

North American Quitline Consortium

Fiscal Year 2010 Annual Survey of Quitlines

Introduction

[REDACTED]

[REDACTED]

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Phone Line 3

Phone Line 4

Phone Line 5

TTY or TDD phone line:

Video relay (through a 3rd party

interpreter) phone line:

Direct Video-to-video

phone line:

Note: Only enter information for a website directly connected to the quitline program. Stand-alone website information will be collected later in the survey.

Quitline-specific website:

G3. What is the quitline's start and end date of the most recently completed fiscal year?

Note: The start and end date for Fiscal Years 2009 and 2010 as reported in the 2009 Annual Survey are listed below. If needed, please update the start and end dates for your quitline's Fiscal Year 2010.

All references to Fiscal Year 2010 (FY10) refer to the most recently completed Fiscal Year. Each Fiscal Year should be a full 12-month period of time. The responses given for the remainder of the survey should correspond to the period of time identified in this item. Throughout the survey, this time period will be referred to as "Fiscal Year 2010" or as "FY10."

	Start Date:	End Date:
FY09	██████████	██████████
FY10		

GENERAL INFORMATION

NOTE: FOR ALL QUESTIONS IN THE SURVEY, PLEASE PROVIDE INFORMATION REFLECTING FY10 UNLESS OTHERWISE NOTED.

G4. Please provide the days and hours of service of your quitline for the following categories of service for FY10:

		Counseling Services	Live pick up of Incoming Calls	Voicemail/ Answering Service Pick up of Calls
	Available?	No	No	No
Monday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Monday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Tuesday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Tuesday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Wednesday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Wednesday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Thursday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Thursday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Friday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Friday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Saturday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Saturday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Sunday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Sunday	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --

G5. Was your quitline closed on holidays during FY10?

No

G5a. Please specify which holidays.

- New Year's Day
- Family Day

- Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day
 - August Civic Day
 - Labour Day
 - Thanksgiving Day
 - Remembrance Day
 - Christmas Eve
 - Christmas
 - Boxing Day
 - Other
-

G6. Which of the following services were funded by your state / province AND were provided as part of your quitline program during FY10?

Note: Counseling here refers to a person-tailored, in-depth, motivational interaction that occurs between cessation specialist / counselor / coach and caller. For any interaction with a counselor lasting less than 10 minutes, select the minimal / brief intervention below.

G6a. Telephone counseling - indicate which type(s).

- Minimal/brief intervention (1-10 minutes)
- Single Session counseling (more than 10 minutes)
- Multiple sessions - client-initiated (i.e., reactive: client calls in for each follow up)
- Multiple sessions - counselor-initiated (i.e., proactive: cessation specialist / counselor / coach calls client for follow-up)

G6b. Internet-based services -- indicate which type(s).

- The quitline has no internet-based services
- Information about the quitline [integrated with telephone counseling]
- Information about tobacco cessation [integrated with telephone counseling]
- Self-directed web-based intervention to help tobacco users quit [integrated with telephone counseling]

- Automated email messages [integrated with telephone counseling]
- Chat rooms (e.g., online community to share quit stories, information, advice. May or may not be moderated.) [integrated with telephone counseling]
- Interactive counseling and/or email/instant messaging to cessation specialist / counselor / coach to help tobacco users quit [integrated with telephone counseling]

G6c. Other services-- indicate which type(s).

Note: Referral indicates a formal process for transferring information about a potential client to another service. It is more than providing a phone number or information to the caller him/herself- it could include mailing, faxing, or emailing a client's information to the other service directly, making direct contact with the other service while the client is still on the line (i.e., warm transfer), etc.

- The quitline has no other services
- Voice mail with call backs
- Recorded messages for help with quitting (e.g., phone tree)
- Referral to any other cessation services (quit smoking group programs, face to face counseling, professional services)
- Referral to any other (non-cessation) services (mental health services, diabetes prevention programs, etc.)
- Fax or Electronic Referral to the quitline for healthcare providers and other referral sources
- Mailed information or self-help resources [provided through the quitline]
- Text messaging to cell phones [integrated with telephone counseling]
- IVR (interactive voice response) [integrated with telephone counseling]
- Other services

G7. In addition to the services funded by your state / province and provided as part of your quitline program, what OTHER cessation services (not integrated with the quitline) were funded in FY10 by the same funder but NOT provided through your quitline (i.e., STAND-ALONE programs)?

G7a

- None (No other cessation services)

G7b. Web-based program(s) (distinct from any quitline-related web services outlined in question 6). Select all components of the web-based program(s) that are available.

- Information about the quitline [separate from telephone counseling]
- Information about tobacco cessation [separate from telephone counseling]
- Self-directed web-based intervention to help tobacco users quit [separate from telephone counseling]
- Automated email messages [separate from telephone counseling]
- Chat rooms (e.g., online community to share quit stories, information, advice. May or may not be moderated.) [separate from telephone counseling]
- Interactive counseling and / or email / instant messaging to cessation specialist / counselor / coach to help tobacco users quit [separate from telephone counseling]

G7c. Individual in-person counseling (community programs, hospital or clinic services, addiction treatment services, etc., funded by the state / province).

Were these single session or multiple session programs?

- Single session
- Multiple session

G7d. Group in-person counseling (community programs, hospital or clinic services, addiction treatment services, etc. funded by the state / province).

Were these single session or multiple session programs?

- Single session
- Multiple session

G7e. Workplace cessation program (cessation services offered through workplace cessation programs).

Were these single session or multiple session programs?

- Single session
- Multiple session

G7f. Other cessation services (not listed above)

Other

G8. Briefly describe how the programs listed above (both those provided by your quitline and those not provided by your quitline - Questions G6 and G7 above) were related to each other in FY10, in terms of referrals, duplication of services, etc.

G9. Did Training State 8 have a quitline fax- or electronic-referral program in FY10?

No

G10. In what languages was your fax or electronic-referral form available in FY10?

- English
- Spanish
- French
- Cantonese
- Mandarin
- Korean
- Vietnamese
- Russian
- Greek
- Amharic (Ethiopian)
- Punjabi
- Other

G11. In FY10, Did the referral form include a place to indicate primary language so that an interpreter or primary language counselor was on the first call made by the quitline?

No

G12. In FY10, who could make a referral to the quitline using the fax- or electronic-referral process?

- Only those who are certified or trained as a fax-referral provider
 - Clinicians or non-clinicians in any healthcare setting (hospitals, clinics, practice, dental office, etc.)
 - Clinicians or non-clinicians in community-based organizations and public health agencies
 - Others who can make a referral
-

G13. What methods were offered for providers to refer patients to the quitline in FY10?

- Health care providers can refer their patients to the quitline by faxing a paper fax-referral form (This includes faxing forms that have been attached to an EMR and may be pre-populated, but still needs to be faxed.)
 - Health care providers can refer their patients via email (The provider either has to open an email and send to quitline or fill out a form online that is auto-emailed to the quitline.)
 - Health care providers can refer from within an EMR and referrals are transmitted electronically to the quitline. (No paper or fax.)
 - Health care systems or automated information technology processes can refer patients automatically through regular pulls from the EMR database according to pre-specified criteria.
 - Other referral method
-

G14. Who could be referred to the quitline using the referral process in FY10?

- Any patient who is thinking about quitting
 - Any patient who is ready to make a quit attempt
 - Any patient who indicates a readiness to quit in the next 30 days
 - Any patient who is already quit and is seeking help to stay quit
 - Any patient who has filled a prescription or submitted an insurance claim for quitting medications
 - Patients who meet other criteria
-

G15. In FY10, how long after the referral was received did the patient receive a call from the quitline according to your quitline's protocol or performance standards?

- Within 24 hours
 - Within 48 hours
 - Within 72 hours
 - Within one week
 - Other
-

G16. In FY10, how many call attempts were made to make first contact with a fax- or electronically-referred patient, according to your quitline's protocol or performance standards?

call attempts

G17. In FY10, what services did referring providers receive from the quitline or quitline staff directly?

- Brochures that explain the fax-referral process and provide information on the quitline.
- Customized referral/consent forms
- Training for staff on:
 - Use of the fax referral program
 - Brief patient motivational interviewing
 - Pharmacotherapy dosing guidelines
 - Systems-based approaches to treating tobacco use dependence

- Other
 - Routine provider feedback reports
 - Patient contact/enrollment report
 - Information on the services the patient selected
 - Other patient progress report
 - The patient's quit status
 - at 3 months
 - at 6 months
 - at one year
 - Other
 - Customized feedback reports to satisfy various reporting and research needs
 - Aggregate only
 - Client-level de-identified
 - Client-level identified
 - Regular newsletter/updates on the fax referral program and/or the quitline
 - Other services to referring providers
-

G18. In FY10, was there a website/page that provides specific information on the fax-referral program?

No

Note: The remainder of the questions for this section refer to the quitline generally, and not to the fax or electronic referral mechanism that may be available.

G19. In FY10, did your quitline use a translation service (e.g., AT&T) when providing counseling to hearing clients?

No

G20. In FY10, did your quitline use a third party translation service when providing counseling to Deaf and Hard-of-hearing clients?

No

G21. In FY10, did your quitline use counselors who provide quitline services in languages other than English?

No

G22. Please indicate the organization that was the PRIMARY SERVICE PROVIDER for the counseling service for the quitline at the beginning of FY10. The primary service provider is the service provider who provides the main service provided by your quitline.

Note: All recent ACS quitlines should indicate ACS for question G22, select "yes" to G25, and indicate the subsequent change to either Free & Clear and/or other service providers in G26.

-- Select a Response --

G23. In FY10, did your quitline have a secondary service provider?

No

G25. Have there been one or more changes of service provider (either primary or secondary) from the beginning of FY10 to the present?

Note: All recent ACS quitlines should indicate ACS for question G22, select "Yes" to G25, and indicate the subsequent change to either Free & Clear and/or other service providers in G26.

No

G26. Please record the new provider name and the month and calendar year of this service provider change. As applicable, please include service provider changes to primary and/or secondary service provider.

Note: If you have had two changes of either a primary or a secondary provider since the beginning of FY10, please record both changes in chronological order.

The last provider you record - whether in G22 and G24 above, or in the spaces below - is your current provider.

a. Change #1	Primary Provider	Secondary Provider
New provider name #1		
Date of change:		
b. Change #2	Primary Provider	Secondary Provider
New provider name #1		
Date of change:		

FINANCING

F1. Primary Contracting Organization: Current Contact Information

Note: "Contracting organization" is intended to indicate the organization that awards the contract/agreement to the quitline service provider, and thereby directly funds the quitline operations.

Contact name:

Contact position title:

Funder organization:

Contact address:

Contact phone number: (Phone Extension:

Contact email:

F2. Currently, who is the best person to contact at your state / provincial quitline regarding allocation of quitline media / promotional funds?

Name:

Position:

Funder organization:

Address:

Phone number: (Phone Extension:

Email:

F3. What was your BUDGET at the start of FY10 for the following?

Note: Please account for each budget item. If your budget did not include funds for a given item, enter a zero for it. Check "Unable to Report" only if you do not know the amount for the item.

a. Quitline Services **\$0**

Services budget includes:

- * screening
- * counseling
- * providing consumer and provider materials
- * overhead and administration fees
- * fax referral operations

Services budget DOES NOT include

- * outreach/detailing contracts
- * research grants, website costs
- * one-time capital expenditures.

b. Quitline Medications **\$0**

Quitline medications include cessation medications offered in conjunction with quitline services.

c. Quitline Evaluation **\$0**

d. Quitline Media/Promotions **\$0**

Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include:

- * coordinated or stand-alone media campaigns
- * promotions related to subsidized pharmacotherapies
- * collaboration with other programs or agencies.

Media/promotion budget does NOT include earned or free media.

It should be reported separately from outreach.

Note: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.

e. Quitline Outreach **\$0**

Outreach is the act of providing quitline and referral information to specific quitline target populations and referral groups through activities including:

- * displays or booths at health fairs meetings, workshops, or conferences
- * presentations at informational meetings
- * reference materials
- * academic detailing or face-to-face visits
- * meetings with health plans and others to gain their agreement to use the quitline, training sessions; etc.

Note: Outreach is separate from media/promotion activities. If Outreach cannot be separated from media/promotions, the total should be reported on the Media/promotions line and "Unable to Report" should be checked on the Outreach line.

f. Other (quitline-specific) **\$0**

Include any other items/categories included in the total quitline budget below, that are not covered by items F3a - F3e.

g. Total quitline budget **\$0**

(should be the sum of lines F3a-f)

h. Total tobacco control program **\$0**

(prevention and cessation) budget for your state or province (should include the quitline budget on line g and budget for any other non-quitline programs) Tobacco control program budget should include the quitline budget, and may include more cessation and prevention programs for the state or province. If the tobacco control program budget is handled by a separate organization, check "Unable to Report".

F4-F5. In Fiscal Year 2010, what types of FUNDERS supported your quitline's operations, services, promotions, outreach, medications, staff or other infrastructure? For each funding source selected, please also indicate the percentage of total quitline funds provided by that source.

Note: Only include funders that supply money, not those that supply "in-kind" resources only. This information will be used to identify the number and variety of funding sources, and can be used to indicate unique or creative ways quitlines have found to fund quitlines or to advocate for increased funding for quitlines.

Select all funding sources that apply	Percentage of total quitline funds provided
Public sector/government:	
<input type="checkbox"/> Local government funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State/provincial general funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State/provincial dedicated tobacco tax funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State Medicaid program	<input type="text" value="0.0%"/>
<input type="checkbox"/> MSA funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> Tobacco settlement funds (not MSA)	<input type="text" value="0.0%"/>
Federal funds:	
<input type="checkbox"/> CDC - ARRA/Stimulus funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> CDC - other (non-ARRA) funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> Health Canada	<input type="text" value="0.0%"/>
<input type="checkbox"/> Other	<input type="text" value="0.0%"/>
Please specify other Federal funds:	
<input style="width: 600px; height: 20px;" type="text"/>	
Private sector/non-government:	
<input type="checkbox"/> Third-party reimbursement through health care institution	<input type="text" value="0.0%"/>
<input type="checkbox"/> Third-party reimbursement through insurance company	<input type="text" value="0.0%"/>
<input type="checkbox"/> Charitable foundation	<input type="text" value="0.0%"/>
<input type="checkbox"/> For-profit company	<input type="text" value="0.0%"/>
<input type="checkbox"/> Non-governmental organization	<input type="text" value="0.0%"/>

Employer organization

Other:

Any other public or private funders

F6-F7. In Fiscal Year 2011, what types of FUNDERS are supporting your quitline's operations, services, promotions, outreach, medications, staff or other infrastructure? For each funding source selected, please also indicate the percentage of total quitline funds provided by that source.

Note: Only include funders that supply money, not those that supply "in-kind" resources only. This information will be used to identify the number and variety of funding sources, can be used to indicate unique or creative ways quitlines have found to fund quitlines or be used to advocate for increased funding for quitlines.

Select all funding sources that apply	Percentage of total quitline funds provided
Public sector/government:	
<input type="checkbox"/> Local government funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State/provincial general funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State/provincial dedicated tobacco tax funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> State Medicaid program	<input type="text" value="0.0%"/>
<input type="checkbox"/> MSA funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> Tobacco settlement funds (not MSA)	<input type="text" value="0.0%"/>
Federal funds:	
<input type="checkbox"/> CDC - ARRA/Stimulus funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> CDC - other (non-ARRA) funds	<input type="text" value="0.0%"/>
<input type="checkbox"/> Health Canada	<input type="text" value="0.0%"/>
<input type="checkbox"/> Other	<input type="text" value="0.0%"/>
Private sector/non-government:	
<input type="checkbox"/> Third-party reimbursement through health care institution	<input type="text" value="0.0%"/>
<input type="checkbox"/> Third-party reimbursement through insurance company	<input type="text" value="0.0%"/>
<input type="checkbox"/> Charitable foundation	<input type="text" value="0.0%"/>

- For-profit company 0.0%
- Non-governmental organization 0.0%
- Employer organization 0.0%

Other:

- Any other public or private funders 0.0%

F8. Please describe any impact of budget changes during Fiscal Year 2010 on your quitline operations. Please include changes in services provided, eligibility criteria for services, or changes in amount of /target for promotional activity.

- Check here if there were no FY10 budget changes or no impact from FY10 budget changes.

MATERIALS

M1. In FY10, in which of the following languages did your quitline offer tobacco cessation materials (self-help materials or materials designed to be used as an adjunct to cessation counseling)?

- English
 - Spanish
 - French
 - Cantonese
 - Mandarin
 - Korean
 - Vietnamese
 - Russian
 - Greek
 - Amharic (Ethiopian)
 - Punjabi
 - Other
-

M2. Please indicate the populations that your quitline sent specialized tobacco cessation materials to in FY10.

Note: Specialized materials are materials that are developed for a specific audience (e.g., pregnant women, low SES, a specific racial or ethnic group). They would include additional or different materials or information presented in a unique way to serve the needs of a specialized population. Specialized materials are not simply translated versions of materials produced in the main language of service.

- No specialized materials were sent in FY10
- Pregnant tobacco users
- Large Print for the visually impaired
- Youth, under 18
- Young Adults, 18-25
- Older tobacco users (i.e., 55+)
- Smokeless tobacco users
- Racial/Ethnic populations
- Lesbian, Gay, Bisexual, Transgendered
- Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)

- Multiple Addictions: Tobacco and Alcohol OR Other Drugs
 - Low SES
 - Medicaid
 - Tobacco Users with chronic health conditions
 - Low literacy
 - Other population
-

M3. Please select the racial/ethnic populations that received specialized tobacco cessation materials from your quitline in FY10.

Note: By definition, First Nations are identified as Native Americans.

- American Indian/Alaska Native/Aboriginal/First Nations
 - Black or African American
 - African Immigrant
 - Hispanic/Latino
 - Asian/Asian American
 - Native Hawaiian /Pacific Islander
 - Other race/ethnic population
-

M4. Many quitlines send materials to callers who are not tobacco users or recent quitters, such as those seeking help for others or professionals inquiring about the quitline as a resource. In FY10, did your quitline send materials to callers who are not tobacco users or recent quitters?

- Yes
 - No, this quitline does not send specialized materials to non-tobacco users
-

M5. Please identify the other callers you sent information to in FY10.

- Health professionals
- Those who want to help others quit (i.e., proxy callers)

[] Other callers

COUNSELING INTERVENTION DESCRIPTION

C1. Cessation specialists/counselors/coaches naturally tailor their work to the individual client. However, some quitlines label callers (e.g., pregnant, teen) in such a way that it triggers the use of a specialized counseling protocol. For which of the following populations did your quitline have specialized counseling protocols in FY10?

Note: A specialized counseling protocol varies from the standard adult protocol. A specialized counseling protocol is adapted / revised for a specific audience (e.g., pregnant women, low SES, a specific racial or ethnic group). Specialized counseling protocols would include additional / different counseling information or processes or a counseling protocol that is presented in a unique way to serve the needs of a specialized population. Specialized counseling protocols are not simply translated versions of protocols produced for the main target population.

- No specialized counseling protocol was adapted/revised for a specific audience
- Pregnant tobacco users
- Youth, under 18
- Young Adults, 18-25
- Older tobacco users (i.e., 55+)
- Smokeless tobacco users
- Racial/Ethnic populations
- Lesbian, Gay, Bisexual, Transgendered
- Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)
- Multiple Addictions: Tobacco and Alcohol OR Other Drugs
- Low SES
- Medicaid
- Tobacco Users with chronic health conditions
- Low literacy
- Other population

C2. Please select the racial/ethnic populations for which your quitline had specialized counseling protocols in FY10.

Note: By definition, First Nations are identified as Native Americans.

- American Indian/Alaska Native/Aboriginal/First Nations
 - Black or African American
 - African Immigrant
 - Hispanic/Latino
 - Asian/Asian American
 - Native Hawaiian / Pacific Islander
 - Other race/ethnic population
-

C3. In FY10, for which of the following populations did your quitline have specialized COUNSELOR TRAINING regarding cultural competence to assist counselors with identifying and addressing issues that may be relevant to specific populations through the counseling interaction?

Note: Counselor training is defined as the explicit inclusion of discussion, information provision, role-playing, etc., about one or more of the populations listed below within the counseling training curriculum. A discussion about "cultural competence" generally, without specific information being provided about one or more of the populations listed below, would NOT qualify.

- No specialized counselor training regarding cultural competence was provided
 - Pregnant tobacco users
 - Youth, under 18
 - Young Adults, 18-25
 - Older tobacco users (i.e., 55+)
 - Racial/Ethnic populations
 - Smokeless tobacco users
 - Lesbian, Gay, Bisexual, Transgendered
 - Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)
 - Multiple Addictions: Tobacco and Alcohol OR Other Drugs
 - Low SES
 - Medicaid
 - Chronic health conditions
 - Low Literacy
 - Other population
-

C4. Please select the racial/ethnic populations for which your quitline had specialized COUNSELOR TRAINING in FY 10 regarding cultural competence to assist counselors with identifying and addressing issues that may be relevant to specific populations through the counseling interaction.

Note: By definition, First Nations are identified as Native Americans.

- American Indian/Alaska Native/Aboriginal/First Nations
- Black or African American
- African Immigrant
- Hispanic/Latino
- Asian/Asian American
- Native Hawaiian / Pacific Islander
- Other race/ethnic population

C5. Many quitlines have eligibility criteria for receiving services based on factors external to the counseling interaction (e.g., age, residency, etc.), and on factors internal to the counseling interaction (e.g., length of time quit, readiness to quit, etc.) Check the eligibility criteria for receiving counseling through your quitline that applied in FY10.

Note: Counseling here refers to a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller.

- None, there were no restrictions on receiving counseling.
- Must be a resident of our state/province to receive counseling
- Must be at least a certain age to receive counseling

- Must be uninsured to receive counseling
- Must be underinsured (does not have insurance benefits for quitline services) to receive counseling
- Must be a Medicaid recipient to receive counseling
- Must be Medicare insured to receive counseling
- Must have private insurance to receive counseling
- Must be a member of a special population to receive counseling

- Must be a current smoker to receive counseling
- Must have quit within a certain period of time before calling to receive counseling

- Must be at a certain stage of readiness to quit (e.g., be ready to quit in the next 30 days) to receive counseling.
 - Other criteria:
-

Note: Many quitlines have different levels of criteria for different types of services which may be based in part on budgetary pressures. This question is designed to address this issue. Please reply fully so we can understand the different types of eligibility for the different levels of service.

C6. In FY10, did different levels of quitline services you provide (e.g., single session counseling vs. multi-session counseling) have different eligibility criteria?

No

Note: The following questions address the variety of ways quitting medications are provided. If your quitline provided varying amounts of medications depending on eligibility criteria, or if medications were provided only during part of FY10, please describe in the text box for question C9.

C7. Please report how your quitline provided medications in FY10. For free or discounted medications or vouchers, please also indicate the number of weeks of medications or vouchers that were provided per enrollment.

Note: Please provide the responses that best represent, overall, how your quitline provided medications throughout FY10.

Example 1: Your quitline provided free gum or patch during 8 months of FY10 to all callers meeting eligibility criteria, but had to discontinue for the last four months of the year due to financial constraints. Check "Yes" for "Provided free medication" and then fill out the rest of the row for each type of medication provided during the 8 -month period.

Example 2: Your quitline provided a 2-week starter kit of free gum for employees of a specific company throughout all of FY10, but this free medication was not available to the majority of callers. Check "No" for "Provided free medication."

For any special situation that you cannot accurately reflect using the table below, please provide additional or qualifying information in C9.

		Patch	Gum	Inhaler	Lozenge	Nasal Spray	Bupropion (Zyban)	Varenicline (Chantix/Champix)	Other Meds
a. Provided free medication		No	No	No	No	No	No	No	No
b. Provided discounted meds	No	No	No	No	No	No	No	No	No
c. Provided information about accessing free or reduced cost products	No	No	No	No	No	No	No	No	No
d. Provided information about using products	No	No	No	No	No	No	No	No	No
e. Referred to organizations that provide free or discounted products	No	No	No	No	No	No	No	No	No
f. Provided voucher/coupon or certificate to redeem product	No	No	No	No	No	No	No	No	No

Note: Question C8 pertains to FREE quitting medication only. If your quitline provided discounted medications in FY10, you can use the open text box in C9 to provide additional information as needed.

C8. What criteria made a caller eligible to receive free quitting medications from the quitline in FY10? To receive FREE quitting medication from our quitline, participants must have been:

- Residents of our state/province
- Residents of a specific geographic area (e.g., a county/city/region)
- At least a certain age

- Uninsured
 - Underinsured
 - Medicaid recipients
 - Medicare insured
 - Private insured (or private insurance holders)
 - Enrolled in the quitline counseling program
 - A member of a special population

 - Be free of certain medical conditions/contraindications

 - Be ready to quit within a certain period of time
 - Registering for services first, or while a limited supply of medications are available (medications provided on a first-come/first-served basis)
 - Registering as part of a research study that is providing free medications
 - Other criteria
-

C9. If your quitline addressed quitting medications in FY10 in ways not precisely or fully reported in the previous question(s), please describe these other ways.

UTILIZATION

U1. How many total DIRECT calls came into the quitline during FY10?

Note: Direct calls are calls to the quitline, not referrals that generate an outbound call from the quitline. Please report on number of CALLS, not number of callers/unique individuals. This should include proxy callers, wrong numbers, and prank calls.

Note: Please account for each item. If there were no calls in a given category enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- | | |
|--|------------|
| a. Calls answered by a live person | N = |
| b. Calls that went to voice mail | N = |
| c. Calls that went to pre-recorded messages about quitting | N = |
| d. Calls hung up or abandoned | N = |
| e. Total direct calls (sum of first four categories) | N = |
-

U2. Of the total DIRECT calls into the quitline as reported above, how many UNIQUE tobacco users called the quitline during FY10?

Note: Tobacco user can be smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit. Please include all tobacco users who called, including those who had questions only, those who requested materials, and those who requested services.

N =

U4. Of the total tobacco users in U2 above, indicate the total number of smokers (unique individuals) calling for self and the total number of other tobacco users (unique individuals) calling for self in FY10.

Note: "Smokers" is defined as any user of cigarettes, regardless of whether they use other tobacco products or not.

"Other tobacco users" is defined as any user of any non-cigarette tobacco product, regardless of whether they use cigarettes or not.

The two categories are not mutually exclusive.

- a. Smokers calling for self **N =**
- b. Other tobacco users calling for self **N =**
-

U5. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the sources that generated referrals to your quitline in FY10. Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger a proactive call to the client initiated by the quitline.

- None apply
 - Fax referral system
 - Community organization networks
 - Online advertising (paid)
 - Web referrals (links from Web sites, not paid ads)
 - Central call center ("triage") separate from the quitline
 - Other referral source
-

U6. How many REFERRALS did the quitline receive during FY10 from the following?

Note: Please account for each item. If no referrals were received from a given source, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- a. FAX referrals **N =**
- b. Referrals from electronic medical records **N =**
(tied directly into medical systems)
- c. Other referrals **N =**
-

(e.g., web referrals, "click to call", online ads, etc.)

d. Total referrals (D=A+B+C) **N =**

U7. Of the total referrals identified in U6d above, how many of them were reached by the quitline in FY10?

Note: if you cannot separate out the types of referral sources, simply report the sum in category U7d.

Note: Please account for each item. If no referrals from a given source were reached, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

a. FAX referrals reached by the quitline **N =**

b. Referrals from electronic medical records reached by the quitline **N =**
(tied directly into medical systems)

c. Other referrals reached by the quitline **N =**
(e.g., web referrals, "click to call", online ads, etc.)

d. Total referrals reached by the quitline (D=A+B+C) **N =**

U8. Of the total referrals identified in U6d above, how many of them registered for services/agreed to received services in FY10?

Note: If you cannot separate out the types of referral sources, simply report the sum in category U8d.

Note: Please account for each item. If no referrals from a given source were registered, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- a. FAX referrals registering for services N =
 - b. Referrals from electronic medical records registering for services N =
(tied directly into medical systems)
 - c. Other referrals registering for services N =
(e.g., web referrals, "click to call", online ads, etc.)
 - d. Total referrals registering for services (D=A+B+C) N =
-

U9. Of the total referrals identified in U6d above, how many received some counseling or medications in FY10?

Note: If you cannot separate out the types of referral sources, simply report the sum in category U9d.

Note: Please account for each item. If there were no referrals from a given source, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- a. FAX referrals receiving some counseling or medications N =
 - b. Referrals from electronic medical records receiving N =
some counseling or medications

(tied directly into medical systems)
 - c. Other referrals receiving some counseling or medications N =
(e.g., web referrals, "click to call", online ads, etc.)
 - d. Total referrals receiving some counseling or medications N =
(D=A+B+C)
-

U10. Indicate the total number of tobacco users who completed an INTAKE or REGISTRATION process in FY10.

(If your quitline did not have a formal intake or registration process, indicate the number of tobacco users indicating an interest in receiving services from the quitline.)

This should be a combination of the total number of referrals reported in U6d above AND the total number of tobacco users calling directly as reported in U2 above, in order to account for the multiple ways tobacco users can enter a quitline system.

Note: Tobacco user can be smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit. Please include all tobacco users who called, including those who had questions only, those who requested materials, and those who requested services.

N =

U11. How many TOBACCO USERS who called or were referred to the quitline received the services listed below in FY10?

Report only on those who received service, not those who requested service.

For the purposes of this question, we define "received" service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline.

Note: U11a and U11b are mutually exclusive categories.

Note: Please account for each item. If no tobacco user received a given service, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- a. Self-help materials with no counseling **N =**
- b. Counseling (began at least one session) **N =**
[Do NOT include intake or registration as counseling]
- c. Medications **N =**
(NRT or other FDA-approved medications for tobacco cessation)
- d. Total tobacco users provided counseling **N =**

OR medications OR both counseling and medications

[Do NOT include those who received only self-help materials here.]

(Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)

Of the tobacco users starting at least one counseling session in FY10 (from U11b above), please provide:

U12. Average number of minutes of counseling [do not include intake or administrative time]:

U13. Average number of counseling calls completed:

Note: Starting with the total number of unique tobacco users who received some type of evidence-based service in FY10 (started at least one counseling session or received quitting medications through the quitline from U11d above), please report on information for the selected Minimal Data Set items below (U14-U32). If you are unable to report in the requested categories, please select "Unable to report".

NAQC will use this information to provide a national picture of who quitlines are serving, and will help quitlines calculate reach into specific sub-populations individually and collectively. NAQC will also use the information to reach out to quitlines that are unable to report on MDS items to see if technical assistance is needed or requested.

U14. Type of tobacco use (Note: These may sum to a greater number than the total number of tobacco users due to some callers using multiple types of tobacco.)

Note: Please account for each item. If no-one in a given category received treatment (counseling or medications), enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Number of cigarette smokers	N =
b. Number of cigar smokers	N =
c. Number of pipe smokers	N =
d. Number of smokeless tobacco users	N =
e. Number of other tobacco product users	N =

U15. Amount of tobacco used (for those reporting specific types of tobacco use) (FY10)

	UTR	N	Mean	Median	Min	Max
a. Cigarettes per day	[]		0.0	0.0	0.0	0.0
b. Cigars per week	[]		0.0	0.0	0.0	0.0
c. Pipes per week	[]		0.0	0.0	0.0	0.0
d. Tins per week (smokeless)	[]		0.0	0.0	0.0	0.0
e. Other tobacco products per week	[]		0.0	0.0	0.0	0.0

U16. For cigarette users only (but including those who also use other forms of tobacco in combination)

Note: Please account for each item. If there are no smokers in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

Number (FY2010)

- a. Number of everyday/daily smokers N =
 - b. Number of someday/occasional smokers N =
 - c. Number of "not at all" smokers N =
 - d. Of those reporting "not at all", number of smokers N =
 who quit 30 days or less before calling
-

U17. For cigar users only (but including those who also use other forms of tobacco in combination)

Note: Please account for each item. If there are no cigar users in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- | | Number (FY2010) |
|---|-----------------|
| a. Number of everyday/daily cigar smokers | N = |
| b. Number of someday/occasional cigar smokers | N = |
| c. Number of "not at all" cigar smokers | N = |
-

U18. For pipe users only (but including those who also use other forms of tobacco in combination)

Note: Please account for each item. If there are no pipe users in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- | | Number (FY2010) |
|--|-----------------|
| a. Number of everyday/daily pipe smokers | N = |
| b. Number of someday/occasional pipe smokers | N = |
| c. Number of "not at all" pipe smokers | N = |

U19. For smokeless tobacco users only (but including those who also use other forms of tobacco in combination)

Note: Please account for each item. If there are no smokeless tobacco users in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Number of everyday/daily chewers/dippers	N =
b. Number of someday/occasional chewers/dippers	N =
c. Number of "not at all" chewers/dippers	N =

U20. For other tobacco users only

Note: Please account for each item. If there are no other tobacco users in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Number of everyday/daily users	N =
b. Number of someday/occasional users	N =
c. Number of "not at all" users	N =

U21. For cigarette smokers only: Time to first cigarette

Note: Please account for each item. If there are no smokers in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

Number (FY2010)

- a. Within 5 minutes N =
 - b. 6-30 minutes N =
 - c. 31-60 minutes N =
 - d. More than 60 minutes N =
-

U22. For all other non-cigarette tobacco users (pipe, cigar, smokeless and other tobacco only): Time to first use of tobacco

Note: Please account for each item. If there are no other non-cigarette users in a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

- | | Number (FY2010) |
|-------------------------|-----------------|
| a. Within 5 minutes | N = |
| b. 6-30 minutes | N = |
| c. 31-60 minutes | N = |
| d. More than 60 minutes | N = |

Note: Starting with the total number of unique tobacco users receiving some type of evidence-based service (started at least one counseling session or received quitting medications through the quitline as reported in U11d above), please report on information for the selected Minimal Data Set items below (U23-U32) for FY10.

U23. Gender

- | | Number (FY2010) |
|-----------|-----------------|
| a. Male | N = |
| b. Female | N = |

U24. Age (FY 2010)

UTR	N	Mean	Median	Min	Max
[]		0.0	0.0	0.0	0.0

U26. Level of education (Canada)

Note: Please account for each item. If there is no-one who received treatment who falls into a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Less than High School	N = 0
b. High School diploma, certificate, or equivalent	N = 0
c. Some post-secondary education without degree, certificate, or diploma	N = 0
d. Registered Apprenticeship or other trades certificate or diploma	N = 0
e. College, CEGEP, or other certificate or diploma	N = 0
f. University degree (including LL.B.; Masters degree; degree in medicine, dentistry, veterinary medicine, or optometry; or doctorate)	N = 0

U29. Race (Canada)

Note: please account for each item. If there is no-one who received treatment who falls into a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. White	N = 0
b. Asian	N = 0
c. Middle Eastern	N = 0
d. Black	N = 0
e. Latin American	N = 0
f. Aboriginal (Native Indian, Metis, Inuit)	N = 0
g. Other	N = 0

U30. Sexual Orientation

Note: Please account for each item. If there is no-one who received treatment who falls into a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Straight	N =
b. Gay or lesbian	N =
c. Bisexual	N =
d. Transgender	N =
e. Other	N =
f. Refused	N =
g. Missing	N =

U31. In FY10, did your quitline collect information on insurance status of callers who receive services?

Yes

U32. Indicate below the number of tobacco users (unique callers) who received services in FY10 (from U11d above), distinguishing between types of insurance status.

Note: Please account for each item. If there is no-one who received treatment who falls into a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. No insurance	N =
b. Government-provided insurance (Medicare, Medicaid, Military, etc.)	N =
c. Private Insurance	N =

Note: For U33, please report on all registrants for web-based cessation services, regardless of whether they received telephone counseling or medications. If enrollees for telephone counseling were automatically enrolled in web-based services due to the integration of the phone and web programs, all registrants for the telephone quitline would also be reported in U33a. If enrollment in web-based services was independent from enrollment in telephone-based services, report all web registrants in U33b.

U33. How many tobacco users registered for web-based services in FY10?

Note: Please account for each item. If there is web registrant who falls into a given category, enter a zero for it. Check "Unable to report" only if you do not know the amount for the item.

	Number (FY2010)
a. Registrants for web-based cessation services that are integrated with the telephone quitline	N =

b. Registrants for web-based cessation services
that are not integrated with the telephone quitline

N =

EVALUATION

E1. During FY10, did your quitline conduct follow-up evaluations by obtaining information/feedback from clients, including (but not limited to) assessing quit status?

No

E2. What types of data did you collect in FY10?

- Customer Satisfaction
 - Staff Performance
 - Quitting outcome (e.g., quit attempts, quit rates)
 - Other
-

E3. Who conducted your quitline follow-up evaluations in FY10?

- Internal evaluation, conducted by service provider staff other than counseling/intake staff (e.g., internal evaluation unit/team)
 - Internal evaluation, conducted by service provider counseling/intake staff
 - Funding Agency [quitline administrator]
 - Outside evaluation firm [external to both funder/administrator and service provider]
 - Other evaluator
-

E4. What sampling strategy did your quitline use to select callers for follow-up in FY10?

- Random sampling
- Census sampling (all callers)

- Cohort sampling (time-limited)
 - Continuous sampling (year-round)
 - Periodic (within one year or across multiple years)
 - Other sampling strategy
-

E5. At what time points did you follow-up with callers for evaluation purposes in FY10?

- 3 months after registration / first contact
 - 4 months after registration / first contact
 - 6 months after registration / first contact
 - 7 months after registration / first contact
 - 12 months after registration / first contact
 - 13 months after registration / first contact
 - Other time point
-

E6. What criteria were used to select callers for follow-up in FY10?

All those who:

- Call (regardless of the reason)
 - Are current tobacco users at first call
 - Are former tobacco users at first call
 - Are 18 years old or older
 - Register for counseling
 - Receive counseling [begin first counseling call]
 - Receive medications
 - Consent to follow-up (select this option if your quitline has an explicit consent procedure / question)
 - Set a quit date (i.e., caller is not eligible for a follow-up evaluation without a quit date)
 - Complete all counseling sessions (select this option only if those who do not complete all counseling sessions are not eligible for follow-up)
 - Other selection criteria
-

E7. Please provide your quitline's 30-day point prevalence abstinence rate (responder quit rate) for FY10, calculated at 7 months after intake/registration/first contact. Calculate using NAQC's recommended methodology (see <http://www.naquitline.org/?page=ImpQR#worksheet> for step-by-step instructions).

0

The following information is requested to help provide context for, and appropriate interpretation of, the quit rate provided in E7 above.

E8. What is the confidence interval for the FY10 30-day point prevalence abstinence rate (responder rate) reported above?

NOTE: Please record this as the lower bound and upper bound of the interval [e.g., for an abstinence rate of 52.1%, the confidence interval might be 46.2% (lower bound) to 58.0% (upper bound)].

a. Lower bound	b. Upper bound

E9. IN FY10, did your quitline obtain consent for follow-up?

No

E9a. Please describe the population asked to provide consent for follow-up in FY10 (for example: All those 18 or over who indicated an interest in receiving counseling services)

E9b. How many were asked to provide consent for follow-up in FY10?

0

E9c. Of those asked to provide consent, how many actually provided consent for follow-up in FY10?

0

**E10. How many tobacco users did you attempt to contact for follow-up in FY10?
(Total N of your follow-up sample.)**

0

E11. Of the total follow-up sample in Question E10, how many responded to the follow-up survey in FY10?

0

E12. Calculated from date of first contact or date of registration (select one and be consistent), what was the average number of days between first contact/registration and completion of the follow-up survey for survey respondents in FY10?

0

E13a. What was the minimum number of days between first contact/registration and completion of the 7-month follow-up survey in FY10?

0

E13b. What was the maximum number of days between first contact/registration and completion of the 7-month follow-up survey in FY10?

0

PROMOTIONAL ACTIVITY

P1. What state-wide or province-wide paid media/promotions and outreach activities did you do in FY10?

Paid media/promotions

- Television ads
- Radio ads
- Newspaper ads
- Billboards
- Online advertising (banner ads and paid search engine ads)
- Other paid media/promotions.

Earned media

- Any earned media

Social media

- Facebook page
- MySpace page
- Twitter
- Other

Outreach

- Displaying or presenting quitline information at health fairs, meetings, workshops or conferences
- Building health care referral networks (health care providers and systems) [includes academic detailing or face-to-face visits, meetings, training sessions, etc.]
- Building other referral networks (community-based organizations) [includes face-to-face visits, meetings, training sessions, etc.]
- Other media/promotions.

P2. What state-wide or province-wide paid media/promotions and outreach activities do you have planned for Fiscal Year 2011?

Paid media/promotions

- Television ads
- Radio ads
- Newspaper ads
- Billboards
- Online advertising (banner ads and paid search engine ads)
- Other paid media/promotions.

Earned media

- Any earned media

Social media

- Facebook page
- MySpace page
- Twitter
- Other

Outreach

- Displaying or presenting quitline information at health fairs, meetings, workshops or conferences
- Building health care referral networks (health care providers and systems) [includes academic detailing or face-to-face visits, meetings, training sessions, etc.]
- Building other referral networks (community-based organizations) [includes face-to-face visits, meetings, training sessions, etc.]
- Other media/promotions.

P3. Did you conduct promotions or outreach to priority or special populations in FY10?

No

P3a. Please indicate which populations.

- Pregnant tobacco users
- Youth - under 18
- Young adults (18-25)
- Older tobacco users (e.g., 55+)
- Smokeless tobacco users
- Racial/ethnic populations.

- Lesbian, Gay, Bisexual, Transgender
- Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)
- Multiple addictions: tobacco and alcohol OR other drugs
- Low SES
- Medicaid
- Uninsured/Underinsured
- Chronic health conditions
- Low literacy
- Other population