do not know why API Oregonians do not use Oregon's Tobacco Quit Line.**

In response to these gaps, the AFC worked with the TPEP at Oregon's Public Health Division (Department of Human Services [DHS]), Oregon's Tobacco Quit Line, and NPC Research to develop the current community-driven project. The goal was to collect information about tobacco use and utilization of cessation resources and services among Asian Oregonians, and to examine how demographics, perceptions of harm, cultural factors, and linguistic acculturation are related to tobacco use and cessation.

In this first report, we detail how we executed the first phase of the project, a mail survey. We also describe the results related to our first research question:

What demographic characteristics are related to tobacco use and utilization of cessation resources and services?

This research was funded by the Oregon Tobacco Quit Line and Oregon's Tobacco Prevention & Education Program (TPEP) through the Public Health Division at Oregon's Department of Human Services.

What Is the Problem?

Tobacco Use Prevalence

Tobacco use is the leading cause of death and disability worldwide, contributing to 1 of every 5 deaths, and causes an estimated \$167 billion in annual health-related economic losses within the United States (U.S.) (Center for Disease Control and Prevention [CDC], 2006). Asian Americans and Pacific Islanders (APIs) tend to have the lowest smoking prevalence rate among adults of all racial/ethnic groups (American Lung Association [ALA], 2007). According to the ALA (2007), in 2005, 13.3% of Asians smoked, a much lower rate compared to American Indians/Alaskan Natives (32.0%), non-Hispanic whites (21.9%), non-Hispanic blacks (21.5%), and Hispanics (16.2%). Although APIs as a group constitute the lowest percentage of tobacco use within the U.S., certain ethnic and gender subgroups have a much higher prevalence of tobacco use than the national average. Estimates of tobacco use range from as low as 2.1% for Chinese women to 31% for Korean men (Lew & Tanjasiri, 2003).



APIs are increasingly immigrating to the U.S., with census projections estimating a nearly threefold increase in API individuals by the year 2050. According to Census Bureau statistics from 2000, Asians made up 3% (101,350 Asian alone) of Oregon's total population. Within Multnomah County, with a population of 26,277 API residents, 63% of those were foreign born (Census Bureau, 2008). Many countries in Asia and the Pacific Islands have high rates of smoking prevalence; smoking is estimated to be 66% for men in Korea and 53.5% for men in Japan (Otani et. al., 2003; Tong & Glantz, 2004). With a growing number of immigrants from high tobacco prevalence countries, the burden of tobacco use and related illness is also expected to grow.

Gaps in Knowledge

We do not have good estimates of tobacco use among various API ethnic subgroups.

The population group known as "API" is incredibly heterogeneous (e.g., Japanese, Vietnamese, Mien, Lao, Native Hawaiian, Micronesian). If assigning all APIs to a single population group, it is easy to lose the cultural nuances that can influence tobacco use rates, or the failure of tobacco cessation and prevention programs.

Research shows that tobacco use prevalence among APIs as a group is lower than other racial/ethnic groups, but that rates differ within subgroups. For example, it is estimated that 10% of API adults in Oregon smoke cigarettes as compared to 21% of adults in Oregon (Oregon Department of Human Services [ODHS], 2007). Some estimates of cigarette use are

higher for certain Asian ethnic subgroups (e.g., 31% for Korean men; Lew & Tanjasiri, 2003).

Not surprisingly, estimates of API tobacco use are inconsistent and few studies are able to recruit enough people within a particular API ethnicity to analyze the group separately. As a result, there is a gap in our knowledge of tobacco use and utilization of cessation resources among the various API ethnic groups, which is a major barrier in addressing tobacco use among APIs (Lew & Tanjasiri, 2003).

We do not know why API Oregonians do not use Oregon's Tobacco Quit Line.

The utilization rate of the Oregon Tobacco Quit Line by APIs is markedly lower than other ethnic groups. Despite being the second largest ethnic group in Oregon (approx. 3%; CDC, 2008), less than 1% of API Oregonian smokers called the Oregon Tobacco Quit Line during the 2005–2006 contract year (ODHS, 2006). Oregon's Tobacco Quit Line is a telephone-based counseling service that guides and supports tobacco users in quitting. It provides individualized cognitive-behavioral therapy (CBT), educational materials, and offers nicotine-replacement therapy as a rounded approach to tobacco cessation. Studies have shown that telephone counseling nearly doubles the rate of successful quit attempts compared to the use of self-help educational materials alone (American Cancer Society [ACS], 2002). Little is known about the usage of other types of cessation resources among APIs.

Research Methods

The larger research project employed a mixed methods approach – information was collected from a random sample of respondents using a mail survey and through in-depth interviews with Asian smokers. For the current report, we focus on data collected from the mail survey. We chose to do a mail survey for several reasons. First, they allowed us to reach a wide number of people in Oregon. Second, a mail survey requires fewer resources than other data collection methods (e.g., a telephone survey). Third, TPEP staff could easily be trained to administer the survey.

The entire research project was based on community-based participatory research (CBPR) principles. CBPR methods were important in conducting this research project as it allowed for equitable involvement in the research process by the community (e.g., AFC, Asian Pacific Islander Health Network), researchers (NPC Research), and other key stakeholders (e.g., Oregon’s DHS). CBPR methods also allowed for a co-learning experience by all partners. For example, NPC Research staff trained community members and AFC’s TPEP staff on survey administration, and AFC staff shared its knowledge about the community with its other partners. The Asian Pacific Islander Health Network (herein referred to as the Network), an advisory group to AFC’s Tobacco Prevention and Education Program, assisted and provided feedback throughout the project development and recruitment phases.

CBPR methods were important in conducting this research project as it allowed for equitable involvement in the research process by the community, researchers, and other key stakeholders.

Survey Development

A multi-lingual mail survey was developed and pilot tested for accuracy and cultural appropriateness. The 2-page survey was designed to assess tobacco use, attitudes toward cessation, access to cessation resources (Oregon Quit Line, in particular), acculturation and language, and demographic information. Most of the survey questions were adapted from other sources. Several items were included from the Center for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), which is a nationwide telephone health survey system that has been tracking health behaviors since 1984 (<http://www.cdc.gov/brfss/>). We also adapted items from the California Korean American Tobacco Use Survey, Hmong Tobacco Cessation and Prevention survey, and the North American Quit Line Consortium’s Minimal Data Set Intake Questions.

Pilot Testing

A draft of the survey was pilot tested with bilingual/bicultural AFC staff for clarity, accuracy, and cultural appropriateness. The questionnaire took less than 10 minutes to

complete. Once the pilot test phase was completed, we refined the survey and started the translation phase.

Translation

The cover page and the survey were translated into several Asian languages to ensure participants' understanding of their voluntary participant rights. Initially, we proposed that the questionnaire be translated into eight Asian languages – Chinese, Cambodian, Hmong, Japanese, Lao, Korean, Tagalog, and Vietnamese. After compiling the IRCO client database (our sole source for recruitment of smaller Asian ethnic subgroups in Oregon), we found that we had very few surnames from the Cambodian and Hmong ethnic subgroups, but that we had a relatively large pool of Mien surnames ($n=47$). Thus, we decided to use our limited resources to translate the survey into Mienh rather than Hmong and Cambodian ($n=18$ for each group).

Some of the Network members felt it was unnecessary to translate the questionnaire into Tagalog as most Filipinos in the U.S. speak and read English well, but other Tagalog-speaking Network members supported translating the materials. Ultimately, we decided to translate the survey into Tagalog as Filipinos make up 14% of the Oregon's API population (APIAHF, 2004). As for the Chinese translation, we wanted to translate the materials into both Simplified and Traditional Chinese, but our budget did not allow for both. We could not find information about which language is mainly spoken among Chinese Oregonians, so, with Network support, we elected to translate the materials into Simplified Chinese. In the end, the survey was translated into Simplified Chinese, Japanese, Lao, Korean, Mienh, Tagalog, and Vietnamese (see Appendix A for the final survey and its seven translations).

One of the biggest challenges of this project was the translation process. Once the English version of the survey was pilot tested and finalized, we sent the instrument to the International Language Bank (ILB) to be professionally translated. We worked closely with ILB staff to come up with a translation plan. Although precision was an important factor, we decided that back translation would considerably increase the cost and complexity of the translation process since the survey was being translated into seven languages. Rather than back translating the questionnaire, we followed the translation process described below.

Korean Language Translation

1. There were several disagreements between the professional translator and community member reviewers. Stylistic and grammatical issues were the main concerns for the Korean translations. The reconciliation process took several weeks.
2. In situations where neither the professional translator nor the community member reviewers could come to an agreement, we pilot tested the most up-to-date revision for clarity and accuracy with Korean community members who were not a part of the research process. The result was that most of the professional translations were comprehensible.
3. In the end, both the professional translator and the community member reviewer were able to come to a compromise.

1. ILB sent the original documents to their translators to look for words, terms, acronyms, and so forth that might present problems in translation.
2. ILB staff worked with AFC's TPEP staff and other bilingual staff, and community members to see what they would recommend as translations for those terms. In doing so, ILB created a style guide/glossary that AFC's TPEP staff used throughout the project.
3. ILB gave the style guide to their translators and proofreaders and got their feedback on the terms.
4. ILB gave feedback to AFC's TPEP staff and repeated the process until both parties agreed on an appropriate and accurate translation.

Ultimately, the iterative translation process worked well for this project. In fact, most of the translations were easily completed. Korean and Mienh were the two most complicated languages to translate.

Sampling Design

The target population for this study was Asian Americans ages 18 and older living in Oregon. The decision to sample Asians rather than Asian and Pacific Islanders was a matter of community accessibility and cost. Furthermore, the Asian Family Center has historically served refugees and immigrants from Asian countries, such as Vietnam, Laos, and Cambodia, and therefore has established stronger connections with these Asian communities. Although it is important to explore the socio-cultural influences on tobacco use among Pacific Islanders, we elected to focus exclusively on Asian Oregonians. Using 2005 Census data, we identified counties in Oregon with a significant number (> 500) of residents of Asian-descent, making sure we represented the eastern and southern parts of the state. The target counties and their 2005 Asian populations are listed in Table 1. We aimed to survey 1,200 Asian Oregonians across these 10 counties.

Potential participants were randomly identified by Survey Sampling International (SSI), a survey research firm, and also taken from the IRCO database. SSI provided a list of Asian Oregonians ($n=1100$) from six Asian ethnic subgroups (Chinese, Japanese, Korean, Vietnamese, Filipino, and Other) in each of the target counties, and the IRCO mailing list provided names of Asian Oregonians ($n=191$) from smaller ethnic groups (e.g., Lao,

Mienh Language Translation

1. "Mien" is used to describe the people, where as "Mienh" is used to describe the language.
2. Local Mienh translators were difficult to locate. Development of the written Mienh language is fairly recent. It was not until the 1980s that a roman script was created for the Mienh language.
3. According to professional staff at the ILB, English literacy is fairly high among the Mien community, especially among younger Mienh speakers. After learning this we considered dropping the Mienh translation.
4. In the end, community members supported the plan to translate in Mienh as it was respectful for community members to have the option of completing the survey in their native language.

Cambodian, Mein, and Hmong people living primarily in Multnomah, Clackamas, and Washington counties).

Table 1
Sample Sizes by County

County	Region	2005 Asian Population (% total)	Target Sample	Starting Sample (% total)
Benton	Willamette Valley	3,506 (3.7%)	65	77 (6.0%)
Clackamas	Portland Metro	8,292 (8.8%)	150	161 (12.5%)
Deschutes	Central	849 (0.9%)	50	62 (4.8%)
Jackson	Southern	1,631 (1.7%)	50	62 (4.8%)
Lane	Willamette Valley	6,470 (6.8%)	115	124 (9.6%)
Malheur	Southeastern	619 (0.7%)	50	63 (4.9%)
Marion	Willamette Valley	4,997 (5.3%)	90	103 (8.0%)
Multnomah	Portland Metro	37,638 (39.9%)	400	384 (29.7%)
Umatilla	Northeastern	530 (0.6%)	50	61 (4.7%)
Washington	Portland Metro	29,752 (31.6%)	180	194 (15.0%)
Total	---	94,284 (100%)	1,200	1,291 (100%)

We selected potential participants using stratified cluster sampling. The ten counties served as the clusters, and we stratified each cluster into the six ethnic subgroups (Multnomah, Clackamas, and Washington Counties also included Lao, Cambodian, Mien, and Hmong participants). Sample sizes within each cluster and strata approximated the population density of the Asian Oregonians. In order to ensure geographic diversity of our sample, we established a floor of $n=50$ for counties with smaller populations (e.g., Malheur), and a ceiling of $n=400$ for Multnomah county (largest population). Table 1 presents our target sample sizes within each county, and the final distribution of potential participants across counties (starting sample = 1,291).

We also calculated target sample sizes for each ethnicity (strata) based on the availability of records within each of the ethnic subgroups provided by SSI, and an estimate of contacts available through the IRCO mailing list. Table 2 shows target sample estimates and actual starting sample estimates for each Asian subgroup.

Table 2
Sample Sizes by Ethnicity

Ethnicity	Target Sample (% total)	Starting Sample (% total)
Chinese	143 (11.9%)	124 (9.6%)
Japanese	240 (20.0%)	217 (16.8%)
Korean	140 (10.8%)	106 (8.2%)
Vietnamese	168 (14.0%)	240 (18.6%)
Filipino	205 (15.9%)	182 (14.1%)
Laotian	25 (2.1%)	28 (2.2%)
Cambodian	25 (2.1%)	---
Hmong	25 (2.1%)	---
Mien	25 (2.1%)	40 (3.1%)
Other Asian/Unknown	204 (17.0%)	354 (27.4%)
Total	1,200	1,291

Procedure

In the first week of survey administration, we mailed an introductory letter to 1,291 potential participants explaining the purpose of the research project. The survey, cover letter (with informed consent statement), and a \$2 cash incentive were sent in Week 2. In Week 4, we sent out reminder postcards. A second round of survey packets were sent to remaining participants in Week 5. In Week 7, data collection was completed, and we selected a winner for the \$100 gift card to a local grocery store by generating a random ID number from participants who completed the survey. The winning participant was notified by mail. This protocol was approved by Portland State University's (PSU) Human Subjects Research Review Committee (HSRRC) in January 2008. IRCO does not have its own Institutional Review Board (IRB); therefore, in order to comply with research protocol when involving human subjects, PSU's IRB was used to review all project procedures and materials.

Over the course of survey administration, 13% of the surveys ($n=170$) were returned due to an undeliverable address or participants reporting that they were not of Asian descent (ineligible for study). Table 3 shows the number of completed surveys per county, and a response rate for each county. The overall response rate was 44%.

Table 3
Response Rates by County

County	Starting Sample	# Bad Address/ Not Asian	# Completed Surveys	Response Rate
Benton	77	11	39	59%
Clackamas	161	15	58	40%
Deschutes	62	14	17	35%
Jackson	62	11	13	25%
Lane	124	15	52	48%
Malheur	63	1	36	58%
Marion	103	26	27	35%
Multnomah	384	49	149	44%
Umatilla	61	11	16	32%
Washington	194	17	80	45%
Unknown	---	---	4	---
Total	1,291	170	491	44%

Table 4
Survey Response by Ethnicity

Ethnicity	Starting Sample	# Bad Address/ Not Asian	# Completed Surveys (estimated ethnicity)	Response Rate (estimated ethnicity)	# Completed Surveys (actual ethnicity)
Chinese	124	13	45	41%	104
Japanese	217	23	102	53%	85
Korean	106	11	40	42%	31
Vietnamese	240	30	108	51%	105
Filipino	182	29	41	27%	5
Laotian	28	4	8	33%	42
Cambodian	---	---	---	---	6
Hmong	---	---	---	---	9
Mien	40	8	15	47%	10
Other Asian/Unknown	354	52	132	44%	35
Non-Asian	---	---	---	---	59
Total	1,291	170	491	44%	491

Table 4 presents the number of completed surveys obtained from participants according to their ethnicity. The starting sample was organized by estimated ethnicity (i.e., SSI estimated ethnicity based on surname), so we calculated response rates based on estimated ethnicity. On completed surveys, participants identified their actual ethnicity – their responses are notably different than the SSI estimates (see Table 4). Discrepancies between estimated and actual ethnicity are also due to the fact that participants who were originally categorized as Other Asian or Unknown Asian in the starting sample (i.e., SSI was unable to categorize them based on surname) accurately identified themselves on their completed survey. The total number of respondents, both Asian and non-Asian was 491. The final sample of Asian participants was 432.

We found that 68% of the participants ($n = 426$, missing = 6) were born outside of the United States, but 70% of the surveys were completed in English ($n = 432$). All participants who were born in the United States ($n = 135$) completed the survey in English. Of those who were born outside of the United States ($n = 291$), 44% completed their surveys in their native language (see box to the right for a breakdown of languages used to complete the survey).

Languages Used to Complete Surveys		
English	70%	(301)
Vietnamese	13%	(57)
Chinese	7%	(32)
Korean	7%	(32)
Japanese	1%	(4)
Mienh	1%	(3)
Tagalog	1%	(3)
Total	100%	(432)

Measures

The following items are found on the *Survey of Tobacco Use and Cessation among Asian Oregonians* (see Appendix A). For this report, we included descriptive information about items that assessed demographics, tobacco use, attitudes toward cessation, and utilization of cessation resources.

Demographics

Gender. We asked participants “What gender best describes you?” (male, female, or other).

Ethnicity. To determine the race/ethnicity of the sample, participants were asked, “Which of these groups best describes your heritage or ancestry?” Response options for this question included eight Asian ethnic subgroups (Cambodian, Chinese, Hmong, Japanese, Korean, Laotian, Filipino, and Vietnamese), non-Asian, and other Asian ancestry/heritage.

Age. Participants were asked to select one of six age categories (“What is your age?”):

18 – 24 years old, 25 – 34 years old, 35 – 44 years old, 45 – 54 years old, 55 – 64 years old, and 65 years old or older.

Income. Income was assessed with the question: “What is your total annual family income before taxes?” Response categories were *less than \$10,000, \$10,000 - 15,000, \$15,001 - 20,000, \$20,001 - 25,000, \$25,001 - 35,000, \$35,001 - 50,000, \$50,001 - 75,000, and more than \$75,000.*

Education. Participants were asked to report on their highest level of education (“What is the highest grade or year of school that you have completed?”). Response categories were *never attended school or kindergarten, grades 1-8 (elementary school), grades 9-11 (some high school), grade 12 or GED (high school graduate or equivalent), college 1-3 years (some college or technical school), and college 4 years or more (Bachelor’s degree or more).*

County of Residence. We categorized participants based on their county of residence according to their address: Benton, Clackamas, Deschutes, Jackson, Lane, Malheur, Marion, Multnomah, Umatilla, and Washington.

Tobacco Use

Current smoker. Current smoker status was ascertained through two questions: “Have you smoked 100 cigarettes in your lifetime?” and “Do you now smoke cigarettes everyday, some days, or not at all?” Participants were coded as a “current smoker” (1) if they had ever smoked 100 cigarettes *and* currently smoked everyday or on some days (BRFSS, 2006). Otherwise, participants were coded as “not a current smoker” (0).

Current tobacco user. Participants were asked to indicate all of the different types of tobacco they currently used (“Please indicate if you currently (mark all that apply)”: *smoke cigarettes; smoke cigars, cigarillos, or a pipe; use chewing tobacco, Snus, or snuff with or without Betel nut; smoke a hookah with tobacco shisha; and smoke bidis.* If participants marked any type of tobacco use, they were coded as a “current tobacco user” (1). If participants marked *I do not use any form of tobacco*, they were coded as “not a current tobacco user” (0).

Attitudes toward Cessation

Desire to stop smoking cigarettes. Participants were asked “Would you like to quit smoking cigarettes?” using the following response categories: *yes, no, I do not smoke cigarettes.* Those who reported that they did not smoke cigarettes were recoded to missing so that this item would reflect responses from current smokers only.

Intentions to quit using tobacco. Participants responded to the question “What best describes your intentions regarding quitting tobacco?” using the following response categories: *I have quit for one day or longer in the past year; I am thinking about quitting in the next 6 months; I plan to quit in the next 30 days; I do not plan to quit; and I do not use tobacco.* Those who reported that they did not use tobacco were recoded to missing so that this item would reflect responses from current tobacco users only.

Utilization of Cessation Resources

Use of quit aides. Participants were asked to indicate all of the quit aides that they had ever used (“Have you used any of the following aids to help you quit using tobacco?”). Each type of quit aide was examined separately (nicotine patches, gum, inhaler or nasal spray; hypnotherapy; self-help materials; classes, counseling, or group cessation programs; prescription drugs (Zyban, Chantix, Wellbutrin, etc.); doctor or health care provider; help from family or friends; acupuncturist or traditional healer). We also created a variable to indicate whether they had ever used any type of quit aide (yes = 1), or if they marked *I do not use tobacco* (no = 0).

Awareness of Quit Line. The question “How have you heard about Oregon's Tobacco Quit Line (1-800-QUIT-NOW or 784-8669)?” was used to assess the different ways in which participants had ever heard of the Oregon Quit Line: newspaper; radio; television; flyers, brochures; phone directory; health professionals; family or friends; health insurance; community organizations; and other (please describe). Each method was examined individually, and we created a variable to indicate whether each participant had ever heard of the Quit Line. If any of the methods were marked, the participant was coded as “heard of Quit Line” (1); if the participant marked *I have not heard of Oregon's Tobacco Quit Line*, s/he was coded as “has not heard of Quit Line” (0).

Quit Line Use. Participants responded *yes*, *no*, or *I do not use tobacco* to the following question: “Have you considered using the Oregon Tobacco Quit Line to help you quit using tobacco?” Participants who responded *yes* were coded as “considered calling” (1), and those who responded *no* were coded as “did not consider calling” (0). Set to missing were participants who marked *I do not use tobacco*.

Insurance coverage. Participants responded *yes*, *no*, or *don't know/not sure* to the following two questions: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” and “Are you currently enrolled in the Oregon Health Plan, which is the state Medicaid program?” Participants who responded *yes* to either question were coded as “has insurance coverage” (1), and those who responded *no* to both questions were coded as “does not have insurance coverage” (0). Set to missing were participants who responded *don't know/not sure*.

Results

This report is the first in a series examining tobacco use and cessation among Asian Oregonians. The research question of interest for this report is:

What demographic characteristics are related to tobacco use and utilization of cessation resources and services?

Sample Description

Demographics

Of the 432 Asian participants (including multi-Asian and multiracial), approximately 61% were male and 36% were female (3.2% were missing gender). Table 5 shows the diverse Asian ethnic groups that completed the mailed survey. Chinese and Vietnamese (24.1% and 24.3%, respectively) were the two largest Asian ethnic groups to participate in the survey, followed by Japanese (19.7%).

Table 5
Participants by Ethnicity

Ethnicity	Frequency	Percent
Cambodian	6	1.4
Chinese	104	24.1
Hmong	9	2.1
Japanese	85	19.7
Korean	31	7.2
Laotian	42	9.7
Filipino	5	1.2
Vietnamese	105	24.3
Mien	10	2.3
Other Asian	14	3.2
Multi-Asian	3	0.7
Multiracial: Asian/Non-Asian	3	0.7
Unknown	15	3.5
Total	432	100

Participants tended to be older (see Table 6), with more than one-third (38.4%) being 55 years or older, and nearly half being 35 to 54 years old (48.2%).

Table 6
Participants by Age (in years)

Age, y	Frequency	Percent
18 – 24	11	2.5
25 – 34	42	9.7
35 – 44	104	24.1
45 – 54	104	24.1
55 – 64	77	17.8
65 +	89	20.6
Total	427	98.8

Note: Missing data 5 (1.2%)

Table 7 presents total family income before taxes. Approximately 36% of participants had an annual family income of \$35,000 or less. More than one-fourth of participants (28.5%) reported an annual family income of more than \$75,000. Overall, the median family income of participants in this study (\$35,000 – 50,000) was below Oregon’s median family income for a family of four in 2006 (\$64,832; U.S. Census Bureau, 2007).

Table 7
Participants by Annual Family Income

Annual Income	Frequency	Percent
< \$10,000	32	7.4
\$10,000 – 15,000	24	5.6
\$15,001 – 20,000	21	4.9
\$20,001 – 25,000	22	5.1
\$25,001 – 35,000	56	13.0
\$35,001 – 50,000	65	15.0
\$50,001 – 75,000	66	15.3
> \$75,000	123	28.5
Total	409	94.7

Note: Missing data 23 (5.3%)

Table 8 shows the highest grade or year of school completed. The majority of participants had some college education (65.8%), with almost half having completed a Bachelor's degree or more (46.1%). An additional 17.6% of participants had completed high school or attained a GED and 14.4% had less than a high school education.

Table 8
Participants by Education

Education Level	Frequency	Percent
Never attended school or kindergarten	9	2.1
Grades 1-8 (elementary school)	19	4.4
Grades 9-11 (some high school)	34	7.9
Grade 12 or GED	76	17.6
College 1-3 years (some college or technical school)	85	19.7
College 4 years (Bachelor's Degree or more)	199	46.1
Total	422	97.7

Note: Missing data 10 (2.3%).

Table 9 presents the 10 counties represented in the current study. The majority of participants (62.5%) resided in the tri-county area (Multnomah, Washington, and Clackamas Counties).

Table 9
Participants by County

County	Frequency	Percent
Benton	34	7.9
Clackamas	51	11.8
Deschutes	9	2.1
Jackson	10	2.3
Lane	42	9.7
Malheur	33	7.6
Marion	22	5.1
Multnomah	145	33.6
Umatilla	8	1.9
Washington	74	17.1
Unknown	4	0.9
Total	432	100

Tobacco Use

Tobacco use was calculated four ways:

- 1) **currently smoking cigarettes:** percent of participants who reported currently smoking cigarettes every day or some days;
- 2) **current smokers:** percent of participants who, according to the BRFSS definition, were current smokers (smoked 100 or more cigarettes in their lifetimes and currently smoke every day or some days);
- 3) **currently using tobacco:** percent of participants who reported currently using any type of tobacco; and
- 4) **former smokers:** percent of participants who smoked 100 or more cigarettes in their lifetimes but do not currently smoke.

Table 10 shows that tobacco use prevalence among this sample is similar to state estimates (e.g., 10% of Asian Oregonians currently smoke; DHS, 2007).

Table 10
Tobacco Use Estimates

Tobacco Use	Frequency	Total	Percent
Currently smoking cigarettes	51	426	12.0
Current smoker	36	418	8.6
Currently using tobacco	58	426	13.6
Former smoker	96	418	23.0

Note. Valid percentage is reported and do not include participants with missing data.

Attitudes Toward Cessation

Desire to Stop Smoking Cigarettes. Among participants who reported that they currently smoke cigarettes ($n=51$), 77% reported that they would like to stop smoking.¹ Among those who were current smokers ($n = 36$), 79% reported that they would like to stop smoking.²

Intentions to Quit Using Tobacco. Among current tobacco users ($n=58$), most reported having quit using tobacco for one day or longer in the past year. Almost one-third did not plan to quit using tobacco (see Figure 1).³

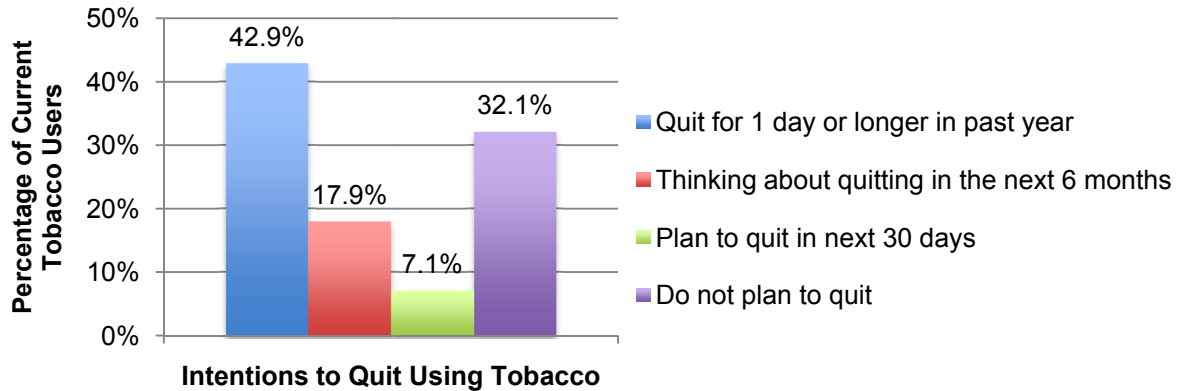
¹ Valid percentage is reported, based on 47 participants (3 had missing data).

² Valid percentage is reported, based on 34 participants (2 had missing data).

³ Valid percentage is reported, based on 56 participants (2 had missing data).

Figure 1

Intentions to Quit among Current Tobacco Users



Utilization of Cessation Resources

Little is known about the utilization of cessation resources among Asian Oregonians. To address this question, we looked at a variety of cessation resources:

- Use of quit aides
- Knowledge of the Oregon Tobacco Quit Line
- Health care coverage

Use of Quit Aides. Table 11 shows quit aide usage among different groups of participants. Approximately 9 out of 10 participants who were currently using some form of tobacco had ever used quit aides, whereas one-third of former smokers reported using quit aides.

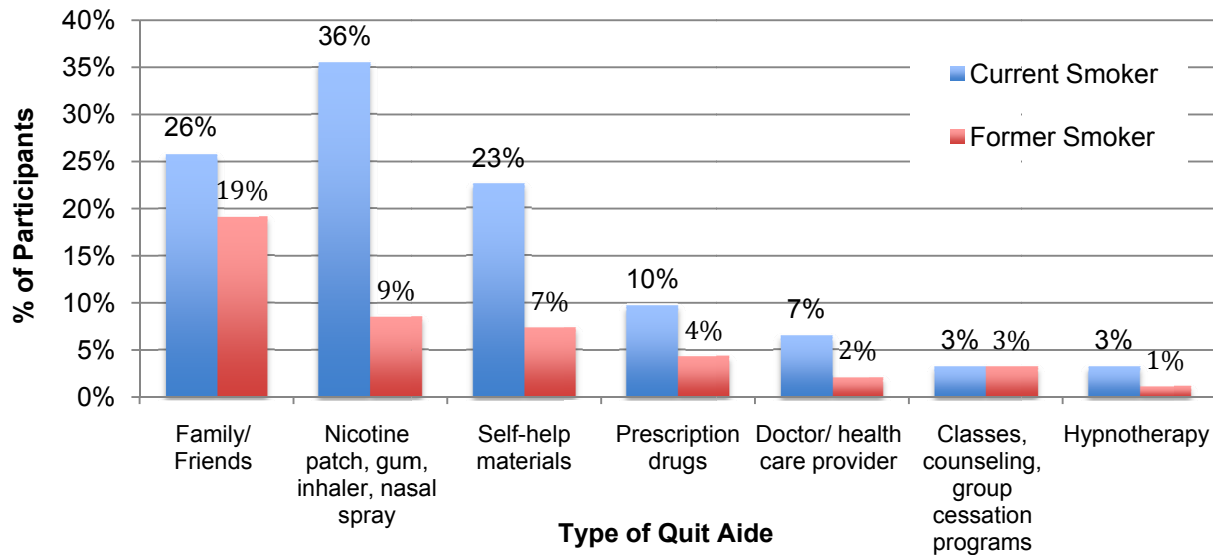
Table 11

Type of Quit Aide Ever Used

	Frequency	Total	Percent
Currently smoking cigarettes	30	34	88.2
Current smoker	24	26	92.3
Currently using tobacco	33	37	89.2
Former smoker	30	90	33.3

The various quit aides used by current and former smokers are presented in Figure 2. The most commonly used quit aides were support from family or friends, nicotine replacement therapies (especially among current smokers) and self-help materials. Less common was the use of prescription drugs and various types of health care providers.

Figure 2
Type of Quit Aide Ever Used



Note. Percentages are based on 31 current smokers and 94 former smokers (due to missing information about quit aides).

Knowledge of the Oregon Tobacco Quit Line. Just over one-third (34.3%) of the participants had heard of the Oregon Tobacco Quit Line ($n = 417$). The proportion was higher among tobacco users:

- 27 out of 51 (52.9%) of those currently smoking cigarettes
- 20 out of 36 (55.6%) of current smokers
- 29 out of 57 (50.9%) of those currently using tobacco

Knowledge of the Quit Line among Asian Oregonians participating in this study was lower than statewide estimates reported by Oregon’s Tobacco Quit Line (see box to the right).

All participants were asked how they heard of the Oregon Tobacco Quit Line and to mark all of the sources in which they heard of the Quit Line. As

shown in Figure 3, television was the most commonly reported source of information about the Quit Line, followed by the newspaper and radio.

Asian Oregonians Knowledge of Quit Line Compared to State

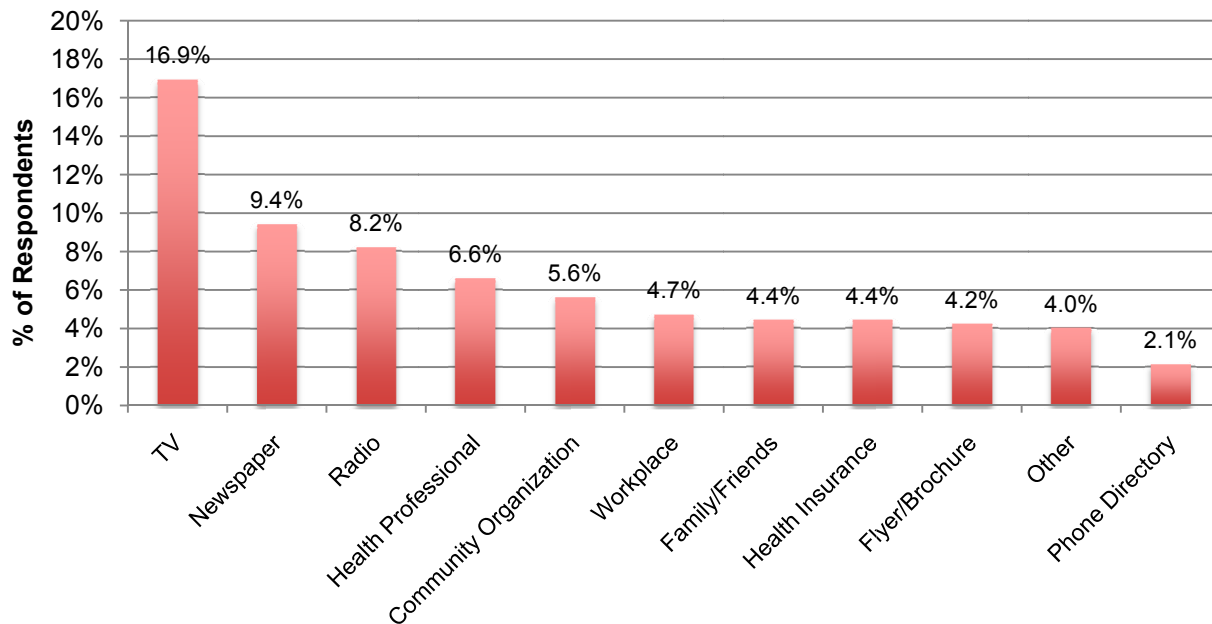
Heard of Quit Line

- 43% of Oregonians in 2007
- 34% of Asian Oregonians participating in this study

Heard of Quit Line – Current Smokers

- 60% of Oregonians in 2007
- 56% of Asian Oregonians participating in this study

Figure 3
How Participants Heard of the Oregon Tobacco Quit Line



Note. Percentages shown based on 427 participants.

Use of the Oregon Tobacco Quit Line. In this sample of Asian Oregonians ($n = 422$), 4.7% had considered calling the Quit Line to help them stop using tobacco. Of course, this rate was higher among current tobacco users:

- 15 out of 50 (30.0%) of those currently smoking cigarettes
- 11 out of 36 (30.6%) of current smokers
- 15 out of 57 (26.3%) of those currently using tobacco
- 1 out of 94 (1.1%) of former smokers

Health Care Coverage. Approximately 85.5% of responding participants ($n = 415$) reported that they had some type of health care coverage, and 12.5% of responding participants ($n = 385$) were covered by the Oregon Health Plan (OHP). If the responses to both of these questions are combined, it is estimated that 13% of the participants did not have health care coverage (based on 421 respondents).

Are Demographics Related to Tobacco Use?

To answer the first part of our research question, we analyzed whether there were any significant differences in tobacco use among various subgroups of participants based on ethnicity, gender, age, income, level of education, and geographical location. We conducted chi-square analyses (with standardized adjusted residuals) to evaluate significant differences between subgroups.

Collapsing Variables

To make sure we had large enough subgroups for statistical analysis ($n \geq 50$), we collapsed response categories for all demographic variables except gender. The collapsed demographic variables were used for all subsequent analyses.

Ethnicity. We collapsed Cambodian, Hmong, Filipino, Mien, Other Asian, Multi-Asian, and Multi-racial Asian/Non-Asian into the “Other” category ($n=50$). All other categories remained the same.

Age. We collapsed the 18 – 24 and 25 – 34 categories to create an 18 – 34 category ($n=53$). All other categories remained the same.

Income. The \$25,001 - \$35,000 and \$35,001 - \$50,000 categories were collapsed into one category (\$25,001 - \$50,000; $n=121$); and \$50,001 - \$75,000 and more than \$75,000 were collapsed into one category (more than \$50,000; $n=189$). The other categories remained the same.

Level of Education. The never attended, grades 1-8, and grades 9-11 categories were collapsed to create the *did not graduate* category ($n=62$). All of the other categories remained the same.

Geographical Location. Certain counties were collapsed to create regions. Benton, Lane, and Marion counties were collapsed to create the Willamette Valley region ($n=98$); and Umatilla, Malheur, Deschutes, and Jackson counties were collapsed to create the Central/Eastern/Southern region ($n=60$). Multnomah, Clackamas, and Washington counties remained separate.

Tobacco Use

Several demographic characteristics were significantly related to currently smoking cigarettes, being a current smoker, and currently using tobacco (see Table 12).

Ethnicity. Tobacco use estimates differed across various ethnic subgroups of Asian Oregonians. Most notably, a larger proportion of Laotian participants and a smaller proportion of Japanese participants reported using tobacco. However, the only statistically significant finding was for current smokers (100 or more cigarettes in lifetime and smokes cigarettes some days or every day) such that Laotian participants were significantly more likely, and Japanese participants were significantly less likely, to be current smokers.

Age. We found a statistically significant pattern across all three definitions of tobacco use: Participants between the ages of 45 and 54 were more likely, and respondents in the 65 and older age group were less likely, to use tobacco.

Gender. Males were significantly more likely to use tobacco than women, regardless of which definition of tobacco use is used.

Education Level. Tobacco use prevalence differed significantly according to highest level of education reached. A significantly larger proportion of high school graduates, and a lower proportion of college graduates, reported that they were currently smoking or currently using tobacco. The trend was not evident for current smokers.

Table 12
Differences in Tobacco Use by Various Demographic Characteristics

Characteristics	Currently Smoking Cigarettes		Current Smoker		Currently Using Tobacco	
	% (n)	p-value	% (n)	p-value	% (n)	p-value
Ethnicity						
Chinese	11.7 (12)	0.11	8.8 (9)	<.05	11.7 (12)	0.37
Japanese	4.8 (4)		*2.4 (2)		10.6 (9)	
Korean	12.9 (4)		10.0 (3)		12.9 (4)	
Laotian	22.5 (9)		*21.4 (9)		25.0 (10)	
Vietnamese	14.6 (15)		8.2 (8)		14.7 (15)	
Other	12.0 (6)		8.2 (4)		14.0 (7)	
Age, y						
18-34	9.6 (5)	<.05	5.9 (3)	<.05	11.5 (6)	<.05
35-44	12.6 (13)		7.0 (7)		13.6 (14)	
45-54	*17.5 (18)		*15.8 (16)		*20.6 (21)	
55-64	15.6 (12)		10.7 (8)		18.2 (14)	
65+	*3.5 (3)		*2.3 (2)		*3.4 (3)	
Gender						
Male	*15.4 (40)	<.05	*11.4 (29)	<.05	*17.8 (46)	<.01
Female	5.2 (8)		3.3 (5)		5.8 (9)	
Education						
Did not graduate from high school	1.4 (10)	<.05	8.8 (5)	0.12	16.7 (10)	<.01
High school or GED	*21.1 (16)		13.7 (10)		*22.4 (17)	
1-3 years college	15.7 (13)		12.0 (10)		17.9 (15)	
College graduate	*5.6 (11)		5.6 (11)		*7.7 (15)	
Income						
\$15,000 or less	10.9 (6)	.32	5.7 (3)	0.51	10.9 (6)	0.47
\$15,001-25,000	14.6 (6)		4.9 (2)		14.3 (6)	
\$25,001-50,000	15.8 (19)		11.2 (13)		17.6 (21)	
> \$50,000	9.1 (17)		8.6 (16)		11.8 (22)	
Geographical Location						
Multnomah	15.3 (22)	<.05	8.7 (12)	0.28	16.0 (23)	<.05
Clackamas	*20.0 (10)		15.2 (7)		*26.0 (13)	
Washington	11.3 (8)		9.6 (7)		12.7 (9)	
Willamette Valley	7.2 (7)		7.2 (7)		*7.2 (7)	
Central/Southern/ Eastern	*5.0 (3)		3.3 (2)		8.3 (5)	

Income. Tobacco use prevalence did not differ based on annual family income.

Geographical Location. There were also regional differences in tobacco use prevalence. A significantly larger proportion of participants living in Clackamas County reported that they were currently smoking cigarettes and/or currently using tobacco. A lower rate of current cigarette use was found in Central/Southern/Eastern Oregon, and of current tobacco use was found in the Willamette Valley. The trend was not statistically significant for current smokers.

Are Demographics Related to Utilization of Cessation Resources?

To answer the third part of our research question, we analyzed whether there were any significant differences in utilization of cessation resources among various subgroups of respondents based on ethnicity, gender, age, income, level of education, and geographical location. We conducted chi-square analyses (with standardized adjusted residuals) to evaluate significant differences between subgroups.

Table 13 and Table 14 show various indicators of cessation resource utilization (use of quit aides, knowledge of Quit Line, and health care coverage) broken out by subgroups.

Ethnicity. Quit aide use did not differ based on ethnicity, but participants who identified as Vietnamese or Other Asian were significantly more likely to have heard of the Oregon Tobacco Quit Line. Less likely to have heard of the Quit Line were Korean participants. In terms of health care coverage, Japanese participants were significantly more likely to have health care coverage and less likely to have been enrolled in OHP. Conversely, Vietnamese or Other Asian participants were significantly less likely to have health care coverage and more likely to have been enrolled in OHP.

Age. Age did not significantly influence use of quit aides, knowledge of the Quit Line, or likelihood of health care coverage. Younger participants (18 – 34 years old) were significantly less likely, and older participants (65 and older) were more likely, to have been enrolled in OHP.

Gender. Men were significantly more likely to have ever used a quit aide, but women were significantly more likely to have heard of the Quit Line. Health care coverage and OHP enrollment were not different based on gender.

Education Level. High school graduates were significantly more likely, and college graduates were significantly less likely, to have ever used quit aides. Awareness of the Quit Line was also related to education such that participants who had not graduated from high school were significantly more likely, and college graduates were significantly less likely, to have heard of the Quit Line. The likelihood of having health care coverage increased, and the likelihood of being enrolled in OHP decreased, with greater educational attainment.

Table 13**Differences in Quit Aide Use & Knowledge of Oregon Tobacco Quit Line by Various Demographic Characteristics**

Characteristics	Ever Used Quit Aide		Has Heard of Oregon Tobacco Quit Line	
	% (n)	p-value	% (n)	p-value
Ethnicity				
Chinese	13.0 (13)	0.15	30.4 (31)	<.01
Japanese	10.0 (8)		25.9 (21)	
Korean	24.1 (7)		*6.9 (2)	
Laotian	26.3 (10)		39.0 (16)	
Vietnamese	20.4 (20)		*45.6 (47)	
Other	16.7 (8)		*49.0 (24)	
Age, y				
18-34	11.8 (6)	0.25	37.7 (20)	0.98
35-44	13.0 (13)		35.3 (36)	
45-54	23.7 (22)		34.0 (34)	
55-64	18.3 (13)		32.9 (25)	
65+	15.1 (13)		32.9 (27)	
Gender				
Male	*23.2 (56)	<.01	30.6 (78)	0.05
Female	7.1 (11)		*40.0 (60)	
Education				
Did not graduate from high school	16.4 (9)	<.05	*53.3 (32)	<.01
High school or GED	*25.7 (18)		38.9 (28)	
1-3 years college	21.3 (17)		31.7 (26)	
College graduate	*11.4 (22)		*27.6 (54)	
Income				
\$15,000 or less	11.3 (6)	.32	34.5 (19)	<.01
\$15,001-25,000	17.5 (7)		*60.5 (26)	
\$25,001-50,000	22.1 (25)		35.0 (41)	
> \$50,000	15.1 (27)		*26.4 (48)	
Geographical Location				
Multnomah	16.3 (22)	0.11	*49.3 (69)	<.01
Clackamas	24.4 (11)		34.0 (17)	
Washington	23.2 (16)		*19.4 (14)	
Willamette Valley	11.5 (11)		29.0 (27)	
Central/Southern/Eastern	10.7 (6)		27.6 (16)	

Table 14
Differences in Health Care Coverage by Various Demographic Characteristics

Characteristics	Had Health Care Coverage		Enrolled in Oregon Health Plan	
	% (n)	p-value	% (n)	p-value
Ethnicity				
Chinese	89.2 (91)	< .01	8.9 (8)	<.05
Japanese	*97.6 (83)		*4.9 (4)	
Korean	93.1 (27)		8.3 (2)	
Laotian	77.5 (31)		13.9 (5)	
Vietnamese	*76.2 (77)		*18.6 (18)	
Other	*76.1 (35)		*19.6 (9)	
Age, y				
18-34	82.4 (42)	0.21	*2.1(1)	< .01
35-44	81.2 (82)		13.8 (12)	
45-54	85.1 (86)		8.5 (8)	
55-64	86.5 (64)		6.9 (5)	
65+	92.9 (79)		*25.6 (21)	
Gender				
Male	86.7 (221)	0.44	10.1 (24)	0.10
Female	83.9 (125)		15.9 (22)	
Education				
Did not graduate from high school	*66.1 (39)	< .01	*31.0 (18)	< .01
High school or GED	*77.1 (54)		19.7 (12)	
1-3 years college	90.5 (76)		10.0 (8)	
College graduate	*93.3 (182)		*5.0 (9)	
Income				
\$15,000 or less	*72.5 (37)	< .01	*47.1 (24)	< .01
\$15,001-25,000	*62.5 (25)		19.4 (7)	
\$25,001-50,000	*79.3 (92)		8.3 (9)	
> \$50,000	*97.3 (183)		*1.2 (2)	
Geographical Location				
Multnomah	*74.5 (102)	< .01	*25.0 (33)	< .01
Clackamas	90.0 (45)		4.3 (2)	
Washington	90.0 (63)		9.4 (6)	
Willamette Valley	90.6 (87)		*3.7 (3)	
Central/Southern/Eastern	93.2 (55)		6.9 (4)	

Income. Use of quit aides did not differ significantly based on income. Participants in the \$15,000 – 25,000 annual family income range were significantly more likely, and those who had a \$50,000 or more annual family income were significantly less likely, to have heard of the Quit Line. The likelihood of having health care coverage increased, and the likelihood of being enrolled in OHP decreased, with higher annual family incomes.

Geographic Location. Use of quit aides did not differ based on geographical location. Participants who lived in Multnomah County were significantly more likely, and those who lived in Washington County were significantly less likely, to have heard of the Quit Line. Multnomah County residents were significantly less likely to have health insurance and more likely to be enrolled in OHP. Willamette Valley residents were also significantly less likely to have been enrolled in OHP.

Summary

Although we know that APIs tend to have lower smoking and tobacco use rates than other population groups, there is also some evidence showing that these rates vary among subgroups of APIs (e.g., ethnicity, gender). Furthermore, API smokers are underserved by tobacco cessation services. The lack of services available to this population and the underutilization of tobacco cessation resources may be a result of the model-minority stereotype that Asians are a healthy population. In addition, APIs may simply be unaware of existing tobacco cessation services and resources available to them. The purpose of this project was to investigate the question:



What demographic characteristics are related to tobacco use and utilization of cessation resources and services?

In this sample of Asian Oregonians, 13.6% currently used tobacco, 12% currently smoked cigarettes, 8.6% were current smokers (smoked 100+ cigarettes in their lifetime and smoked cigarettes some days or every day), and 23% were former smokers. Consistent with previous research, these tobacco use rates varied significantly according to ethnicity, age, gender, educational level, and geographical location.

Higher tobacco and/or cigarette use rates were found for participants who were:

- Laotian (current smoker status only)
- Between the ages of 45 and 54
- Male
- High school graduate (highest level of education attained)
- Living in Clackamas County

Lower tobacco and/or cigarette use rates were found for participants who were:

- Japanese (current smoker status only)
- 65 years old or older
- Female
- College graduates
- Living in Central/Southern/Eastern Oregon or the Willamette Valley

In this sample of Asian Oregonians, 77% of those who currently smoked cigarettes, and 79% of current smokers, wanted to quit smoking. Of the current tobacco users, 68% had intentions to quit. Despite the large proportion of Asian Oregonians in this sample who

wanted to quit, very few API adults called Oregon's Tobacco Quit Line during the 2007-08 contract year (less than 1% of API adult smokers).

Thirty-four percent of this sample of Asian Oregonians had heard of the Quit Line, which is lower than the statewide estimate in 2007 (43%). The likelihood of having heard of the Quit Line differed significantly according to ethnicity, gender, education level, income, and geographical location. These research findings could impact Oregon TPEP's goal to increase access to cessation resources for adults, youth, and populations with tobacco use disparities (DHS, n.d.). Furthermore, these findings could be useful to the Oregon Tobacco Quit Line in their strategies to increase access to the quit line among underserved populations.

More likely to have heard of Oregon's Tobacco Quit Line were participants who were:

- Vietnamese or Other Asian
- Female
- Not high school graduates
- In the \$15,000 – 25,000 annual family income bracket
- Living in Multnomah County

Less likely to have heard of Oregon's Tobacco Quit Line were participants who were:

- Korean
- Men
- College graduates
- In the \$50,000+ annual family income bracket
- Living in Washington County

Little is known about quit aide use among APIs. In this sample of Asian Oregonians, we found that 17% of participants had ever used a quit aide. Lifetime quit aide use differed based on gender and education level.

More likely to have ever used quit aides were participants who were:

- Male
- High school graduates (highest level of education attained)

Less likely to have ever used quit aides were participants who were:

- Female
- College graduates

Health care coverage was considered an indicator of cessation utilization because it can be a pathway for accessing cessation resources. In this sample of Asian Oregonians, 86% had health care coverage.

More likely to have health care coverage were participants who were:

- Japanese
- College graduates
- In the \$50,000+ annual family income bracket

Less likely to have health care coverage were participants who were:

- Vietnamese or Other Asian
- Not college graduates
- Below the \$50,000 annual family income bracket
- Living in Multnomah County

Implications

Although APIs have comparatively lower tobacco use and smoking rates than other population groups, there are disparities among various demographic subgroups based on ethnicity, age, gender, educational level, and geographical location. Tobacco prevention efforts may need to target these specific groups in order to be effective.

Despite a relatively high desire to quit (at least in this sample), APIs do not seem to be utilizing public cessation resources such as the Oregon Tobacco Quit Line, health providers, prescription drugs, or counseling groups. The most commonly used quit aides were friends and family and nicotine replacements. More information is needed to understand why APIs tend not to use public cessation resources, and/or how to market these resources to specific population groups.

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Appendix: Survey & Translations

Survey of Tobacco Use & Cessation among Asian Oregonians

ID#:

Thank you for taking the time to answer this survey. Your answers are very important to us. Please answer each question to the best of your knowledge by filling in the circle (●) next to your response.

- 1 Please indicate if you currently (mark all that apply):
 - Smoke cigarettes
 - Smoke cigars, cigarillos, or a pipe
 - Use chewing tobacco, Snus, or snuff with or without Beta Nut
 - Smoke a hookah with tobacco shisha.
 - Smoke bidis
 - I do not use any form of tobacco
- 2 Have you ever smoked at least 100 cigarettes in your entire life (5 packs = 100 cigarettes)?
 - Yes
 - No
 - Don't know/Not sure
- 3 Do you now smoke cigarettes?
 - Every day
 - Some days
 - Not at all
- 4 At what age did you start using tobacco regularly?
 - 8 years old or younger
 - 9 - 11 years old
 - 12 - 14 years old
 - 15 - 17 years old
 - 18 - 20 years old
 - 21 - 24 years old
 - 25 years old or older
 - I have never used tobacco
- 5 Would you like to quit smoking cigarettes?
 - Yes
 - No
 - I do not smoke cigarettes
- 6 What best describes your intentions regarding quitting tobacco?
 - I have quit for one day or longer in the past year
 - I am thinking about quitting in the next 6 months
 - I plan to quit in the next 30 days
 - I do not plan to quit
 - I do not use tobacco
- 7 Have you used any of the following aids to help you quit using tobacco? (mark all that apply)
 - Nicotine patches, gum, inhaler, or nasal spray
 - Hypnotherapy
 - Self-help materials
 - Classes, counseling, or group cessation programs
 - Prescription drugs (Zyban, Chantix, Wellbutrin, etc.)
 - Doctor or health care provider
 - Help from family or friends
 - Acupuncturist or traditional healer
 - I do not use tobacco
- 8 How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
 - No risk
 - Slight risk
 - Moderate risk
 - Great risk
- 9 Would you say that breathing smoke from someone else's cigarette, cigar, or pipe is:
 - Not at all harmful to one's health
 - Not very harmful to one's health
 - Somewhat harmful to one's health
 - Very harmful to one's health
- 10 How have you heard about Oregon's Tobacco Quit Line (1-800-QUIT-NOW or 784-8669)? (mark all that apply)
 - I have not heard of Oregon's Tobacco Quit Line
 - Newspaper
 - Radio
 - Television
 - Flyers, brochures
 - Phone directory
 - Health professionals
 - Family or friends
 - Workplace
 - Health insurance
 - Community organizations
 - Other (please describe) _____
- 11 Have you considered using the Oregon Tobacco Quit Line to help you quit using tobacco?
 - Yes
 - No
 - I do not use tobacco
- 12 If you answered NO, please briefly state why you have not considered the Oregon Tobacco Quit Line.

- 13 Were you born in the US?
 - Yes
 - No
- 14 If you were not born in the US, how long have you lived in the US?
 - 2 years or less
 - 3 - 5 years
 - 6 - 10 years
 - More than 10 years



Survey of Tobacco Use & Cessation among Asian Oregonians

ID#:

Please answer the next 3 questions using these responses: Not at All Not Too Well Pretty Well Very Well

- 15 How well do you speak English?
- 16 How well do you understand English?
- 17 How well do you read and write English?

18 Is English the most common language spoken in your home? Yes No

19 What best describes your gender? Male Female Other (please describe) _____

- 20 What is your age? 18 - 24 years old 45 - 54 years old
 25 - 34 years old 55 - 64 years old
 35 - 44 years old 65 years or older

21 Are you: Married Widowed
 Divorced Never married
 Separated Member of unmarried couple

22 How many people live in your home (including you)?
 1 4
 2 5
 3 6 or more

23 How many children under the age of 18 live in your home?
 0 3
 1 4
 2 5 or more

24 What is your total annual family income before taxes?
 Less than \$10,000 \$25,001 - 35,000
 \$10,000 - 15,000 \$35,001 - 50,000
 \$15,001 - 20,000 \$50,001 - 75,000
 \$20,001 - 25,000 More than \$75,000

25 What is the highest grade or year of school that you have completed?
 Never attended school or kindergarten Grade 12 or GED (high school graduate or equivalent)
 Grades 1-8 (elementary school) College 1-3 years (some college or technical school)
 Grades 9-11 (some high school) College 4 years or more (Bachelor's Degree or more)

26 Which one of these groups BEST describes your heritage or ancestry?
 Cambodian Laotian
 Chinese Filipino
 Hmong Vietnamese
 Japanese Non-Asian ancestry/heritage
 Korean Other Asian ancestry/heritage (please describe below)

27 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? Yes No Don't know/Not sure

28 Are you currently enrolled in the Oregon Health Plan, which is the state Medicaid program?
 Yes No Don't know/Not sure

29 Has a doctor ever told you that you have (mark all that apply):
 Lung cancer Diabetes
 Heart disease Stroke
 Emphysema Throat cancer
 Asthma Mouth or tongue cancer
 Chronic bronchitis Other cancer
 Cataracts None of the above

Thank you very much for completing the survey! Please promptly return it in the self-addressed, stamped envelope provided. Your COMPLETED survey will be entered in a drawing for a \$100 gift card at the end of the project.

5481239833

俄勒冈亚洲人群烟草使用和戒烟调查问卷

识别号码: _____

感谢你花时间回答这个调查, 你的答案对我们非常重要, 请尽你所知回答问题并在你的答案涂黑 [●]

1	请指出你现在是 (可以多选):	<input type="checkbox"/> 抽香烟 <input type="checkbox"/> 抽雪茄、小雪茄、戒烟斗 <input type="checkbox"/> 使用可咀嚼的烟草、瑞典烟鼻烟、有或无滤嘴的鼻烟 <input type="checkbox"/> 抽有石沙烟草的水烟筒 <input type="checkbox"/> 抽水烟 <input type="checkbox"/> 我不使用任何形式的烟草
2	在你的一生中是否抽过至少 100 根烟 (5 包= 100 根香烟)?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 不知道/不确定
3	你现在抽烟吗:	<input type="checkbox"/> 每天 <input type="checkbox"/> 有些天 <input type="checkbox"/> 根本不抽
4	你从几岁开始抽烟的习惯?	<input type="checkbox"/> 8 岁及以下 <input type="checkbox"/> 15-17 岁 <input type="checkbox"/> 25 岁或以上 <input type="checkbox"/> 9-11 岁 <input type="checkbox"/> 18-20 岁 <input type="checkbox"/> 我从未吸过烟 <input type="checkbox"/> 12-14 岁 <input type="checkbox"/> 21-24 岁
5	你愿意戒烟吗?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 我不吸烟
6	关于你戒烟的意向, 哪一项描述的最好?	<input type="checkbox"/> 我曾经在去年戒过一天的烟或更长的时间 <input type="checkbox"/> 我没有计划戒烟 <input type="checkbox"/> 我在考虑 6 个月以后戒烟 <input type="checkbox"/> 我不抽烟 <input type="checkbox"/> 我计划在 30 天以后戒烟
7	你有使用以下任何的帮助来戒烟吗? (可以多选)	<input type="checkbox"/> 尼古丁贴片、口香糖、吸雾器、或喷鼻器 <input type="checkbox"/> 医生或保健服务提供者 <input type="checkbox"/> 催眠疗法 <input type="checkbox"/> 来自家庭和朋友的帮助 <input type="checkbox"/> 自助材料 <input type="checkbox"/> 针灸或传统医疗 <input type="checkbox"/> 上课、咨询、或团体戒烟计划 <input type="checkbox"/> 我不抽烟 <input type="checkbox"/> 处方药 (Zyban, Champix, Wellbutrin, 等)
8	你认为每天抽一包或以上烟的人会给自己带来多大的伤害风险(身体上的或在其他的方面)?	<input type="checkbox"/> 没有风险 <input type="checkbox"/> 有些风险 <input type="checkbox"/> 很小的风险 <input type="checkbox"/> 非常大的风险
9	你对吸二手香烟、雪茄和烟斗的看法:	<input type="checkbox"/> 对人的健康没有任何伤害 <input type="checkbox"/> 对健康有些伤害 <input type="checkbox"/> 对人的健康没有很大的伤害 <input type="checkbox"/> 对健康有非常大的伤害
10	你怎样得知俄勒冈戒烟热线(1-800-QUIT-NOW 或 784-8869)的? (可以多选)	<input type="checkbox"/> 我没听说过俄勒冈戒烟热线 <input type="checkbox"/> 健康专业人员 <input type="checkbox"/> 报纸 <input type="checkbox"/> 家庭或朋友 <input type="checkbox"/> 收音机 <input type="checkbox"/> 工作单位 <input type="checkbox"/> 电视 <input type="checkbox"/> 健康保险 <input type="checkbox"/> 传单, 手册 <input type="checkbox"/> 社区组织 <input type="checkbox"/> 电话簿 <input type="checkbox"/> 其他(请注明)
11	你是否考虑用俄勒冈戒烟热线来帮助你戒烟?	<input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 我不吸烟
12	如果你回答否, 请简要地叙述你为什么没有考虑使用俄勒冈戒烟热线?	
13	你是否在美国出生?	<input type="checkbox"/> 是 <input type="checkbox"/> 否
14	如果你不是出生在美国, 那你在美国已经住了多长时间?	<input type="checkbox"/> 2 年或以下 <input type="checkbox"/> 6-10 年 <input type="checkbox"/> 3-5 年 <input type="checkbox"/> 超过 10 年
→→→→		→→→→

请用下面的答案回答以下 8 个问题		不会	不是非常好	很好	非常好
15	你的英文讲得怎样?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	你对英文的理解程度是怎样的?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	你读和写的英文程度怎样?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	在你的家里英文是最常用的语言吗?	<input type="radio"/> 是		<input type="radio"/> 否	
19	你的性别?	<input type="radio"/> 男 <input type="radio"/> 女 <input type="radio"/> 其它(请注明)			
20	你的年龄?	<input type="radio"/> 18-24 岁 <input type="radio"/> 25-34 岁		<input type="radio"/> 35-44 岁 <input type="radio"/> 45-54 岁	
				<input type="radio"/> 55-64 岁 <input type="radio"/> 65 岁或以上	
21	你是:	<input type="radio"/> 结婚 <input type="radio"/> 离婚		<input type="radio"/> 分居 <input type="radio"/> 丧偶	
				<input type="radio"/> 从未结过婚 <input type="radio"/> 未婚情侣	
22	你家庭里有多少人(包括你)?	<input type="radio"/> 1 <input type="radio"/> 2		<input type="radio"/> 3 <input type="radio"/> 4	
				<input type="radio"/> 5 <input type="radio"/> 6 或更多	
23	你家庭有多少 18 岁以下的成员	<input type="radio"/> 0 <input type="radio"/> 1		<input type="radio"/> 2 <input type="radio"/> 3	
				<input type="radio"/> 4 <input type="radio"/> 5 人或更多	
24	你家庭的税前年收入总共是多少?	<input type="radio"/> 少于 \$10,000 <input type="radio"/> \$10,000 - 15,000 <input type="radio"/> \$15,001 - 20,000 <input type="radio"/> \$20,001 - 25,000		<input type="radio"/> \$25,001 - 35,000 <input type="radio"/> \$35,001 - 50,000 <input type="radio"/> \$50,001 - 75,000 <input type="radio"/> 超过 \$75,000	
25	你最高的学历或你完成的学年是什么?	<input type="radio"/> 从没上过学或幼儿园 <input type="radio"/> 1-8 年级(小学) <input type="radio"/> 9-11 年级(一些初中) <input type="radio"/> 12 年级或 GEID (高中毕业或同等学历) <input type="radio"/> 大专 1-3 年(一些学院或科技学校) <input type="radio"/> 大学 4 年或以上(学士学位或以上)			
26	你属于哪个祖先或是族裔?	<input type="radio"/> 柬埔寨人 <input type="radio"/> 中国人 <input type="radio"/> 菲律宾人 <input type="radio"/> 苗人 <input type="radio"/> 日本人		<input type="radio"/> 朝鲜人 <input type="radio"/> 老挝人(Laotian) <input type="radio"/> 越南人 <input type="radio"/> 非亚裔血统 <input type="radio"/> 其他亚裔族裔(请注明)	
27	你有任何的医疗保障,其中包括健康保险,预付计划,例如 HMOs,或政府计划例如医疗保健计划吗?	<input type="radio"/> 是 <input type="radio"/> 否 <input type="radio"/> 不知道/不确定			
28	你目前有参加州政府的医疗方案俄勒冈健康计划(Oregon Health Plan)吗?	<input type="radio"/> 是 <input type="radio"/> 否 <input type="radio"/> 不知道/不确定			
29	曾经有医生告诉你有以下的病状吗? (可以多选)	<input type="radio"/> 肺癌 <input type="radio"/> 心脏病 <input type="radio"/> 肺气肿 <input type="radio"/> 哮喘 <input type="radio"/> 慢性支气管炎 <input type="radio"/> 白内障		<input type="radio"/> 糖尿病 <input type="radio"/> 中风 <input type="radio"/> 咽喉癌 <input type="radio"/> 口腔或舌癌 <input type="radio"/> 其他癌症 <input type="radio"/> 没有以上的病症	

非常感谢你完成调查! 请尽快用我们提供的回邮的信封寄回来。你完成的调查问卷在项目完成的时候, 会参加一个价值 \$100 的礼券抽奖活动。

在オレゴン州アジア人における喫煙および禁煙調査

ID 番号: _____

本調査にご協力いただきありがとうございます。あなたのご回答内容は私達にとって大変重要です。回答の際には、分かる範囲で、各質問事項への回答欄にある丸を塗りつぶして [•] ください。

1	現在、あなたは (当てはまるものを全てにマーク ください) :	<input type="checkbox"/> タバコ喫煙者である。 <input type="checkbox"/> 葉巻、シガレット (紙巻きの葉巻) 、パイプ煙草の喫煙者である。 <input type="checkbox"/> 巻きタバコ、ステース、吸殻タバコ (ビンロウジュ入りまたはビンロウジュなし) の使用者である。 <input type="checkbox"/> 水煙セル (タバコシシヤ使用) の喫煙者である。 <input type="checkbox"/> ビーディ喫煙者である。 <input type="checkbox"/> 非喫煙者である。
2	今までの人生で少なくとも100本のタバコを喫煙しましたか (タバコ 5 箱=100本) ?	<input type="checkbox"/> はい <input type="checkbox"/> いいえ <input type="checkbox"/> おからない
3	現在、タバコを:	<input type="checkbox"/> 毎日吸う。 <input type="checkbox"/> 時々吸う。 <input type="checkbox"/> 全く吸わない。
4	タバコの使用が習慣的になったのは何歳からですか?	<input type="checkbox"/> 8歳以下 <input type="checkbox"/> 15-17歳 <input type="checkbox"/> 25歳以上 <input type="checkbox"/> 9-11歳 <input type="checkbox"/> 18-20歳 <input type="checkbox"/> タバコの使用は全くない <input type="checkbox"/> 12-14歳 <input type="checkbox"/> 21-24歳
5	禁煙したいと思えますか?	<input type="checkbox"/> はい <input type="checkbox"/> いいえ <input type="checkbox"/> 非喫煙者である
6	禁煙の理由として最も近いのは?	<input type="checkbox"/> 去年1日以上禁煙した <input type="checkbox"/> 禁煙の予定はない <input type="checkbox"/> 今から6ヶ月以内に禁煙を考えている <input type="checkbox"/> 非喫煙者である <input type="checkbox"/> 今から30日以内に禁煙の予定がある
7	禁煙をサポートするため、今までに使用したものは? (当てはまるものを全てにマーク ください)	<input type="checkbox"/> ニコチンパッチ、ガム、吸入器、または鼻腔用スプレー <input type="checkbox"/> 医者または医療機関 <input type="checkbox"/> 禁煙薬師 <input type="checkbox"/> 家族や友人のサポート <input type="checkbox"/> 自助教材 <input type="checkbox"/> 病院または心療内科医 <input type="checkbox"/> 講習、カウンセリング、またはグループによる禁煙プログラム <input type="checkbox"/> 非喫煙者である <input type="checkbox"/> 処方薬 (ザイバン、チャンディックス、ウェルブトリン等)
8	一日に1箱以上タバコを吸うと、どの程度自身に (身体的またはその他の) 危害を加えていると思えますか?	<input type="checkbox"/> 全く危害なし <input type="checkbox"/> 中程度の危害 <input type="checkbox"/> 軽度の危害 <input type="checkbox"/> 重大な危害
9	他人のタバコ、葉巻、パイプからの煙を吸うことは:	<input type="checkbox"/> 自身の健康に全く有害である。 <input type="checkbox"/> 自身の健康にいくぶん有害である。 <input type="checkbox"/> 自身の健康にそれほど有害でない。 <input type="checkbox"/> 自身の健康に非常に有害である。
10	オレゴン禁煙電話相談 (1-800-QUIT-NOW または 784-8589) は何でお知りになりましたか? (当てはまるものを全てにマーク ください)	<input type="checkbox"/> 今までオレゴン禁煙電話相談について知らなかった。 <input type="checkbox"/> 医療従事者 <input type="checkbox"/> 新聞 <input type="checkbox"/> 家族または友人 <input type="checkbox"/> ラジオ <input type="checkbox"/> 職場 <input type="checkbox"/> テレビ <input type="checkbox"/> 健康保険 <input type="checkbox"/> 広告・パンフレット <input type="checkbox"/> 地域団体 <input type="checkbox"/> 電話機 <input type="checkbox"/> その他 (具体的に書きください) _____
11	禁煙サポートとしてオレゴン禁煙電話相談のご利用を考えたことはありますか?	<input type="checkbox"/> はい <input type="checkbox"/> いいえ <input type="checkbox"/> 非喫煙者である
12	「いいえ」と答えた場合、オレゴン禁煙電話相談の利用を考えた理由について簡単に書きください。	
13	あなたは米国で生まれましたか?	<input type="checkbox"/> はい <input type="checkbox"/> いいえ
14	米国外で生まれた場合、 米国での居住年数は?	<input type="checkbox"/> 2年以下 <input type="checkbox"/> 5-10年 <input type="checkbox"/> 3-5年 <input type="checkbox"/> 10年以上

→ → → →

→ → → →

→ → → →

次の回答は以下の3つの質問に共通です:		全くできない	あまりできない	良くなる	大変良くなる
15	英語の会話レベルはどの程度ですか？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	英語はどの程度理解できますか？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	英語の読み書きはどの程度できますか？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	ご自宅の会話で最も頻りに使われるのは英語ですか？	<input type="radio"/>	はい	<input type="radio"/>	いいえ
19	あなたの性別は？	<input type="radio"/> 男性 <input type="radio"/> 女性 <input type="radio"/> その他（具体的に教えてください）			
20	あなたの年齢は？	<input type="radio"/> 18-24 歳 <input type="radio"/> 25-34 歳 <input type="radio"/> 35-44 歳 <input type="radio"/> 45-54 歳 <input type="radio"/> 55-64 歳 <input type="radio"/> 65歳以上			
21	あなたは：	<input type="radio"/> 結婚している、 <input type="radio"/> 離婚している、 <input type="radio"/> 別居している、 <input type="radio"/> 配偶者と同居している、 <input type="radio"/> 一度も結婚したことはない、 <input type="radio"/> 未婚の夫婦である、			
22	ご自宅には（自身を含めて）何名住んでいますか？	<input type="radio"/> 1人 <input type="radio"/> 2人 <input type="radio"/> 3人 <input type="radio"/> 4人 <input type="radio"/> 5人 <input type="radio"/> 6人以上			
23	ご自宅には18歳未満の子供が何人住んでいますか？	<input type="radio"/> 0人 <input type="radio"/> 1人 <input type="radio"/> 2人 <input type="radio"/> 3人 <input type="radio"/> 4人 <input type="radio"/> 5人以上			
24	あなたの預引前年間世帯所得は？	<input type="radio"/> 10,000 ドル未満 <input type="radio"/> 10,000 - 15,000 ドル <input type="radio"/> 15,001 - 20,000 ドル <input type="radio"/> 20,001 - 25,000 ドル <input type="radio"/> 25,001 - 35,000 ドル <input type="radio"/> 35,001 - 50,000 ドル <input type="radio"/> 50,001 - 75,000 ドル <input type="radio"/> 75,000 ドル超			
25	あなたの最終学歴は？	<input type="radio"/> 学校や幼稚園には行ったことがない <input type="radio"/> 1-8年（小学校） <input type="radio"/> 9-11年（高校教育あり） <input type="radio"/> 12年または GED（高校卒業または同等） <input type="radio"/> 大学1-3年（大学教育ありまたは専門学校） <input type="radio"/> 大学4年以上（学士以上）			
26	あなたの知居に最も近い民族グループは？	<input type="radio"/> カンボジア <input type="radio"/> 韓国 <input type="radio"/> 中国 <input type="radio"/> ラオス <input type="radio"/> フィリピン <input type="radio"/> ベトナム <input type="radio"/> モンゴ <input type="radio"/> 南アジア系 <input type="radio"/> 日本 <input type="radio"/> その他のアジア系（具体的に教えてください）			
27	健康保険、HMOなどのプライベート保険、Medicareなどの政府医療保険を含めた医療保険に入っていますか？	<input type="radio"/> はい <input type="radio"/> いいえ <input type="radio"/> おかしい			
28	現在、オレゴン州の医療補助制度であるオレゴンヘルスプランに参加していますか？	<input type="radio"/> はい <input type="radio"/> いいえ <input type="radio"/> おかしい			
29	今までに医師より受けた診断（当てはまるものを全てにマークください）：	<input type="checkbox"/> 肺炎 <input type="checkbox"/> 糖尿病 <input type="checkbox"/> 心臓病 <input type="checkbox"/> 脳卒中 <input type="checkbox"/> 肺炎腫 <input type="checkbox"/> 喉嚨がん <input type="checkbox"/> ぜん息 <input type="checkbox"/> 口唇がんまたは舌がん <input type="checkbox"/> 慢性気管支炎 <input type="checkbox"/> その他のがん <input type="checkbox"/> 白内障 <input type="checkbox"/> 関係なし			

調査にご協力いただきありがとうございました。同封の切手を貼った返信用封筒にて、ご回答をご返送ください。全ての質問にご回答いただいた方は、本プロジェクト終了時に100ドル商品券の抽選の対象とさせていただきます。

Survey of Tobacco Use & Cessation among Asian Oregonians

신분 #: _____

(담배 사용과 중단에 관한 아시아계 오regon 주민 설문조사 - 한국어)

이 설문지에 답변할 시간을 내주셔서 감사합니다. 여러분의 답변은 저희에게 매우 중요합니다. 각 질문마다 여러번이 알고있는 바에 대하여 최선을 다하여 해당하는 답변 옆에 있는 동그라미를 [x]처럼 표시해 주시길 바랍니다.

1	현재 당신이게 해당하는 것은? (해당 사항은 모두 표시하십시오)	<input type="checkbox"/> 결련(cigarette)을 피운다 <input type="checkbox"/> 여승연(시가)나 작은 영결련 또는 파이프 담배를 피운다 <input type="checkbox"/> 씹는 담배(chewing tobacco)나 스누스(Snus; 담뱃잎을 잘게 잘라서 차 병지 같은 것에 차서 잇몸과 입술 사이에 넣는것), 또는 빈롱 열매(Betel nut)와 향과 또는 빈랑 열매 없이 피우는 코담배(snuff)를 사용한다. <input type="checkbox"/> 물담배(hookah, shisha)를 피운다 <input type="checkbox"/> 말아서 피우는 담배(bidis)를 피운다 <input type="checkbox"/> 어떤 종류의 담배도 피우지 않는다
2	평생동안 담배를 최소한 100 개피 이상(5 갑 - 100 개피) 피우셨습니까?	<input type="checkbox"/> 예 <input type="checkbox"/> 아니오 <input type="checkbox"/> 모름/잘 모름
3	당신은 현재 얼마나 자주 담배를 피우십니까?	<input type="checkbox"/> 매일 <input type="checkbox"/> 가끔 <input type="checkbox"/> 전혀 피우지 않음
4	몇 살때 정기적으로 담배 피움을 사용하기 시작했습니까? <input type="checkbox"/> 9 세 이하 <input type="checkbox"/> 15 - 17 세 <input type="checkbox"/> 25 세 이상 <input type="checkbox"/> 10 - 11 세 <input type="checkbox"/> 18 - 20 세 <input type="checkbox"/> 담배를 피우거나 사용한 적이 없음 <input type="checkbox"/> 12 - 14 세 <input type="checkbox"/> 21 - 24 세	
5	담배를 끊고 싶습니까?	<input type="checkbox"/> 예 <input type="checkbox"/> 아니오 <input type="checkbox"/> 담배를 피우지 않음
6	담배를 끊으려는 의도와 관련하여 다음 중 당신이 가장 적절한 표현은? <input type="checkbox"/> 과거 하루 이상 담배를 끊은 적이 있음 <input type="checkbox"/> 끊을 계획이 없음 <input type="checkbox"/> 6개월 내에 담배를 끊을 생각을 하고 있음 <input type="checkbox"/> 담배를 피우거나 사용하지 않음 <input type="checkbox"/> 30일 내에 끊을 계획임	
7	당신은 담배를 끊기 위해 다음과 같은 어떤 도움을 받아보았습니까? (해당 사항은 모두 표시하십시오) <input type="checkbox"/> 니코틴 패치, 장, 흡입, 또는 비강 분무제 <input type="checkbox"/> 의사 또는 보건 진료 제공자 <input type="checkbox"/> 회원요법 <input type="checkbox"/> 가족 또는 친구의 도움 <input type="checkbox"/> 자가 보조 기구 <input type="checkbox"/> 친구 또는 공동체 치료법 <input type="checkbox"/> 강습, 상담, 또는 단체 금연 프로그램 <input type="checkbox"/> 담배를 피우지 않음 <input type="checkbox"/> 처방약 (Zyban, Chantix, Wellbutrin, 등.)	
8	사람에 하루에 한갑 이상의 담배를 피울 경우, (심리적 또는 다른) 건강을 해칠 위험이 얼마나 있다고 생각합니까? <input type="checkbox"/> 위험이 없다 <input type="checkbox"/> 꽤 위험하다 <input type="checkbox"/> 조금 위험하다 <input type="checkbox"/> 상당히 위험하다	
9	남에 피우는 결련이나 시가 또는 파이프에서 나는 연기를 흡입하며 들어 마시는 것에 대한 당신의 의견은? <input type="checkbox"/> 건강에 전혀 해롭지 않다 <input type="checkbox"/> 건강에 약간 해로운 것이다 <input type="checkbox"/> 건강에 아주 해로운 것은 아니다 <input type="checkbox"/> 건강에 아주 해롭다	
10	오regon 금연 도우미 전화(Oregon Tobacco Quit Line: 1-800-QUIT-NOW 또는 784-8569)에 대하여 들어본 적이 있습니까? (해당 사항은 모두 표시하십시오) <input type="checkbox"/> 오regon 금연 도우미 전화에 대하여 들어본 적이 없음 <input type="checkbox"/> 보건 전문가 <input type="checkbox"/> 신문 <input type="checkbox"/> 가족 또는 친구 <input type="checkbox"/> 라디오 <input type="checkbox"/> 직장 <input type="checkbox"/> 텔레비전 <input type="checkbox"/> 건강 보험 <input type="checkbox"/> 연내 책자, 전단지 <input type="checkbox"/> 지역사회 단체 <input type="checkbox"/> 전화 번호부 <input type="checkbox"/> 기타 (설명하십시오) _____	
11	당신은 담배를 끊는데 도움을 받기 위해 오regon 금연 도우미 전화의 이름을 고려하십니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니오 <input type="checkbox"/> 담배를 피우거나 이용하지 않음.	
12	"아니오"라고 대답한 경우, 오regon 금연 도우미 전화 이름을 고려하지 않는 이유를 간단하게 설명하십시오.	



13	당신은 미국에서 태어났습니까?	<input type="radio"/> 예	<input type="radio"/> 아니오	
14	미국에서 태어나지 않은 경우, 미국에서 얼마나 오래 살았습니까?	<input type="radio"/> 2년 이하 <input type="radio"/> 3-5년	<input type="radio"/> 6-10년 <input type="radio"/> 10년 이상	
<i>다음 여섯 개 가지 질문에 오른쪽 척도를 사용하여 답변하십시오 :</i>				
15	영어로 얼마나 말을 잘할 수 있습니까?	<input type="radio"/>	<input type="radio"/>	
16	영어를 얼마나 잘 이해할 수 있습니까?	<input type="radio"/>	<input type="radio"/>	
17	영어를 얼마나 잘 읽고 쓸 수 있습니까?	<input type="radio"/>	<input type="radio"/>	
18	당신의 가정에서 영어를 가장 일반적으로 사용합니까?	<input type="radio"/> 예	<input type="radio"/> 아니오	
19	당신의 성별을 가장 잘 표현한 것은?	<input type="radio"/> 남	<input type="radio"/> 여	<input type="radio"/> 기타 (설명하십시오) _____
20	당신의 나이는?	<input type="radio"/> 18-24세 <input type="radio"/> 25-34세	<input type="radio"/> 35-44세 <input type="radio"/> 45-54세 <input type="radio"/> 55-64세 <input type="radio"/> 65세 이상	
21	당신은:	<input type="radio"/> 기혼 <input type="radio"/> 이혼	<input type="radio"/> 별거중 <input type="radio"/> 미망인/배우자 사망 <input type="radio"/> 결혼한 적 없음 <input type="radio"/> 결혼하지 않고 동거중	
22	당신 가정에는 몇 명이 살고 있습니까? (당신 자신 포함)	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6명 이상	
23	당신 가정에 18세 미만의 미성년자는 몇 명입니까?	<input type="radio"/> 0 <input type="radio"/> 1	<input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5명 이상	
24	세금을 공제하지 않은 당신 가족의 연간 총 수입은?	<input type="radio"/> \$10,000 미만 <input type="radio"/> \$10,000 - 15,000 <input type="radio"/> \$15,001 - 20,000 <input type="radio"/> \$20,001 - 25,000	<input type="radio"/> \$25,001 - 35,000 <input type="radio"/> \$35,001 - 50,000 <input type="radio"/> \$50,001 - 75,000 <input type="radio"/> \$75,000 이상	
25	당신의 최종 학력은?	<input type="radio"/> 학교 또는 유치원에 다니 적이 없음 <input type="radio"/> 1-8학년 (초등, 중등 학교) <input type="radio"/> 9-11 (고등학교 중퇴) <input type="radio"/> 12학년 또는 GED (고졸 또는 고졸 검정고시) <input type="radio"/> 대학 1-3학년 (대학 중퇴 또는 기술 전문학교/조금대학 졸업) <input type="radio"/> 대학 4학년 이상 (박사 학위 이상 소지)		
26	다음 중, 당신의 조상이나 가계를 가장 잘 나타내는 것은?	<input type="radio"/> 캄보디아인 <input type="radio"/> 중국인 <input type="radio"/> 필리핀인 <input type="radio"/> 몽골인 <input type="radio"/> 일본인	<input type="radio"/> 한국인 <input type="radio"/> 라오스인 <input type="radio"/> 베트남인 <input type="radio"/> 태 아시아계 <input type="radio"/> 다른 아시아인 (기술하십시오) _____	
27	당신은 건강(의료) 보증을 가지고 있습니까? (HMO와 같은 선불 보험이나 메디케어(Medicare)와 같은 정부 보험 포함)	<input type="radio"/> 예	<input type="radio"/> 아니오	
28	당신은 현재 주정부 메디케어(Medicaid) 프로그램인, 오regon 건강 계획(OHP)에 가입되어 있습니까?	<input type="radio"/> 예	<input type="radio"/> 아니오	
29	의사가 당신이 다음과 같은 질병이 있다고 한 적이 있습니까? (해당 사항은 모두 표시하십시오)	<input type="radio"/> 폐암(Lung cancer) <input type="radio"/> 심장병(Heart disease) <input type="radio"/> 폐기종(Emphysema) <input type="radio"/> 천식(Asthma) <input type="radio"/> 만성 기관지염(Chronic bronchitis) <input type="radio"/> 백내장(Cataracts)	<input type="radio"/> 당뇨병(Diabetes) <input type="radio"/> 뇌졸중(Stroke) <input type="radio"/> 후두암, 인후암(Throat cancer) 구강암(Mouth) 또는 혀암(tongue cancer; 혀암이라고도 함) <input type="radio"/> 기타 다른 암(종양) <input type="radio"/> 해당 사항 없음	

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ໃບສຳຮວດກ່ຽວກັບການໃຊ້ຢາສູບແລະການເຊົາສູບຢາໃນກຸ່ມຊາວອຳເພີກອນເຊື້ອສາຍອາຊີ

ID# _____

ສ່ວນໃຫຍ່ຂອງສຳຮວດນີ້ເປັນສຳຮວດທີ່ເປັນສຳຄັນສຳລັບການສຶກສາເຊື້ອສາຍອາຊີ ກະລຸນາຕອບແຕ່ລະຄຳຕາມເທົ່າທີ່ທ່ານສູ້ໃຫ້ໄດ້ທີ່ສຸດໂດຍຕື່ມໃນວົງເມັດ (●) ທີ່ຈາກຄຳຕອບຂອງທ່ານ.

1	ກະລຸນາຕອບ ຖ້າວ່າ ປີຕາຍປັນນີທ່ານ (ໝາຍເຊິ່ງເພີດທີ່ຖືກກັນທ່ານ):	<input type="radio"/> ສູບຢາ <input type="radio"/> ສູບຊີກ້າ, ຊີກ້າວິໄລ ຫຼື ສູບກອກ <input type="radio"/> ສົ່ງຢາ, ໝາກ, ຫຼື ສູດຢາໂດຍມີຊີ້ນຳມືເໝາກ	<input type="radio"/> ສູບລູກາ (hookah) ກັບຊີຊາ (shisha) <input type="radio"/> ສູບຢາເສັ້ນເປີດີ (bidis) <input type="radio"/> ສຳພະເຈົ້າບໍ່ໃຊ້ຢາສູບຊະນິດໃດໆ
2	ໃນຕະຫຼອດຊີວິດຂອງທ່ານ ທ່ານເກີດສູບຢາຢ່າງກນ້ອຍ 100 ກອກ (5 ຊອງ=100 ກອກ) ບໍ່?	<input type="radio"/> ເສັ້ນ <input type="radio"/> ບໍ່ເສັ້ນ <input type="radio"/> ບໍ່ຮູ້ບໍ່ແນ່ໃຈ	
3	ດຽວນີ້ ທ່ານສູບຢາ:	<input type="radio"/> ທຸກມື້ <input type="radio"/> ບໍ່ສູບເລີຍ <input type="radio"/> ບາງມື້	
4	ທ່ານເລີ່ມສູບຢາເປັນປະຈຳຕອນເທົ່າໃດ?	<input type="radio"/> 8 ປີ ຫຼື ນ້ອຍກວ່າ <input type="radio"/> 9-11 ປີ <input type="radio"/> 12-14 ປີ <input type="radio"/> 15-17 ປີ <input type="radio"/> 18-20 ປີ <input type="radio"/> 21-24 ປີ <input type="radio"/> 25 ປີ ຫຼື ແກ່ກວ່າ <input type="radio"/> ສຳພະເຈົ້າບໍ່ເສັ້ນໃຊ້ຢາສູບ	
5	ທ່ານຕ້ອງການເຊົາສູບຢາບໍ່?	<input type="radio"/> ຕ້ອງການ <input type="radio"/> ບໍ່ <input type="radio"/> ສຳພະເຈົ້າບໍ່ໄດ້ສູບຢາ	
6	ຂໍ້ໃດຕໍ່ໄປນີ້ອະທິບາຍຄວາມຕັ້ງໃຈຂອງທ່ານໂດຍສຳຄັນກ່ຽວກັບການເຊົາສູບຢາ?	<input type="radio"/> ສຳພະເຈົ້າເລີຍເຊົາຢູ່ 1 ມື້ ຫຼື ດົນກວ່າ ໃນປີທີ່ຜ່ານມາ <input type="radio"/> ສຳພະເຈົ້າຄິດວ່າເຊົາໃນ 8 ເດືອນສ້າງໜ້າ <input type="radio"/> ສຳພະເຈົ້າວາງແຜນທີ່ຈະເຊົາໃນ 30 ວັນສ້າງໜ້າ	<input type="radio"/> ສຳພະເຈົ້າບໍ່ໄດ້ວາງແຜນທີ່ຈະເຊົາ <input type="radio"/> ສຳພະເຈົ້າບໍ່ໄດ້ໃຊ້ຢາສູບ
7	ທ່ານເສັ້ນໃຊ້ສິ່ງຊ່ວຍເຫຼືອໃດໆສ້າງຊຸ່ມມື້ ເພື່ອຊ່ວຍໃຫ້ທ່ານເຊົາສູບຢາບໍ່? (ໝາຍເຊິ່ງເພີດທີ່ຖືກກັນທ່ານ)	<input type="radio"/> ແຜ່ນມິໂຕດິນ, ໝາກບາດສິງ, ເຄື່ອງຊ່ວຍດູດ, ຫຼື ສະເລືອດດັງ <input type="radio"/> ການສະກົດຈິດ <input type="radio"/> ສູບກອກຊ່ວຍດ້ວຍຕົວເອງ <input type="radio"/> ເຂົ້າຫຼຽນ, ປີກສາຫາລີ, ຫຼື ເຂົ້າໂຄງການກຸ່ມຜູ້ເຊົາຢາ <input type="radio"/> ຢາເພີດສິງ (Zyban, Chantix, Wellbutrin, ແລະ ອື່ນໆ)	<input type="radio"/> ທ່ານໝໍ ຫຼື ຜູ້ຈັດການການດູແລສຸຂະພາບ <input type="radio"/> ຄວາມຊ່ວຍເຫຼືອຈາກຄອບຄົວ ຫຼື ເພື່ອນ <input type="radio"/> ຝັງເສັ້ນ ຫຼື ການຮັກສາແຜນສູວາຍ <input type="radio"/> ສຳພະເຈົ້າບໍ່ໄດ້ໃຊ້ຢາສູບ
8	ທ່ານຄິດວ່າຜູ້ຄົນສ່ຽງອັນຕະລາຍພວກເຮົາເອງຫຼາຍປານໃດ (ທາງສ່າງກາຍ ຫຼື ໃນທາງອິນ) ຖ້າພວກເຮົາສູບຢາ ຫຼື ຫຼາຍກວ່າຂອງ ດັ່ງນີ້?	<input type="radio"/> ບໍ່ສ່ຽງ <input type="radio"/> ສ່ຽງເລັກນ້ອຍ <input type="radio"/> ສ່ຽງປານກາງ	
9	ທ່ານອາດເວົ້າວ່າ ຫາຍໃຈເອົາຄວັນຢາສູບ, ຊີກ້າ ຫຼື ກອກຢາສູບ ຈາກຜູ້ອື່ນແມ່ນ:	<input type="radio"/> ບໍ່ເປັນອັນຕະລາຍແກ່ຜູ້ອື່ນເລີຍ <input type="radio"/> ບໍ່ເປັນອັນຕະລາຍແກ່ຜູ້ອື່ນຫຼາຍປານໃດ	<input type="radio"/> ເປັນອັນຕະລາຍແກ່ຜູ້ອື່ນບາງສ່ວນ <input type="radio"/> ເປັນອັນຕະລາຍແກ່ຜູ້ອື່ນຫຼາຍ
10	ທ່ານໄດ້ເລີຍກ່ຽວກັບສາຍໂທຂ່ວຍເຊົາສູບຢາອຳເພີກອນໂດຍແນວໃດ (1-800-QUIT-NOW ຫຼື 784-8669)? (ໝາຍເຊິ່ງເພີດທີ່ຖືກກັນທ່ານ)	<input type="radio"/> ສຳພະເຈົ້າບໍ່ເສັ້ນໄດ້ເລີຍກ່ຽວກັບສາຍໂທຂ່ວຍເຊົາສູບຢາອຳເພີກອນ <input type="radio"/> ເບັງສີມິມ <input type="radio"/> ວິສະນຸ <input type="radio"/> ໂທຂະສິດ <input type="radio"/> ໃບ-ວິວ, ແຜ່ນສັບ <input type="radio"/> ປື້ມໂທຂະສັບ	<input type="radio"/> ຜູ້ຮຽນຮາມທາງສາຍສູບຢາ <input type="radio"/> ຄອບຄົວ ຫຼື ເພື່ອນ <input type="radio"/> ສະຖານທີ່ຂັດວຽກ <input type="radio"/> ປະຊາກອນສູບຢາ <input type="radio"/> ອົງກອນສູມຊິນ <input type="radio"/> ອື່ນໆ (ກະລຸນາຕອບ) _____
11	ທ່ານເສັ້ນໃຈວ່າລະບາດທີ່ຈະໃຊ້ສາຍໂທຂ່ວຍເຊົາສູບຢາອຳເພີກອນ ເພື່ອຊ່ວຍທ່ານເຊົາສູບຢາບໍ່?	<input type="radio"/> ເສັ້ນ <input type="radio"/> ບໍ່ເສັ້ນ <input type="radio"/> ສຳພະເຈົ້າບໍ່ໄດ້ໃຊ້ຢາສູບ	
12	ຖ້າທ່ານຕອບວ່າ ບໍ່, ກະລຸນາຂຽນໂດຍໝໍ ເປັນຫຍັງທ່ານຈຶ່ງບໍ່ພິຈາລະນາໃຊ້ສາຍໂທຂ່ວຍເຊົາສູບຢາອຳເພີກອນ.		
13	ທ່ານເກີດທີ່ສະຫະລັດແມ່ນບໍ່?	<input type="radio"/> ແມ່ນ <input type="radio"/> ບໍ່ແມ່ນ	
14	ຖ້າຫາກທ່ານບໍ່ໄດ້ເກີດໃນສະຫະລັດ, ທ່ານອາໄສຢູ່ທີ່ສະຫະລັດດົນປານໃດ?	<input type="radio"/> 2 ປີ ຫຼື ນ້ອຍກວ່າ <input type="radio"/> 3-5 ປີ <input type="radio"/> 6-10 ປີ <input type="radio"/> ຫຼາຍກວ່າ 10 ປີ	

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ກະດູນາດອຍ 3 ຄຳສອນຕໍ່ໂຕ		ບໍ່ໄດ້ເລີຍ	ບໍ່ຊື່ນປານໃດ	ສ່ວນສ່ຽງຕື	ອີງຕາມ
15	ທ່ານເວົ້າພາສາອັງກິດໄດ້ດີປານໃດ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	ທ່ານເຂົ້າໃຈພາສາອັງກິດໄດ້ດີປານໃດ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	ທ່ານອ່ານ ແລະ ຊຽນ ພາສາອັງກິດໄດ້ດີປານໃດ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	ພາສາອັງກິດເປັນພາສາທີ່ໃຊ້ທີ່ວ່າໂປຼກາຍທີ່ສຸດໃນບ້ານຂອງທ່ານແມ່ນບໍ່?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	ທ່ານແມ່ນເພດຕ່ຳຍິງ?	<input type="radio"/> ຊາຍ <input type="radio"/> ອື່ນໆ (ກະລຸນາບອກ) _____	<input type="radio"/>	<input type="radio"/>	
20	ອາຍຸທ່ານເທົ່າໃດ?	<input type="radio"/> 18 – 24 ປີ <input type="radio"/> 25 – 34 ປີ	<input type="radio"/> 35 – 44 ປີ <input type="radio"/> 45 – 54 ປີ	<input type="radio"/> 55 – 64 ປີ <input type="radio"/> 65 ປີ ຫຼື ຫຼາຍກວ່າ	
21	ທ່ານແມ່ນ	<input type="radio"/> ແຕ່ງງານ <input type="radio"/> ຢ່າສ້າງ	<input type="radio"/> ແຜນກັບຜູ້ <input type="radio"/> ເຮົາຍ	<input type="radio"/> ບໍ່ເຕີຍແຕ່ງງານ <input type="radio"/> ສະມາຊິກຂອງຄູ່ສື່ແຕ່ງງານ	
22	ມີຄົນອາໄສຢູ່ບ້ານທ່ານຫຼາຍປານໃດ (ລວມທັງທ່ານນຳ)?	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 5 <input type="radio"/> 6 ຫຼື ຫຼາຍກວ່າ	
23	ມີເດັກນ້ອຍອາດຸດຳກວ່າ 18 ປີຢູ່ບ້ານທ່ານຈັກຄົນ?	<input type="radio"/> 0 <input type="radio"/> 1	<input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 ຫຼື ຫຼາຍກວ່າ	
24	ລາຍໄດ້ລວມປະຈຳປີຂອງທ່ານຄົວຂອງທ່ານກ່ອນສັກພາສິແມ່ນເທົ່າໃດ?			<input type="radio"/> ຫນ້ອຍກວ່າ \$10,000 <input type="radio"/> \$10,000 – 15,000 <input type="radio"/> \$15,001 – 20,000 <input type="radio"/> \$20,001 – 25,000	<input type="radio"/> \$25,001 – 35,000 <input type="radio"/> \$35,001 – 50,000 <input type="radio"/> \$50,001 – 75,000 <input type="radio"/> ຫຼາຍກວ່າ \$75,000
25	ທ່ານສຳເລັດການສຶກສາສູງສຸດລະດັບໃດ?	<input type="radio"/> ບໍ່ເສີຍເຂົ້າໂຮງຮຽນ ຫຼື ອະນຸບານ <input type="radio"/> ຊັ້ນຮຽນ 1 – 8 (ໂຮງຮຽນປະຈຳມືມ) <input type="radio"/> ຊັ້ນຮຽນ 9 – 11 (ໂຮງຮຽນມັດທະຍົມປາຍທາງສ່ວນ)	<input type="radio"/> ຊັ້ນຮຽນ 12 ຫຼື GED (ໂຮງຮຽນມັດທະຍົມປາຍ ຫຼື ອຸປະເທົາ) <input type="radio"/> ວິທະຍາລັບ 1 – 3 ປີ (ວິທະຍາລັບ ຫຼື ໂຮງຮຽນການຊ່າງ) <input type="radio"/> ວິທະຍາລັບ 4 ປີ ຫຼື ຫຼາຍກວ່າ (ປະລິນຍາດສື ຫຼື ສູງກວ່າ)		
26	ສິ່ງໃດໃນຖັງນີ້ແມ່ນອະທິບາຍເຊື້ອຊາດ ຫຼື ບັນພະບຸລຸດຂອງທ່ານໄດ້ ຕີອີ່ສຸດ?	<input type="radio"/> ກຳປູເຈຍ <input type="radio"/> ຈີນ <input type="radio"/> ອິນໂດເນເຊຍ <input type="radio"/> ມິ້ງ	<input type="radio"/> ບໍ່ຢູ່ນ <input type="radio"/> ເກົາຫຼີ <input type="radio"/> ອາວ <input type="radio"/> ຫວຽດນາມ	<input type="radio"/> ບໍ່ແມ່ນບັນພະບຸລຸດເຊື້ອຊາດ ອາຊີ <input type="radio"/> ບັນພະບຸລຸດເຊື້ອຊາດ ອາຊີ ອື່ນ (ກະລຸນາບອກ) _____	
27	ທ່ານມີການຮຽນຄອບຄົວແລະສຸຂະພາບຕ່ຳຍິງຄຸ້ມ, ລວມທັງການປະກັນສຸຂະພາບ, ແຜນສຸຂະພາບແບບຈ່າຍຄ່າຄວບຄູ່ ເຊັ່ນ HMOs, ຫຼື ແຜນສຸຂະພາບຂອງຊັງຊະບານເຊັ່ນ ເມດີເຄດ?	<input type="radio"/> ມີ <input type="radio"/> ບໍ່ມີ	<input type="radio"/> ບໍ່ຮູ້ສຳເລັດໃຈ		
28	ບັດຈຸດບັນທຶກໄດ້ລົງກະບຽນເຂົ້າໃນແຜນສຸຂະພາບແຫ່ງຊື່ຖະໜົນ, ສິ່ງແມ່ນໂຄງການເມດິເຄດປະຈຳຊັງ ບໍ່?	<input type="radio"/> ແມ່ນ <input type="radio"/> ບໍ່ແມ່ນ	<input type="radio"/> ບໍ່ຮູ້ສຳເລັດໃຈ		
29	ທ່ານໝັ້ນຄົນອອກທ່ານບໍ່ວ່າທ່ານເປັນ (ເລກຍ່າງພົດທ້າຍເປັນ):	<input type="radio"/> ມະເຮັງຝອດ <input type="radio"/> ໂຮກສິດ <input type="radio"/> ຈິງລິມໂປ່ງໂພງ	<input type="radio"/> ໂຮກສິດ <input type="radio"/> ຫຼອດລິມສັກເສບຊາເຊື້ອ <input type="radio"/> ດັກຈິກຕາ	<input type="radio"/> ໂຮກເມົາຫວານ <input type="radio"/> ເສັ້ນເລືອດໃນສະໝອງຕົນຕົນ <input type="radio"/> ມະເຮັງສູດລິມ	<input type="radio"/> ມະເຮັງນາກ ຫຼື ລິ້ມ <input type="radio"/> ມະເຮັງອື່ນໆ <input type="radio"/> ບໍ່ມີອີ່ກ່າວມາມີ

ຂອບເຂດຂອງສຳຜັດການເວັບໄຊສຳລວດ ໄດ້ສິ້ນສຸດ! ກະລຸນາສົ່ງຄືນຕາມສູດທີ່ມີຢູ່ ພ້ອມທັບແຕນທີ່ຈັດ ຕືອນທີ່ ໃນສຳລວດທີ່ສິ້ນສຸດທົບ ຕົວເລຂອງທ່ານຈະຖືກຈັດເຂົ້າໃນລະບົບຈັບສະຫຼາກສຳຜັດເງິນຂອງລັດ \$100 ໃນຕອນຕົ້ນສຸດໂຄງການ.

Zaah dlmv mangc mbuo E^aala Mlenh ylem Oregon buov In-mblaatic caux guangc In-mblaatic nyel jauv

ID #: _____

Laengz zingh meih guangc jlenv ziangh hoc dau naalv delx zaah mangc nyel sou. Meih dau nyel jauv gengh jlenv halc bun yle mbuo. Tov meih el jlenv yle mbuo naalc nyel jauv dlmv muangh g'ndlev naalv kuing dau [•] dongh ylem jlenv waac-naalc gahien naalv delx kuing naalv. Hsaix jlox horpc nor zorqv waaz muangh mingh oc.

1	Tov mbuox se gomgv meih lh Zanc conc se (mbluv dongh zuqc meih wuov delx)	<input type="radio"/> Buov In-mblaatic <input type="radio"/> Buov cigar, cigarillos, fal longc In-dauv buov <input type="radio"/> Nziluc In-mblaatic, Snus, fal sorqv bleqc mba/zongc longc betel nut fal <input type="radio"/> Longc In-ndongh buov In-mblaatic. <input type="radio"/> Buov bidis <input type="radio"/> Yle se yletc nyungc In-mblaatic malv longc ysac malv buov
2	Meih duqv buov jlex 100 dluh In-mblaatic ylem meih nyel seix zelv fal (5 gapv = 100 dluh In-mblaatic)?	<input type="radio"/> Aeqc <input type="radio"/> Malv <input type="radio"/> Mv hluvhluv mv dngc
3	Meih lh zanc buov In-mblaatic nyel:	<input type="radio"/> Hnol-hnol <input type="radio"/> Hnol baav <input type="radio"/> Malv buov
4	Dongh meih jlex gom buov fal longc In-mblaatic meih duqv mbuoxc zlex hnyangx? <input type="radio"/> 8 hnyangx fal gauh gox delx <input type="radio"/> 9 – 11 hnyangx <input type="radio"/> 12 – 14 hnyangx <input type="radio"/> 15 – 17 hnyangx <input type="radio"/> 18 – 20 hnyangx <input type="radio"/> 21 - 24 hnyangx <input type="radio"/> 25 hnyangx fal gauh gox delx <input type="radio"/> Yle malv longc jlex In-mblaatic	
5	Meih oix guangc In-mblaatic nyel?	<input type="radio"/> Aeqc <input type="radio"/> Malv oix <input type="radio"/> Yle malv buov In-mblaatic
6	Gomgv meih guangc In-mblaatic nyel jauv se hnangv hsaix nor? <input type="radio"/> Yle duqv guangc jlex yletc hnol fal gauh lauh delx <input type="radio"/> Ylem naalv mingh 6 hsaix nyleqc yle oix guangc <input type="radio"/> Ylem naalv mingh 30 hnol yle oix guangc <input type="radio"/> Yle malv hnamv guangc In-mblaatic <input type="radio"/> Yle malv longc In-mblaatic	
7	Meih longc jlex ga'ndlev naalv delx g'anaalv tengx meih guangc In-mblaatic nyel? (Dlmv dongh zelv wuov delx oc) <input type="radio"/> Naalv Nicotine, gum, congx jaang ndle, fuqv mba/zongc <input type="radio"/> Longc Hypnotherapy tengx <input type="radio"/> Tengx ga'ganh nyel ga'naalv <input type="radio"/> Doqc sou, mlenh kulinx, fal durx In-mblaatic guanh <input type="radio"/> Doctor bun nyel ndle (Zyban, Chantix, Wellbutrin, etc.) <input type="radio"/> Ndlc-sal fal zorc baengc mlenh <input type="radio"/> Duqv hnuangv dolc fal a'nzlauc dolc tengx <input type="radio"/> Baqv sim-naaal fal longc ndle-miev tengx <input type="radio"/> Yle malv buov In-mblaatic	
8	Meih hnamv daaih mlenh camv holic ga'ganh ndongc hsaix camv (holic buonh sin fal zlex nyungc jauv) se gomgv nlnh mbuo yletc hnol buov yletc gapv In-mblaatic fal gauh camv? <input type="radio"/> Malv holic zuqc <input type="radio"/> Holic div dien hnangv <input type="radio"/> Holic delc <input type="radio"/> Holic camv halc	
9	Meih hnamv daaih tauv glex sorqv zuqc In-mblaatic, cigar, fal In-ndongh nyel sloux se: <input type="radio"/> Malv halc zoux holic buonh sin <input type="radio"/> Malv holic zuqc buonh sin ndongc hsaix <input type="radio"/> Holic delc baav buonh sin hnangv <input type="radio"/> Gengh holic zuqc buonh sin camv halc	
10	Meih halz jlex naalv Oregon guangc In-mblaatic nyel tel, heuc Tobacco Quit Line (1-800-QUIT-NOW or 784-8669)nyel? (Dlmv jlenv dongh zelv wuov delx oc) <input type="radio"/> Yle malv halz jlex Oregon Tobacco Quit Line <input type="radio"/> Zelv-flexx <input type="radio"/> Dienx taalh/Radio <input type="radio"/> Dienh bengw/TV <input type="radio"/> Zelv-daan, blux mengh zelv <input type="radio"/> Telephone sou <input type="radio"/> Tengx baengc nyel sal-bluv <input type="radio"/> Hnuangv dolc fal loz-gaeng dolc <input type="radio"/> Zoux gom nyel domgx <input type="radio"/> Beu buonh sin baengc nyel gom <input type="radio"/> Ga'nyuoz laangz zong nyel guanh <input type="radio"/> Dleh nyungc (tov gomgv mbuox)_____	
11	Meih duqv hnamv tauv oix longc naalv Oregon Tobacco Quit Line tengx meih guangc In-mblaatic nyel? <input type="radio"/> Aeqc <input type="radio"/> Malv <input type="radio"/> Yle malv buov In-mblaatic.	
12	Se gomgv meih dau Malv, nor tov meih mbuox weic hsaix dluc meih malv longc Oregon Tobacco Quit Line tengx?	
13	Meih cuotv seix ylem naalv US fal?	<input type="radio"/> Aeqc <input type="radio"/> Malv

→→→→

→→→→

→→→→

14	Melh malv zetz cuotv setx ylem US, Melh ylem US lauh ndongc haaix?	<input type="radio"/> 2 hnyangx ga'ndlev <input type="radio"/> 3 – 5 hnyangx	<input type="radio"/> 6 – 10 hnyangx <input type="radio"/> Gauh lauh 10 hnyangx		
Tov melh dau gah ndlev naalv detx 3 jlox waac oc.		Melv halh yletc delx	Melv halh ndongc haaix	Halh delx nyel	Zengv halh nyel
15	Melh halh gomgv Ang'gity camv ndongc haaix?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Melh bleqc hnyouv Ang'gity camv ndongc haaix?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Melh halh doqc caux flev Ang'gity ndongc haaix?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Melh mbuo ylem blaav gomgv Ang'gity gauh camv jlex fal?		<input type="radio"/> Aeqc	<input type="radio"/> Malv	
19	Melh se m'jangc fal m'sleqv ?	<input type="radio"/> M'jangc	<input type="radio"/> M'sleqv	<input type="radio"/> Ganh nyungc (please describe) _____	
20	Melh duqv mbuoqc Zlex hnyangx doqv?	<input type="radio"/> 18 – 24 hnyangx <input type="radio"/> 25 – 34 hnyangx <input type="radio"/> 35 – 44 hnyangx	<input type="radio"/> 45 – 54 hnyangx <input type="radio"/> 55 – 64 hnyangx <input type="radio"/> 65 hnyangx gu'ngusalc maengx		
21	Melh se:	<input type="radio"/> Maah auvinqox <input type="radio"/> Leh <input type="radio"/> Bun noq dolc m'faqv	<input type="radio"/> Guav <input type="radio"/> Malv longc jlex auvinqox <input type="radio"/> Malv gaengh gib-huon nyel cal-dolx		
22	Melh nyel blaav zong maah mbuoqc Zlex dauh mienh (Jlemh jlenv melh)?	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 5 <input type="radio"/> 6 fal gauh camv	
23	Maah mbuoqc zlex dauh fuqc juely 18 hnyangx ga'ndlev maengx ylem melh nyel blaav?	<input type="radio"/> 0 <input type="radio"/> 1	<input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 fal gauh camv	
24	Melh nyel blaav zong yletc hnyangx duqv nyaanh bleqc mbuoqc zlex, Dongh malv gaengh cuotv tax nyel ziangh hoc?	<input type="radio"/> Gauh zoqc \$10,000 <input type="radio"/> \$10,000 – 15,000 <input type="radio"/> \$15,001 – 20,000 <input type="radio"/> \$20,001 – 25,000	<input type="radio"/> \$25,001 – 35,000 <input type="radio"/> \$35,001 – 50,000 <input type="radio"/> \$50,001 – 75,000 <input type="radio"/> Gauh camv \$75,000		
25	Melh doqc sou hlant ndongc haaix fal melh duqv doqc sou mbuoqc zlex hnyangx?	<input type="radio"/> Malv duqv doqc jlex sou <input type="radio"/> 1 – 8 nzangh (jlex gom nyel horqc dongh) <input type="radio"/> 9 – 11 nzangh (duqv doqc delx mba'ndongx wuonc nyel horqc dongh) <input type="radio"/> 12 nzangh fal GED (doqc ziangx mba'ndongx wuonc horqc dongh) <input type="radio"/> 1 – 3 hnyangx (doqc delx domh horqc dongh fal horqc technical gom) <input type="radio"/> 4 hnyangx domh horqc dongh (Bachelor's Degree fal gauh hlant)			
26	Melh nyel ong-laax nqaev se haaix nyungc mienh?	<input type="radio"/> Cambodian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Hmong <input type="radio"/> Japanese	<input checked="" type="radio"/> Korean <input type="radio"/> Laotian <input type="radio"/> Vietnamese <input type="radio"/> Malv maah E'sle mienh gom baengx <input type="radio"/> Ganh delx E'sle mienh nyel ong-laax nqaev (Haax nyungc tov melh mbuox) _____		
27	Melh maah haax nyungc beu jom namx Jauv, Jlemh beu buonh sin baengc idauh Jauv, zuqc bun nyaanh ndaangc hnyangv HMOs, fal hungh jaa tengx nyel Medicare nyel fal?	<input type="radio"/> Aeqc maah <input type="radio"/> Malv maah <input type="radio"/> Malv hluw'hluv malv dingc			
28	Melh ih zanc se duqv faaux mbuox bleqc Oregon Health Plan, dongh hungh jaa tengx nyel Medicaid program nyel?	<input type="radio"/> Aeqc maah <input type="radio"/> Malv maah <input type="radio"/> Malv hluw'hluv malv dingc			
29	Nde-sal (Doctor) duqv mbuox jlex Melh gomgv melh maah (waaz mbluv dongh zuqc wuov delx)	<input type="radio"/> Plom nyel cancer <input type="radio"/> Mbaqc nzu baengc <input type="radio"/> Sin omx baengc <input type="radio"/> Tauv qlex jlenv <input type="radio"/> Buqv has-cunv baengc <input type="radio"/> M'zing mun baengc	<input type="radio"/> Buzz-nylav mun <input type="radio"/> Baengc-mbal <input type="radio"/> Jaang-hoh nyel cancer <input type="radio"/> Nzuh baengx caux mblatc cancer <input type="radio"/> Ganh nyungc cancer <input type="radio"/> Malv maah yletc nyungc		

Laengz zingh camv waic melh tengx zoux naalv zelv zaah dimv mange nyel jauv! Tov melh stepv-stepv nyel dapv jlenv yie mbuo bun naalv norm fiex-mbuoqc aeqv fungx dauh nqaang oc. Dongh melh zoux ziangx naalv zelv sou, tauv sev muez nyel hnoi yie mbuo oix dapv bleqc setx wuonc-qlex faang mingh, mange gaax zorgv zuqc haax dauh nor duqv yletc koiv mbarv maah \$100 ndornh nyaanh halh longc maaz duqv ga'naalv nyel.

Pag-susuri tungkol sa Pag-gamit ng Tabako at Paghinto sa pag-gamit nito mula sa mga Oregoniang Asiano ID#:

Maraming salamat sa oras na iyong guguhin upang sagutan ang pagsusuring ito. Ang iyong mga kasagutan ay lubhang napakahalaga sa amin. Pakiusap na sagutan ang bawat tanong sa abot kaya ng iyong kaalaman sa pamamagitan ng pag-puno sa mga bilog (●) kasunod ng iyong kasagutan.

- 1 Pakiusap na ibigay ng may katiyakang kung ikaw ay kasalukuyang (markahan ang lahat ng may kaugnayan):

<input type="radio"/> Humihiti ng mga sigarilyo	<input type="radio"/> Humihiti ng hookah kasama ng pipa o kwako ng tabako
<input type="radio"/> Humihiti ng tabako, sigarilyo, pipa o kwako	<input type="radio"/> Humihiti ng tabakong binalot sa dahon
<input type="radio"/> Gumagamit ng tabakong nginunguya, Snus, o sinisinghot na mayroon o walang mani ng Bata	<input type="radio"/> Hindi ako gumagamit ng kahit na anong uri ng tabako
- 2 Ikaw ba ay nakahihiti na ng mahigit kumulang sa 100 sigarilyo sa iyong buong buhay (5 pakete = 100 sigarilyo)?

Oo Hindi Hindi alam/hindi sigurado
- 3 Ikaw ba sa kasalukuyan ay humihiti ng sigarilyo?

Araw-araw Sa kaunting mga araw Hindi kailanman nanigarilyo
- 4 Ano ang iyong edad ng ikaw ay nag-umpisang naging madalas na gumamit ng tabako?

<input type="radio"/> 8 taong gulang o mas mababa pa	<input type="radio"/> 15-17 taong gulang	<input type="radio"/> 25 taong gulang o mas mataas pa
<input type="radio"/> 9-11 taong gulang	<input type="radio"/> 18-20 taong gulang	<input type="radio"/> Hindi ako kailanman gumamit ng tabako
<input type="radio"/> 12-14 taong gulang	<input type="radio"/> 21-24 taong gulang	
- 5 Nais mo bang huminto na sa pag-hiti ng sigarilyo?

Oo Hindi Hindi ako humihiti ng mga sigarilyo
- 6 Ano ang pinakamahas ay na pagsasalarawan ng iyong hangarin tungkol sa paghinto sa paggamit ng tabako?

<input type="radio"/> Ako ay huminto ng isang araw o mahigit pa sa loob ng nakaraang taon	<input type="radio"/> Wala akong balak na huminto
<input type="radio"/> Inisip ko ang tungkol sa paghinto sa susunod na 6 na buwan	<input type="radio"/> Hindi ako gumagamit ng tabako
<input type="radio"/> Binabalak kong huminto sa susunod na 30 araw	
- 7 Ginamit mo ba ang alinman sa mga sumusunod na tulong upang tulungan kang huminto sa pag-gamit ng tabako? (markahan ang lahat ng may kaugnayan):

<input type="radio"/> Mga pangaging nikotina, nguyain o gum, pangsinghot, o pangwisik sa long o humal	<input type="radio"/> Doktor o tagabigay ng pangangalagang pangkalusugan
<input type="radio"/> Pag-gagamot sa tulong ng hipnotismo	<input type="radio"/> Tulong mula sa pamilya o mga kaibigan
<input type="radio"/> Mga materyal tungkol sa pansariling-tulong	<input type="radio"/> Acupuncturista manggagamot na gumagamit ng makalumang pamamaraan o tradisyon
<input type="radio"/> Mga klase, pagpapayo o grupopunon ng programa para sa paghinto	<input type="radio"/> Hindi ako gumagamit ng tabako
<input type="radio"/> Mga hatol na gamot (Zyban, Chantix, Wellbutrin, at mga iba pa)	
- 8 Gaano kalubha sa iyong palagay ang panganib na pinsala ang madudulot sa mga tao sa kanilang mga sarili (pisikal o sa iba pang mga paraan) kung sila ay nanigarilyo ng isa o mahigit pang pakete ng sigarilyo sa bawat araw?

Walang panganib Malit o kaunting panganib Katamtamang panganib Malubhang panganib
- 9 Masasabi mo ba na ang pag-langhap ng usok mula sa sigarilyo, pipa o kwako ng isang tao ay:

<input type="radio"/> Walang masamang epakto o resulta sa kalusugan ng isang tao	<input type="radio"/> May kaunting masamang epakto o resulta sa kalusugan ng isang tao
<input type="radio"/> Hindi masyadong makasasama sa kalusugan ng isang tao	<input type="radio"/> Malubhang makasasama sa kalusugan ng isang tao
- 10 Narinig mo na ba ang tungkol sa Linya Para sa Paghinto sa Pag-gamit ng Tabako ng Oregon (Oregon's Tobacco Quit Line: 1-800-QUIT-NOW o kaya ay 784-8669)? (markahan ang lahat ng nababagay o may kaugnayan):

<input type="radio"/> Hindi ko narinig o alam ang tungkol sa Linya Para sa Paghinto sa Pag-gamit ng Tabako ng Oregon	<input type="radio"/> Mga propesyonal ng pang-kalusugan
<input type="radio"/> Periodyko	<input type="radio"/> Pamilya o mga kaibigan
<input type="radio"/> Radyo	<input type="radio"/> Pook kung saan naghahanapuhay
<input type="radio"/> Telebisyon	<input type="radio"/> Segurong pang-kalusugan
<input type="radio"/> Mga materyal o babasahing pang-annunyo	<input type="radio"/> Mga organisasyong pang-komunidad o pang-bayan
<input type="radio"/> Talaan ng telepono	<input type="radio"/> Iba pa (pakiusap na isalarawan) _____
- 11 Binigyan mo ba ng konsiderasyong gamitin ang Linya Para sa Paghinto sa Pag-gamit ng Tabako ng Oregon (Oregon's Tobacco Quit Line) upang makatulong sa iyo na huminto na sa paggamit ng tabako?

Oo Hindi Hindi ako gumagamit ng tabako
- 12 Kung ang sagot mo ay HINDI pakiusap na ipahayag sa maksing pangungusap kung bakit hindi mo binigyan ng konsiderasyon ang Linya Para sa Paghinto sa Pag-gamit ng Tabako ng Oregon (Oregon's Tobacco Quit Line).
- 13 Ikaw ba ay ipinanganak sa Estados Unidos? Oo Hindi
- 14 Kung hindi ka ipinanganak sa Estados Unidos gaano ka na katagal na naninirahan sa Estados Unidos?

<input type="radio"/> 2 taon o mababa pa	<input type="radio"/> 3-5 taon	<input type="radio"/> 6-10 taon	<input type="radio"/> Mahigit pa sa 10 taon
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Pag-susuri tungkol sa Pag-gemit ng Tabako at Paghinto sa pag-gamit nito mula sa mga Oregoniang Asiano

ID#:

Pakiusap na sagutan ang mga sumusunod na 3 katanungan at gamitin ang mga katugunang ito:	Walang alam	Hindi Masyadong mahusay o magaling	Mayroong kahusayan o katugunang	Masyadong mahusay o magaling
15. Gaano ka kahusay magsalita sa Ingles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Gaano ka kahusay makaunawa sa Ingles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Gaano ka kahusay bumasa at sumulat sa Ingles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Ang Ingles ba ay ang pinaka-pangkaraniwang wika na iyong sinasalita sa inyong tahanan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Ano ang pinakamahasay na makapag-sasalarawan ng iyong kasarian? <input type="radio"/> Lalaki <input type="radio"/> Babae <input type="radio"/> Iba pa (pakiusap na isalarawan o ipaliwanag)			<input type="radio"/> Oo	<input type="radio"/> Hindi
20. Ilang taon ka na? <input type="radio"/> 18-24 taong gulang <input type="radio"/> 25-34 taong gulang <input type="radio"/> 35-44 taong gulang	<input type="radio"/> 45-54 taong gulang <input type="radio"/> 55-64 taong gulang <input type="radio"/> 65 taong gulang			
21. Ikaw ba ay: <input type="radio"/> May asawa <input type="radio"/> Dibersiyado <input type="radio"/> Hiwalay	<input type="radio"/> Balo <input type="radio"/> Hindi kailanman nag-asawa <input type="radio"/> Miyembro o kasapi ng Mag-asawang hindi kinasal			
22. Ilang mga tao ang nakatira sa inyong tahanan (kabilang ka)? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 3 o mahigit pa			
23. Ilang mga bata na ang edad ay mababa pa sa 18 any nakatira sa inyong tahanan? <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 o mahigit pa			
24. Bago tanggapin ang buwis magkano ang kabuuang kinita ng iyong pamilya sa loob ng isang taon? <input type="radio"/> Mababa pa sa \$10,000 <input type="radio"/> \$10,000 - 15,000 <input type="radio"/> \$15,001 - 20,000 <input type="radio"/> \$20,001 - 25,000	<input type="radio"/> \$25,001 - 35,000 <input type="radio"/> \$35,001 - 50,000 <input type="radio"/> \$50,001 - 75,000 <input type="radio"/> Mahigit pa sa \$75,000			
25. Ano ang pinakamataas na grado o taon sa paaralan ang iyong natapos o nakumpleto? <input type="radio"/> Hindi kailanman pumasok ng paaralan o Kindergarten <input type="radio"/> 1-8 Grado (mababang paaralan o elementarya) <input type="radio"/> 9-11 Grado (may kaunting pinagdaanan sa mataas na paaralan)	<input type="radio"/> 12 Grado o kaya ay GED (nagtapos sa mataas na paaralan o katumbas nito) <input type="radio"/> 1-3 Kolehiyo (may kaunting pinagdaanan sa kolehiyo o paaralang pang tekniko) <input type="radio"/> 4 taon sa Kolehiyo o mahigit pa (Pagkakaroon ng Titulo o mahigit pa)			
26. Aling isa sa mga pangkat o grupo ang PINAKAMAHAUSAY na makapagsasalarawan ng iyong mana o ninuno? <input type="radio"/> Cambodian <input type="radio"/> Intsik <input type="radio"/> Hmong <input type="radio"/> Hapon <input type="radio"/> Koreano	<input type="radio"/> Laotian <input type="radio"/> Filipino <input type="radio"/> Vietnamese <input type="radio"/> Walang mana o ninunong Asiano <input type="radio"/> Iba pang mana o ninunong Asiano (pakiusap na isalarawan)			
27. Mayroon ka bang anumang uri ng pansaklaw sa pangkalusugan, kabilang na ang seguro para sa kalusugan, plano o balak na magbigay ng paunang bayad katulad ng HMOs, o kaya ay plano mula sa pamahalaan katulad ng Medicare? <input type="radio"/> Oo <input type="radio"/> Hindi <input type="radio"/> Hindi alam/Hindi sigurado				
28. Kaw ba ay kasalukuyang nakalista o nakatala sa Planong Pangkalusugan ng Oregon (Oregon Health Plan) na kung saan ito ay ang programang Medicaid ng estado? <input type="radio"/> Oo <input type="radio"/> Hindi <input type="radio"/> Hindi alam/Hindi sigurado				
29. Nasabi ba sa iyo ng mang-gagamot na ikaw ay mayroong (markahan ang lahat ng nababagay o may kaugnayan): <input type="radio"/> Kanser sa baga <input type="radio"/> Sakit sa puso <input type="radio"/> Pangangapog ng hininga <input type="radio"/> Hika	<input type="radio"/> Malubhang pamamaga ng baga <input type="radio"/> Katarata <input type="radio"/> Diabetes <input type="radio"/> Atake	<input type="radio"/> Kanser sa lalamunan <input type="radio"/> Kanser sa bunganga o dila <input type="radio"/> Iba pang uri ng kanser <input type="radio"/> Wala kahit ano na nasa itaas		

Maraming salamat sa pag-kumpleto o pag-buo mo sa pagsusuring ito. Pakiusap na mablis na ito ay ibalik na nakapaloot sa isang sobre na may seliyo kung siyan nakasulat ang iyong pangalan at irahan. Ang iyong NAKUMPLETO O NABUONG pagsusuri ay kasamang ilalahok sa isang paligsahan kung saan may ibibigay na regalo o gantimpalang tarhet (gift card) na nagkakahalaga ng \$100 sa katapusan ng proyektong ito.

5842235110

Demographic Differences in Tobacco Use & Cessation Resource Utilization among Asian Oregonians

Bản Thăm Dò Ý Kiến về việc Sử Dụng và Bỏ Hút Thuốc Lá trong Dân Chúng Oregon gốc Á Châu Mã Số #: _____

Cảm ơn quý vị đã dành thời giờ để trả lời bản thăm dò ý kiến này. Những câu trả lời của quý vị rất là quan trọng với chúng tôi. Xin trả lời mỗi câu hỏi theo sự hiểu biết tốt nhất của quý vị bằng cách tô kín vào vòng tròn [•] cạnh câu trả lời của quý vị.

1 Xin cho biết, nếu hiện nay quý vị (đánh dấu vào các ô thích hợp):

<input type="radio"/> Hút thuốc lá
<input type="radio"/> Hút Xi Gà, cigarillo, hoặc ống vớ (pipe)
<input type="radio"/> Sử dụng thuốc lá nhai, thuốc lá bột, hoặc thuốc lá bột với hạt Betel hoặc không có hạt Betel
<input type="radio"/> Hút thuốc shisha với điều bát (hookah)
<input type="radio"/> Hút bidis
<input type="radio"/> Tôi không sử dụng thuốc lá dưới bất cứ hình thức nào

2 Có bao giờ quý vị hút tới thiểu 100 điếu thuốc lá trong suốt cuộc đời của quý vị không (5 gói = 100 điếu)?

Có Không Không biết/Không chắc chắn

3 Hiện nay quý vị hút thuốc:

Mỗi ngày Vài ngày Không hút

4 Quý vị hút thuốc lá thường xuyên vào lúc mấy tuổi?

<input type="radio"/> 8 tuổi hoặc nhỏ hơn	<input type="radio"/> 12 đến 14 tuổi	<input type="radio"/> 18 đến 20 tuổi	<input type="radio"/> 25 tuổi hoặc lớn hơn
<input type="radio"/> 9 đến 11 tuổi	<input type="radio"/> 15 đến 17 tuổi	<input type="radio"/> 21 đến 24 tuổi	<input type="radio"/> Tôi chưa bao giờ sử dụng thuốc lá

5 Quý vị có muốn bỏ hút thuốc lá không?

Có Không Tôi không hút thuốc

6 Điều nào mô tả ý định bỏ hút thuốc của quý vị đúng nhất?

<input type="radio"/> Tôi đã bỏ hút thuốc một ngày hoặc lâu hơn trong năm vừa qua	<input type="radio"/> Tôi không dự trù bỏ hút thuốc
<input type="radio"/> Tôi đang nghĩ sẽ bỏ hút thuốc trong 6 tháng tới	<input type="radio"/> Tôi không sử dụng thuốc lá
<input type="radio"/> Tôi dự trù sẽ bỏ hút thuốc trong 30 ngày tới	

7 Quý vị đã có sử dụng bất cứ trợ giúp nào sau đây để giúp quý vị bỏ sử dụng thuốc lá không? (đánh dấu vào các ô thích hợp)

<input type="radio"/> Thuốc Nicotine dán, kẹo cao su, hít, hoặc xịt vào mũi	<input type="radio"/> Bác Sĩ hoặc nơi cung cấp dịch vụ y tế
<input type="radio"/> Liệu pháp thôi miên (Hypnoterapy)	<input type="radio"/> Giúp đỡ của gia đình hoặc bạn bè
<input type="radio"/> Các vật liệu tự giúp	<input type="radio"/> Chăm cứu hoặc chữa bệnh theo lối cổ truyền
<input type="radio"/> Các lớp học, tư vấn hoặc chương trình cai thuốc theo nhóm	<input type="radio"/> Tôi không sử dụng thuốc lá
<input type="radio"/> Thuốc mua theo toa (Zyban, Chantix, Wellbutrin, v.v.)	

8 Quý vị nghĩ người ta có nguy cơ gây hại cho bản thân như thế nào (thể chất hoặc cách khác) nếu họ hút mỗi ngày một gói thuốc lá?

Không có nguy cơ Nguy cơ nhẹ Nguy cơ trung bình Nguy cơ lớn

9 Quý vị nói như thế nào khi người khỏi thuốc của những người hút thuốc lá, xì gà, hoặc ống vớ (pipe):

<input type="radio"/> Không gây hại sức khỏe cho người ngửi	<input type="radio"/> Gây hại rất ít cho sức khỏe của người ngửi
<input type="radio"/> Không gây hại nhiều cho sức khỏe của người ngửi	<input type="radio"/> Rất nguy hại cho sức khỏe của người ngửi

10 Quý vị biết Đường Dây Điện Thoại Bỏ Hút Thuốc của Oregon như thế nào (1-800-QUIT-NOW or 784-8889)? (đánh dấu vào các ô thích hợp)

<input type="radio"/> Tôi không được biết Đường Dây Điện Thoại Bỏ Hút Thuốc của Oregon	<input type="radio"/> Chuyên Viên Y Tế
<input type="radio"/> Báo chí	<input type="radio"/> Gia Đình hoặc bạn bè
<input type="radio"/> Truyền thanh	<input type="radio"/> Sở làm
<input type="radio"/> Truyền hình	<input type="radio"/> Bảo hiểm y tế
<input type="radio"/> Tài liệu, sách chương	<input type="radio"/> Các Tổ Chức Cộng Đồng
<input type="radio"/> Điện Thoại Niên Giám	<input type="radio"/> Nơi Khác (xin mô tả)

11 Quý vị có nghĩ đến việc sử dụng Đường Dây Điện Thoại Bỏ Hút Thuốc của Oregon để giúp quý vị bỏ sử dụng thuốc lá không?

Có Không Không sử dụng thuốc lá.

12 Nếu quý vị trả lời KHÔNG, xin ghi vấn đề lý do tại sao quý vị không chú xét đến sử dụng Đường Dây Điện Thoại Bỏ Hút Thuốc của Oregon.

13 Có phải quý vị được sinh trưởng tại Mỹ, phải không?

Có Không

→ → → → → → → → → → → →

Vietnamese Translation

14	Nếu quý vị không sinh tại nước Mỹ, quý vị đã cư ngụ tại nước Mỹ bao lâu rồi?	<input type="radio"/> 2 năm hoặc ít hơn	<input type="radio"/> 6 đến 10 năm
		<input type="radio"/> 3 đến 5 năm	<input type="radio"/> Trên 10 năm
	Xin trả lời 3 câu hỏi kế tiếp và sử dụng những câu trả lời này:	Không biết/ Gi Cã	Không được giỏi
		Khá giỏi	Rất giỏi
15	Quý vị có nói giỏi tiếng Anh không?	<input type="radio"/>	<input type="radio"/>
16	Quý vị có hiểu rõ tiếng Anh không?	<input type="radio"/>	<input type="radio"/>
17	Quý vị có đọc và viết giỏi tiếng Anh không?	<input type="radio"/>	<input type="radio"/>
18	Tiếng Anh có phải là tiếng nói thông dụng trong gia đình quý vị không?	<input type="radio"/> Có	<input type="radio"/> Không
19	Giới tính của quý vị là gì?	<input type="radio"/> Nam	<input type="radio"/> Nữ
		<input type="radio"/> Thứ Khác (xin ghi rõ)	
20	Quý vị được bao nhiêu tuổi?	<input type="radio"/> 18 đến 24 tuổi	<input type="radio"/> 35 đến 44 tuổi
		<input type="radio"/> 25 đến 34 tuổi	<input type="radio"/> 45 đến 54 tuổi
		<input type="radio"/> 55 đến 64 tuổi	<input type="radio"/> 65 tuổi trở lên
21	Quý vị là người:	<input type="radio"/> Có gia đình	<input type="radio"/> Ly thân
		<input type="radio"/> Ly dị	<input type="radio"/> Góa
		<input type="radio"/> Chưa bao giờ lập gia đình	<input type="radio"/> Thành viên của Cấp Không lập Gia Đình
22	Có bao nhiêu người sống trong gia đình quý vị (kể cả quý vị) ?	<input type="radio"/> 1	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 6 hoặc nhiều hơn
23	Có bao nhiêu trẻ em dưới 18 tuổi ở trong gia đình quý vị ?	<input type="radio"/> 0	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 5 hoặc nhiều hơn
24	Tổng số lợi tức hàng năm của gia đình quý vị, trước khi trừ thuế?	<input type="radio"/> Dưới \$10,000	<input type="radio"/> \$15,001 đến 20,000
		<input type="radio"/> \$25,001 đến 35,000	<input type="radio"/> \$50,001 đến 75,000
		<input type="radio"/> \$10,000 đến 15,000	<input type="radio"/> \$20,001 đến 25,000
		<input type="radio"/> \$35,001 đến 50,000	<input type="radio"/> Trên \$75,000
25	Quý vị đã hoàn tất lớp học cao nhất nào hoặc số năm đã đi học?	<input type="radio"/> Chưa bao giờ đi học hoặc học mẫu giáo	<input type="radio"/> Lớp 12 hoặc GED (tốt nghiệp trung học hoặc tương đương)
		<input type="radio"/> Lớp 1 đến 8 (trường tiểu học)	<input type="radio"/> Cao Đẳng 1 đến 3 năm (một vài năm cao đẳng hoặc trường kỹ thuật)
		<input type="radio"/> Lớp 9 đến 11 (một vài năm trung học)	<input type="radio"/> Đại học 4 năm hoặc nhiều hơn (Bằng Cử Nhân hoặc cao hơn)
26	Nhóm nào trong những nhóm này thích hợp NHẤT với di truyền hoặc dòng dõi của quý vị?	<input type="radio"/> Chăm Bớt	<input type="radio"/> Đại Hàn
		<input type="radio"/> Trung Hoa	<input type="radio"/> Lào
		<input type="radio"/> Phi Luật Tân	<input type="radio"/> Việt Nam
		<input type="radio"/> Hmong	<input type="radio"/> Không có di truyền/dòng dõi Á Châu
		<input type="radio"/> Nhật Bản	<input type="radio"/> Dòng dõi/di truyền khác của Á Châu (xin mô tả)
27	Quý vị có bất cứ loại bảo hiểm sức khỏe nào kể cả bảo hiểm y tế, chương trình y tế trả tiền trước như HMO, hoặc chương trình của chính phủ như Medicare không?	<input type="radio"/> Có	<input type="radio"/> Không
		<input type="radio"/> Không biết/ Không chắc chắn	
28	Hiện nay quý vị có ghi danh vào Chương Trình Y Tế Oregon, là một chương trình Tr� Cấp Y Tế của Tiểu Bang không?	<input type="radio"/> Có	<input type="radio"/> Không
		<input type="radio"/> Không biết/ Không chắc chắn	
29	Có bao giờ Bác Sĩ mời rằng quý vị bị (đánh dấu vào các ô thích hợp):	<input type="radio"/> Ung Thư Phổi	<input type="radio"/> Cườm mắt
		<input type="radio"/> Đau Tim	<input type="radio"/> Tiểu Đường
		<input type="radio"/> Emphysema (một chứng bệnh trong đó các xoang phổi nang nở lớn ra khiến khó thở và làm hại tim)	<input type="radio"/> Tai Biến Mạch Máu Não (Stroke)
		<input type="radio"/> Hẹp Xuyết	<input type="radio"/> Ung Thư Cường Họng
		<input type="radio"/> Sung Phổi Kinh Niên	<input type="radio"/> Ung Thư Miệng hoặc Lưỡi
		<input type="radio"/> Ung thư khác	<input type="radio"/> Không bị những bệnh kể trên

Cám ơn quý vị rất nhiều về việc đã hoàn tất bản thăm dò ý kiến! Xin quý vị vui lòng gửi lại ngay trong bì thư đã dán tem và ghi địa chỉ sẵn để được cung cấp cho quý vị. Bản thăm dò ý kiến **ĐÃ HOÀN TẤT** của quý vị sẽ được đưa vào cuộc số số với một giải thưởng là một thẻ tặng phẩm trị giá \$100 vào cuối dự án.