NORTH AMERICAN
QUITLINE
CONSORTIUM

FY2013 ANNUAL SURVEY OF QUITLINES
KEY INSTRUCTIONS FOR THE NAQC FY2013 ANNUAL SURVEY:

ENTERING DATA IN SURVEY MONKEY:
To access the Survey Monkey data collection tool go to:
https://www.surveymonkey.com/s/FY20132NAQCANNUALSURVEY

COMPLETING THE WORD VERSION:
The Word version has fields inserted to help you complete your survey. For easiest use, "lock" your survey from the "Forms" menu or "restrict editing" to filling in forms on the "Developer" tab (depending on which version of Word you're using). However, this will not allow you to insert comments or other text, which may help you communicate with other survey respondents for your quitline. If you have questions or need help with any version of the survey, please email annualsurvey@naquitline.org or call 800.398.5489 ext. 701.

To access the Word and PDF versions of the survey go to:
http://www.naquitline.org/?page=2013Survey

FY2013 Annual Survey Training Webinar:
To download slides from the FY13 Annual Survey training webinar and/or listen to a recording of the training webinar go to http://www.naquitline.org/?page=2013Survey

IMPORTANT TEST BEFORE YOU BEGIN:

PLEASE ENTER YOUR CONTACT INFORMATION, THEN LEAVE THE SURVEY (CLOSE YOUR BROWSER), AND COME BACK USING THE SAME URL.

If your contact information is still there, you can leave the survey at any time and come back to complete it later. **If it is NOT there**, Survey Monkey does NOT recognize your computer due to issues with firewalls or cookies. **You will need to gather all the information using the PDF or Word versions of the survey, and then enter all the data at one time to avoid losing information and having to re- enter it multiple times.**

NAQC would like to thank you for taking the time to complete this seventy-one (71) question survey to collect information about your quitline's service offerings, utilization, and outcomes. The information from this survey will be used by NAQC to:

    A. Report on the state of quitlines and trends over time;
    B. Compile quitline benchmarks for key metrics; and,
    C. Continue to make the case for funding quitlines; and
    D. Help forecast the technical and other needs of the quitline community.

Key data elements will be posted on the quitline profile page for each quitline on NAQC's website (see http://map.naquitline.org)

You may exit the survey at any time and come back later to complete it, as long as Survey Monkey recognizes your computer (please see text above under **IMPORTANT TEST BEFORE YOU BEGIN** to see whether this holds for your computer system).

If you have any general, technical, or content related survey questions, please email annualsurvey@naquitline.org or call 800.398.5489 ext. 701.

CONTACT INFORMATION

*1.   Contact information (Please provide contact information for the person NAQC should contact with any questions about your responses.)

    Tip: *This question is required. Please type in **"N/A"** for fields that do not apply rather than leaving them blank.*

Name:	
Job Title:	
Employer/Organization:	
State (of your quitline):	
Email:	
Phone:	
Second phone:	
Brief description of your quitline-related responsibilities	

*2.   Please check your quitline's profile on the NAQC website and indicate below whether all information is up-to-date as of January 1, 2014. To reduce reporting burden on quitlines, NAQC will use your quitline's profile information to track and report on quitline trends along with data obtained from the Annual Survey questions asked here. To view your quitline's profile, and to see instructions on how to update your profile or seek technical assistance, go to http://map.naquitline.org/ and click on your state.

☐ YES, our quitline's profile information is all up-to-date as of January 1, 2014

☐ NO, our quitline's profile contains information that is outdated

*3a. What were the start and end dates of your quitline's Fiscal Year 2013 (FY13)?
(Note: 85% of US quitline's FY13 was July 1, 2012 to June 30, 2013. Throughout this survey, this time period will be referred to as "Fiscal Year 2013" or as "FY13.)

Tip: If you are unsure of your quitline's fiscal year start and end dates, please email annualsurvey@naquitline.org to have your FY2012 start and end dates sent to you.

DD/MM/YYYY
FY13 Start date:

FY13 End date:

*3b. What are the start and end date of your quitline's Fiscal Year 2014 (FY14)?
(Note: 85% of US quitline's FY14 is July 1, 2013 to June 30, 2014. Throughout this survey, this time period will be referred to as "Fiscal Year 2014" or as "FY14.)

Tip: If you are unsure of your quitline's fiscal year start and end dates, please email annualsurvey@naquitline.org to have your FY2013 start and end dates sent to you.

DD/MM/YYYY
FY14 Start date:

FY14 End date:

QUITLINE SERVICES

The next few pages ask about services offered by your quitline and tobacco control program.

Questions 4-13 inquire about services funded by your state in FY13.

*4. **In FY13, did your state tobacco control program offer any services using technologies other than telephone?** Please select "YES" if your tobacco control program offered any of the following: informational website, internet-based cessation program, text messaging, interactive voice response (IVR), etc.,—even if those services were offered separately from quitline services.

☐ YES, our tobacco control program offered one or more service(s) using other technologies
   [IF YES, CONTINUE TO QUESTION #5]

☐ NO, our tobacco control program did not offer any services using other technologies
   [IF NO, SKIP TO QUESTION #10]

5. In FY13, which of the following internet-based services did your state tobacco control program offer?

Please answer "Yes" or "No" in the box that indicates whether the service(s) was offered by your state tobacco control program in FY13, regardless of whether the service was explicitly tied to the quitline or not. Also indicate whether free NRT was offered as part of that service.

Service	Service was offered during FY13 (Yes/No)	Free NRT was offered with the service during FY13 (Yes/No)
Information about the quitline		
Information about tobacco cessation		
Self-directed internet-based intervention to help tobacco users quit		
Text messaging to cell phones*		

*Definition: text messaging includes short message service transmissions to mobile devices that contain content about helping people quit. Message content might include tips for coping with cravings, motivational messages, resources for additional help, or other related topics. Select this option regardless of whether the text messaging is interactive (i.e., communication can either be two-way, between the service and tobacco user; or one-way, from the service to the tobacco user only).

6. **If your state tobacco control program offered services in FY13 in ways not easily accounted for in Question 5, please provide additional information here:**

*7. **In FY13, did your state tobacco control program offer any of the following features of a self-directed internet-based intervention?** *(Please select all that apply.)*

☐ Automated email or text messages

☐ Chat rooms (e.g., moderated or unmoderated online community to share quit stories, information, and/or advice)

☐ Interactive counseling and/or email/instant messaging to cessation specialist/counselor/coach to help tobacco users quit

☐ None of these

☐ Other (please specify):

*8. In FY13, did your quitline use interactive voice response (IVR) technology?

> **Definition:** Interactive voice response (IVR) is a technology that allows callers to interact with a company's database via a telephone keypad or by speech recognition, after which they can service their own inquiries by following the IVR dialogue. IVR can be used with quitlines to direct callers appropriately (e.g., direct to a Spanish-speaking counselor), or can be used for much more complex functions such as collecting intake data, or fulfilling requests for cessation materials. If your quitline uses IVR in either, or both, of these capacities, please select "YES" below.

☐ YES [IF YES, CONTINUE TO QUESTION #9]

☐ NO [IF NO, SKIP TO QUESTION #10]

9. In FY13, was IVR used to triage calls only (e.g., to direct callers to the right person based on the reason for calling), or was it used to handle provision of some requested services (e.g., requests for cessation materials)?

☐ Triage only

☐ Handle provision of some requested services only

☐ Both triage and handle some provision of requested services

☐ Other (please specify):

*10. In FY13, did your quitline use counselors/specialists/coaches who offered quitline services in languages <u>other than English</u>?

☐ YES [IF YES, CONTINUE TO QUESTION #11]

☐ NO [IF NO, SKIP TO QUESTION #12]

11. In FY13, how did tobacco users indicate their language preferences?

☐ In-language menu prompt (e.g., "para Espanol, oprima numero dos")

☐ Separate language-specific quitline number to call (e.g., 1-800-NO-FUMAR)

☐ Other (please specify):

*12. In FY13, in which of the following languages did your quitline offer counseling, <u>not</u> through a third-party translator? Please provide the <u>total hours per week</u> counselors/specialists/coaches were available for each language, and the <u>total number of tobacco users</u> who spoke with a counselor/specialist/coach in that language in FY13 (Please do not include intake or registration staff). *(Please enter all that apply.)*

Language	In-language counseling offered (<u>not</u> through a third-party translator) in FY13 (yes/no)	Total hours per week counselors/specialists /coaches available for each language in FY13	Total number of tobacco users who spoke with a counselor/specialist/coach in each language in FY13
English	☐ yes ☐ no		
Spanish	☐ yes ☐ no		
French	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		

Language	In-language counseling offered (not through a third-party translator) in FY13 (yes/no)	Total hours per week counselors/specialists /coaches available for each language in FY13	Total number of tobacco users who spoke with a counselor/specialist/coach in each language in FY13
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		
Other (specify):	☐ yes ☐ no		

*13. In FY13, for which of the following populations did your quitline have specialized initial training, or continuing education regarding cultural competence, to assist counselors with identifying and addressing issues that may be relevant to specific populations through the counseling interaction? *(Please select all that apply.)*

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.

☐ Pregnant tobacco users

☐ Youth (age <18)

☐ Young adults (age ≥18-25)

☐ Older tobacco users (age ≥55)

☐ Racial/Ethnic populations (please select all that apply):
    ☐ 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 (please specify):

☐ 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 socioeconomic status (SES)

☐ Medicaid

☐ Chronic health conditions

☐ Low literacy

☐ Smokeless tobacco users

☐ E-cigarette/Electronic Nicotine Delivery System (ENDS) users

☐ Other populations (please specify):

BUDGET

Questions #14 and #15 ask about your <u>Fiscal</u> <u>Year</u> <u>2013</u> budget.

14. What was your FY13 budget for the following?

Please include **both** funds budgeted <u>from your state tobacco control program budget</u>, **and** from <u>sources outside your state tobacco control program budget</u>. For example, if your quitline receives NRT through a separate contract, or from a different line in the department of health's budget other than the state tobacco control program, please include that amount on Row (c.) Quitline Medications including NRT: Column (2.) From other sources.

<u>For funding that begins and ends on a timeline other than your quitline's fiscal year</u>, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline's FY13. For example, if funds were awarded for October 2012 – September 2013. For a quitline whose FY13 was July 1, 2012 – June 30, 2013, funds were available for 9 months of FY13. So the total amount of funds that should be reported for FY2013 would be 75% of the total (or 9/12 of the total amount or $y=x^*.75$).

<u>If your quitline serves tobacco users who are paid for by health plans or other third parties</u>, please indicate those amounts in Column (2.) From other sources.

Please remember to sum all rows in Column (3.) [i.e., add the amounts in each row from Column (1.) + Column (2.)]. Actual amounts spent to serve tobacco users are fine.

<u>NOTE</u>: Please account for each budget item. If your budget did not include funds for a given item, <u>please enter a "0" (zero)</u>. If you do not know the amount for the item, or are unable to report on a specific line item, <u>please enter "-9" (minus nine)</u> rather than leaving it blank.

For budget category definitions, see the text following the questions below.

Table for Question #14, FY13	1. From state tobacco control budget	2. From other sources	3. **TOTAL** [SUM = Column (1.) + Column (2.)]
a. TOTAL FY13 quitline budget [must equal the sum of Rows (b. – i.)]	$ SUM Rows (b. – i.): Column (1.) here	$ SUM Rows (b. – i.): Column (2.) here	$ [TOTAL = Row (a.): Column (1.) + Row (a.): Column (2.)], which should be equal to the sum of Rows (b. – i.): Column (3.)
b. Quitline Services	$	$	$
c. Quitline Medications including NRT	$	$	$
d. Quitline Evaluation	$	$	$
e. Quitline Media/Promotions	$	$	$
f. Quitline Outreach	$	$	$
g. National Asian Quitline (counseling services only)	$	$	$
h. National Asian Quitline (medications only)	$	$	$
i. Other (quitline-specific)	$	$	$
j. Other (NONquitline-specific) tobacco control funds	$	$	$ [j:3 = k:3 – a:3]
k. **TOTAL** FY13 state tobacco control program budget (prevention and cessation) for your state	$ [SUM = Row (a.): Column (1.) + Row (j.): Column (1.)]	$ [SUM = Row (a.): Column (2.) + Row (j.): Column (2.)]	$ [SUM = Row (k.): Column (1.) + Row (k.): Column (2.)], which should be equal to [SUM = Row (a.): Column (3.) + Row (j.): Column (3.)].

Q14 – FY13 BUDGET DEFINITIONS

a. **TOTAL quitline budget** [**Row (a.): Column (3.)**] must be the sum of [Row (a.): Column (1.) + Row (a.): Column (2.)]. Total quitline budget from state tobacco control budget is the sum of Rows (b. – i.) in Column (1.). Total quitline budget from other sources is the sum of Rows (b. – i.) in Column (2.). If the quitline budget cannot be easily divided into sub-categories, enter the **total** in **Row (a.): Column (3.)** and enter "-9" (minus nine) in each of the Rows (b. – i.): Column (1.) and Rows (b. – i.): Column (2.).

b. **Quitline Services** budget includes: screening, counseling, providing materials, overhead and administration fees, and fax referral operations. Quitline Services budget DOES NOT include outreach/detailing contracts, research grants, general website support and onetime capital expenditures.

c. **Quitline Medications including NRT** budget encompasses all cessation medications (i.e., over-the-counter and prescription) offered in conjunction with quitline services.

d. **Quitline Evaluation** budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.

e. **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 standalone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/Promotions budget does NOT include earned or free media. Please exclude all earned and free media monies. All media/promotions monies should be reported separately from outreach. NOTE: If it is not possible to calculate media/promotions amount for the quitline separately, then please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.

f. **Quitline Outreach** budget. 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. The Quitline Outreach budget is separate from the activities of the Quitline Media/Promotions budget. If the Quitline Outreach budget cannot be separated from the Quitline Media/Promotions budget, then the total should be reported in Quitline Media/Promotions Row (e.): Column (3.) and "-9" (minus nine) should be entered on Row (e.): Column (1.) and Row (e.): Column (2.).

g. **National Asian Quitline (counseling services only)** budget is the amount some states choose to pay to the University of California, San Diego, to serve Asian-language speakers from their state or territory for counseling services only. Funds for medications provided to those served by the National Asian Quitline should be included in Row (h.) as indicated below.

h. **National Asian Quitline (medications only)** budget is the amount some states choose to pay for NRT or other medications provided to Asian-language speakers from their state or territory served by the University of California, San Diego.

i. **Other (quitline-specific)** budget funding includes any other quitline-specific items/categories not specified in Rows (b. – h.): Column (1.) and Rows (b. – h.): Column (2.) that **are** quitline-specific but did not fit into the categories listed in Rows (b. – h.).

j. **Other (NONquitline-specific)** budget funding includes any other NONquitline-specific items/categories included in the tobacco control budget that are **NOT** quitline-specific (e.g., prevention funds). [j:3 = k:3 – a:3]

k. **TOTAL state tobacco control program budget [Row (j.): Columns (1. – 3.)]** must include the total quitline budget from Row (a.): Columns (1. – 3.) AND total NONquitline-specific budgets from Row (j.): Columns (1. – 3.), this may include more cessation and prevention programs for the state, including online or in-person services. If the state tobacco control program budget is handled by a separate organization, enter "-9" (minus nine) rather than leaving it blank.

15. In FY13, what funding <u>sources</u> supported your quitline's operations, services, promotions, outreach, medications, staff, or other infrastructure?

For each funding <u>source</u> listed below, please indicate the total dollar amount of the <u>TOTAL QUITLINE BUDGET</u> from <u>Question #14 Row (a.): Column (3.)</u>, that comes from each budget source [This is your <u>TOTAL QUITLINE BUDGET</u> for all quitline medication and counseling services]. If no funds were received from a given source, respond with "0" (zero) rather than leaving it blank. If you are unable to report on the breakdown of funding sources, please respond with "-9" (minus nine) on each row rather than leaving them blank.

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

Total FY13 Quitline Budget [total quitline budget = all counseling and medications] From Question #14 above, Row (a.): Column (3.) [Sum of items a-u below must equal this amount]	$
GOVERNMENT FUNDING SOURCES	**$ Received from this source in FY13**
a. CDC – NTCP Core funding (March – March of each year)	$
b. CDC ACA I (Active only IF a no cost extension is in place; Sept 30, 2010 – Sept 29, 2012)	$
c. CDC ACA II (Active only IF a no cost extension is in place; Sept 30, 2011 – Sept 29, 2012)	$
d. CDC Quitline FOA PPHF12 (Aug 2012 – July 2013)	$
e. CDC – other funding	$
f. Local government funds	$
g. State general funds	$
h. State dedicated tobacco tax funds	$
i. State Medicaid funds *(i.e., funds allocated directly from the state Medicaid budget to the state tobacco control program)*	$
j. Federal financial participation (FFP) for quitline administrative expenditures for	$

	$ received from this source in FY13	Please indicate specific source organization(s) or name(s) (if applicable)
Medicaid beneficiaries *(i.e., federal funds secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the state tobacco control program)*		
k. Master Settlement Agreement (MSA) funds	$	
l. Tobacco settlement funds (not MSA) (only applies to four states: Mississippi, Florida, Texas and Minnesota)	$	
m. Research grant from government sources (e.g., NIH, CDC)	$	
PRIVATE FUNDING SOURCES	**$ received from this source in FY13**	**Please indicate specific source organization(s) or name(s) (if applicable)**
n. Third party reimbursement through an employer or employer group (includes the state as an employer)	$	
o. Third party reimbursement through insurance company or health plan	$	
p. Charitable foundation (includes research or other grants from a non-federal source)	$	
q. Corporate charitable contribution	$	
r. Pharmaceutical grants or contributions	$	
s. Non-governmental organization (e.g., trade union)	$	

15t. Please specify any other <u>public funders</u> for your quitline, and the amount of funds received from each source in FY13:

Insert text here

15u. Please specify any other <u>private funders</u> for your quitline, and the amount of funds received from each source in FY13:

Insert text here

16. What was your FY14 budget for the following?

Please include **both** funds budgeted <u>from your state tobacco control program budget</u>, **and** from <u>sources outside your state tobacco control program budget</u>. For example, if your quitline receives NRT through a separate contract, or from a different line in the department of health's budget other than the state tobacco control program, please include that amount on Row (c.) Quitline Medications including NRT: Column (2.) From other sources.

<u>For funding that begins and ends on a timeline other than your quitline's fiscal year</u>, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline's FY14. For example, if funds were awarded for October 2013 – September 2014. For a quitline whose FY14 was July 1, 2013 – June 30, 2014, funds were available for 9 months of FY14. So the total amount of funds that should be reported for FY2014 would be 75% of the total (or 9/12 of the total amount or $y=x^*.75$).

<u>If your quitline serves tobacco users who are paid for by health plans or other third parties</u>, please indicate those amounts in Column (2.) From other sources.

Please remember to sum all rows in Column (3.) [i.e., add the amounts in each row from Column (1.) + Column (2.)]. Actual amounts spent to serve tobacco users are fine.

<u>NOTE</u>: Please account for each budget item. If your budget did not include funds for a given item, <u>please enter a "0" (zero)</u>. If you do not know the amount for the item, or are unable to report on a specific line item, <u>please enter "-9" (minus nine)</u> rather than leaving it blank.

For budget category definitions, see the text following the questions below.

Table for Question #16, FY14	1. From state tobacco control budget	2. From other sources	3. TOTAL [SUM = Column (1.) + Column (2.)]
a. TOTAL FY14 quitline budget [must equal the sum of Rows (b. – i.)]	$ SUM Rows (b. – i.): Column (1.) here	$ SUM Rows (b. – i.): Column (2.) here	$ [TOTAL = Row (a.): Column (1.) + Row (a.): Column (2.)], which should be equal to the sum of Rows (b. – i.): Column (3.)
b. Quitline Services	$	$	$
c. Quitline Medications including NRT	$	$	$
d. Quitline Evaluation	$	$	$
e. Quitline Media/Promotions	$	$	$
f. Quitline Outreach	$	$	$
g. National Asian Quitline (counseling services only)	$	$	$
h. National Asian Quitline (medications only)	$	$	$
i. Other (quitline-specific)	$	$	$
j. Other (NONquitline-specific) tobacco control funds	$	$	$ [j:3 = k:3 – a:3]
k. **TOTAL** FY14 state <u>tobacco control program budget</u> (prevention and cessation) for your state	$ [SUM = Row (a.): Column (1.) + Row (j.): Column (1.)]	$ [SUM = Row (a.): Column (2.) + Row (j.): Column (2.)]	$ [SUM = Row (k.): Column (1.) + Row (k.): Column (2.)], which should be equal to [SUM = Row (a.): Column (3.) + Row (j.): Column (3.)].

Q16 – FY14 BUDGET DEFINITIONS

a. **TOTAL quitline budget** [**Row (a.): Column (3.)**] must be the sum of [Row (a.): Column (1.) + Row (a.): Column (2.)]. Total quitline budget from state tobacco control budget is the sum of Rows (b. – i.) in Column (1.). Total quitline budget from other sources is the sum of Rows (b. – i.) in Column (2.). If the quitline budget cannot be easily divided into sub-categories, enter the **total** in **Row (a.): Column (3.)** and enter "-9" (minus nine) in each of the Rows (b. – i.): Column (1.) and Rows (b. – i.): Column (2.).

b. **Quitline Services** budget includes: screening, counseling, providing materials, overhead and administration fees, and fax referral operations. Quitline Services budget DOES NOT include outreach/detailing contracts, research grants, general website support and onetime capital expenditures.

c. **Quitline Medications including NRT** budget encompasses all cessation medications (i.e., over-the-counter and prescription) offered in conjunction with quitline services.

d. **Quitline Evaluation** budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.

e. **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 standalone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/Promotions budget does NOT include earned or free media. Please exclude all earned and free media monies. All media/promotions monies should be reported separately from outreach. NOTE: If it is not possible to calculate media/promotions amount for the quitline separately, then please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.

f. **Quitline Outreach** budget. 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. The Quitline Outreach budget is separate from the activities of the Quitline Media/Promotions budget. If the Quitline Outreach budget cannot be separated from the Quitline Media/Promotions budget, then the total should be reported in Quitline Media/Promotions Row (e.): Column (3.) and "-9" (minus nine) should be entered on Row (e.): Column (1.) and Row (e.): Column (2.).

g. **National Asian Quitline (counseling services only)** budget is the amount some states choose to pay to the University of California, San Diego, to serve Asian-language speakers from their state or territory for counseling services only. Funds for medications provided to those served by the National Asian Quitline should be included in Row (h.) as indicated below.

h. **National Asian Quitline (medications only)** budget is the amount some states choose to pay for NRT or other medications provided to Asian-language speakers from their state or territory served by the University of California, San Diego.

i. **Other (quitline-specific)** budget funding includes any other quitline-specific items/categories not specified in Rows (b. – h.): Column (1.) and Rows (b. – h.): Column (2.) that **are** quitline-specific but did not fit into the categories listed in Rows (b. – h.).

j. **Other (NONquitline-specific)** budget funding includes any other NONquitline-specific items/categories included in the tobacco control budget that are **NOT** quitline-specific (e.g., prevention funds). [j:3 = k:3 – a:3]

k. **TOTAL state tobacco control program budget [Row (j.): Columns (1. – 3.)]** must include the total quitline budget from Row (a.): Columns (1. – 3.) AND total NONquitline-specific budgets from Row (j.): Columns (1. – 3.), this may include more cessation and prevention programs for the state, including online or in-person services. If the state tobacco control program budget is handled by a separate organization, enter "-9" (minus nine) rather than leaving it blank.

17. In FY14, what funding <u>sources</u> supported your quitline's operations, services, promotions, outreach, medications, staff, or other infrastructure?

For each funding <u>source</u> listed below, please indicate the total dollar amount of the <u>TOTAL QUITLINE BUDGET</u> from Question #16 Row (a.): Column (3.), that comes from each budget source [This is your <u>TOTAL QUITLINE BUDGET</u> for all quitline medication and counseling services]. If no funds were received from a given source, respond with "0" (zero) rather than leaving it blank. If you are unable to report on the breakdown of funding sources, please respond with "-9" (minus nine) on each row rather than leaving them blank.

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

Total FY14 Quitline Budget **[total quitline budget = all counseling and medications]** **From Question #16 above, Row (a.): Column (3.)** [Sum of items a-u below must equal this amount]	$
GOVERNMENT FUNDING SOURCES	**$ Received from this source in FY14**
a. CDC – NTCP Core funding (March – March of each year)	$
b. CDC ACA I (Active only IF a no cost extension is in place; Sept 30, 2010 – Sept 29, 2012)	$
c. CDC ACA II (Active only IF a no cost extension is in place; Sept 30, 2011 – Sept 29, 2012)	$
d. CDC Quitline FOA PPHF12 (Aug 2012 – July 2013)	$
e. CDC – other funding	$
f. Local government funds	$
g. State general funds	$
h. State dedicated tobacco tax funds	$
i. State Medicaid funds *(i.e., funds allocated directly from the state Medicaid budget to the state tobacco control program)*	$
j. Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries *(i.e., federal funds*	$

secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the state tobacco control program)		
k. Master Settlement Agreement (MSA) funds	$	
l. Tobacco settlement funds (not MSA) (only applies to four states: Mississippi, Florida, Texas and Minnesota)	$	
m. Research grant from government sources (e.g., NIH, CDC)	$	
PRIVATE FUNDING SOURCES	**$ received from this source in FY14**	**Please indicate specific source organization(s) or name(s) (if applicable)**
n. Third party reimbursement through an employer or employer group (includes the state as an employer)	$	
o. Third party reimbursement through insurance company or health plan	$	
p. Charitable foundation (includes research or other grants from a non-federal source)	$	
q. Corporate charitable contribution	$	
r. Pharmaceutical grants or contributions	$	
s. Non-governmental organization (e.g., trade union)	$	

17t. Please specify any other <u>public funders</u> for your quitline, and the amount of funds received from each source in FY14:

> Insert text here

17u. Please specify any other <u>private funders</u> for your quitline, and the amount of funds received from each source in FY14:

> Insert text here

18. Does your state intend to claim, or already claim, the Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries?

- ☐ YES

- ☐ NO

19. Please describe any barriers you have encountered or anticipate related to claiming FFP for quitline administrative expenditures:

> Insert text here

20. If you answered "YES" to Question #18 [i.e., your state intends to claim, or already claims, the Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries], what stage of action is your quitline at as of January 1, 2014 with respect to claiming FFP for quitline administrative expenditures for Medicaid beneficiaries? *(Please select only <u>one</u>)*

- ☐ a. No action yet
- ☐ b. Building relationship with state Medicaid agency (includes making the case for Federal financial participation (FFP) under CMS' guideline on quitlines as an approved administrative expenditure; making the case for allocating state Medicaid funds to quitline services and/or the need for comprehensive cessation benefits for beneficiaries)
- ☐ c. Developing a Memorandum of Understanding (MOU) with state Medicaid agency for FFP
- ☐ d. Have executed an MOU with state Medicaid agency for FFP
- ☐ e. Have an executed MOU and currently developing a cost allocation plan methodology with state Medicaid agency for FFP
- ☐ f. Have both an executed MOU and an approved cost allocation plan methodology with state Medicaid agency for FFP
- ☐ g. Actively invoicing state Medicaid agency and receiving FFP funds
- ☐ h. Other stage of action (Please describe):

DEFINITION OF COST-SHARING: For the purposes of this survey, "cost-sharing" refers to any activities designed to have entities other than the state quitline pay for the cost of providing cessation services to state residents, whether that is through direct contracts with the quitline, through direct contracts between other organizations and quitline service providers (i.e., without involving the state quitline), or having other organizations (e.g., health plans) provide cessation services directly to tobacco users.

21. Are you currently—as of January 2014—actively working towards engaging other entities (excluding Medicaid) to cost-share quitline services and/or to expand coverage for cessation services, or does a cost-sharing arrangement currently exist?

(For example, conducting a state assessment of cessation treatment coverage by private and public health plans; convening a stakeholder group to advance cessation coverage, including quitline services; developing an action plan to address cessation coverage or actively educating large employers or health plans about cessation coverage and quitline resources)

☐ YES [IF YES, CONTINUE TO QUESTION #22]

☐ NO [IF NO, SKIP TO QUESTION #23]

22. If YES, please describe your current activities and successes:

Insert text here

23. Is the quitline restricting or considering restrictions on state funded quitline services for callers who may access cessation coverage through an insurer or employer?

☐ YES

☐ NO

24. Please select the model(s) that describe the way services <u>ARE DELIVERED</u> in your state: *[Please select <u>ALL</u> that apply]*

☐ a. Health plan internal services model. Health plans provide and promote their own internal cessation services to their members using their own quitline or website. There is <u>no</u> relationship with the state-funded quitline. Insured individuals who call the state quitline, as opposed to their plan's quitline, may be served by the state.

☐ b. Triage and transfer model. The state-funded quitline receives all incoming calls, identifies whether the caller is covered under a partnership agreement, and then transfers the caller to a quitline service provided by the paying partner. The state or paying partner may provide funding for the quitline vendor to conduct the triage and transfer; in some cases this may include verification of eligibility.

☐ c. Independent contract model. Quitline vendors may initiate commercial contracts directly with employer groups, and in some cases, health plans. Often, a separate quitline number is provided to the employer or health plan. These agreements exist independently of any involvement from the state, yet the end result is the same as that of a direct cost sharing agreement: costs for cessation services are paid by private payers.

☐ d. Partnership reimbursement model. The state-funded quitline provides all services, and the public or private partner reimburses the quitline for some or all of the costs for its members or employees. Contracts are established between each payer and either the state or the quitline vendor.

☐ e. Cooperative fax referral model(s). The state quitline and major health insurance plans cooperate and share costs to implement a single state-wide fax referral program. The quitline services may be provided completely by the state quitline, or referrals may be transferred to separate quitline services operated by each health plan. Cooperative fax referral can be used alone or in conjunction with any of the three models described above.

☐ f. Other (please describe):

25. For any of the cost-sharing service models selected in Question #24, are you able to report on utilization data? (e.g., numbers of people served and/or demographics of those served and/or tobacco use characteristics of those served)

☐ YES [IF YES, CONTINUE TO QUESTION #26]

☐ NO [IF NO, SKIP TO QUESTION #27]

26. If you answered "YES" to Question #25, please provide the data and describe the nature of the data sharing/reporting that goes on between your quitline and the private payers in your state:

NOTE: If the data are too burdensome to report at this time, please report that you would prefer NAQC to follow-up with you at a later time here.

27. How is the quitline integrated into health systems in your state? Please provide examples where possible.

Insert text here

UTILIZATION

Questions #28-#46 ask about quitline utilization.

*28. In FY13, how many total DIRECT CALLS came into the quitline (i.e., inbound calls to the quitline for any reason)?

Please report on the number of DIRECT CALLS **to** the quitline, not the number of callers/unique individuals, not the number of referrals.

DIRECT CALLS **include** proxy callers, wrong numbers, and prank calls and other calls **to** the quitline that are not accounted for in these categories.

Also **include** "click-to-call (CTC)"—also known as "click-to-talk"," click-to-chat", "click-to-text"—calls as **DIRECT CALLS** if your quitline has the capability to immediately (i.e., **within 5 minutes**) answer the CTC. CTC is a form of Web-based communication in which a tobacco user clicks an object (e.g., button, image or text) to request an immediate connection with another person in real-time either by phone call, Voice-over-Internet-Protocol (VoIP), or text. Click-to-talk requests are most commonly made on websites but can also be initiated by hyperlinks placed in email, blogs, wikis, flash animations or video, and other Internet-based object or user interfaces. CTC calls are handled and reported in Telecom data, so would be included in this item.

Note: Please report on total calls to your telephony system, regardless of whether or not they were answered.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leaving it blank.*

Total number of DIRECT CALLS that came into the quitline in FY13

N=

*29. Of the total number of DIRECT CALLS (as reported in Question #28), how many DIRECT CALLS were made by UNIQUE TOBACCO USERS (i.e., unduplicated tobacco users) in FY13?

> **Definition of UNIQUE TOBACCO USER:**
> A <u>unique tobacco user</u> is a single unique unduplicated tobacco user who called the quitline for any reason in your Fiscal Year 2013. A unique tobacco user can be a smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit.

Please include all unique tobacco users who called, including those who had questions only, those who requested materials, and those who requested services. Tobacco users who entered the quitline through referrals, online registration, or other mechanisms, should **not** be reported here. Please count each tobacco user ONLY once.

Please report on the total population of unique tobacco users, as defined above, who called the quitline for any reason in your FY13. If they called in month 12 of FY12, and again in month 1 of FY13, they would be counted in both FY12 and FY13. This potentially produces a slight overcount, but does not require quitlines to distinguish between "new" and "returning" callers.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leaving it blank.*

Total number of UNIQUE TOBACCO USERS (i.e., unduplicated tobacco users) who made DIRECT CALLS to the quitline in FY13

N=

*30. Of the total number of UNIQUE TOBACCO USERS who made DIRECT CALLS to the quitline (as reported in Question #29), how many received counseling, or medications, or counseling and medications in FY13?

N=

*31. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the <u>REFERRAL</u> <u>sources</u> that generated calls from the quitline in FY13. (*Please select all that apply*)

Definition of REFERRALS: <u>Referrals</u> are client and self referrals to the quitline from health professionals, other intermediaries or services (including websites) that generate an outbound call initiated from the quitline to the tobacco user.

☐ Basic fax-referral for use by providers, with no additional services
☐ Fax-referral with feedback reporting to referring clinicians and some technical assistance for healthcare sites
☐ Email and/or online referral integrated with existing fax-referral programs
☐ Fully automated, bi-directional electronic referral, integrated into clinical workflows and electronic health records (EHRs), with detailing and clinical training
☐ Community organization networks
☐ Online advertising (paid)
☐ Web referrals (links from websites, not paid ads)
☐ Online registration
☐ Central call center ("triage"), separate from the quitline
☐ Other [please specify]: For example, if the quitline has CTC capability but does **NOT** have the capability to answer immediately (i.e., **cannot answer within 5 minutes**) and classifies the call-back record generated from the CTC as a **REFERRAL**, then specify that interaction here:

*32. How many REFERRALS did the quitline receive in FY13 from the following sources?

Note: Please enter a number in each row. If there were no referrals received from a given source, enter a "0" (zero) in that row. Enter a "-9" (minus nine) only if you do not know the amount for the item. Referrals reported here are <u>not</u> expected to be unique tobacco users.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Basic fax-referral for use by providers, with no additional services	n=

b. Fax-referral with feedback reporting to referring clinicians and some technical assistance for healthcare sites	n=
c. Email and/or online referral integrated with existing fax-referral programs	n=
d. Fully automated, bi-directional electronic referral, integrated into clinical workflows and electronic health records (EHRs), with detailing and clinical training	n=
e. Community organization networks	n=
f. Online advertising (paid)	n=
g. Web referrals (links from websites, not paid ads)	n=
h. Online registration	
i. Central call center ("triage"), separate from the quitline	n=
j. Other referral sources (please specify): For example, if the quitline has CTC capability but does **NOT** have the capability to answer immediately (i.e., **cannot answer within 5 minutes**) and classifies the call-back record generated from the CTC as a **REFERRAL**, then specify that interaction here.	n=
k. TOTAL REFERRALS [SUM of Rows (a.-j.)]	**N=**

*33. Of the TOTAL REFERRALS [as reported in Question #32, Row (k.)], how many were UNIQUE REFERRALS in FY13?

N=

NOTE: A **unique referral** is a single unique unduplicated referral that was referred to the quitline for any reason in your Fiscal Year 2013. A unique referral is analogous to a unique tobacco user but it is for individuals who were referred to the quitline rather than called the quitline.

*34. Of the total UNIQUE REFERRALS (as reported in Question #33), how many received counseling, or medications, or counseling and medications in FY13?

   N=

*35. Of the total number of UNIQUE TOBACCO USERS AND UNIQUE REFERRALS (either direct callers or referred from Q#29 and Q#33), how many completed an INTAKE or REGISTRATION process for your quitline in FY13? (excluding all web-based cessation participants)

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, or "cessation-related contacts." Do NOT include self-directed web-based cessation participants; self-directed web-based cessation participants will be included below in Question #36.

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

   N=

   Questions #36-#38 ask about self-directed web-based cessation services.

> **Definition of SELF-DIRECTED WEB-BASED CESSATION SERVICES:**
> <u>Self-directed web-based cessation services</u> are designed to provide tobacco users with advice and help to quit smoking. Features may include informational articles, help with setting a quit date, strategies for coping with cravings or avoiding relapse, chat rooms or other interactive peer-to-peer or peer-to-expert discussion forums, or other interactive features.

*36. In FY13, how many tobacco users registered for self-directed web-based services?

Note: For Question #36, report ALL registrants for self-directed web-based cessation services, regardless of whether they received telephone counseling or medications. This total should include registrants/enrollees in STANDALONE and/or INTEGRATED services.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

N=

Questions #37 and #38 ask about INTEGRATED and STANDALONE self-directed web-based cessation services.

If your state offers **both** STANDALONE **and** INTEGRATED phone/web services, then report each tobacco user enrolled for web-based services in only **one** category—integrated **or** standalone—and then only report in the category for the most intensive/cumulative level of service received.

EXAMPLES:
1. If a tobacco user has enrolled in the standalone web service AND was also enrolled in the integrated phone/web in the same fiscal year, then report them ONLY in INTEGRATED phone/web services—INTEGRATED, Question #37.
2. If a tobacco user enrolls for standalone web services first, and later to switches to the integrated phone/web program, then report them ONLY in INTEGRATED phone/web services—INTEGRATED, Question #37.
3. If a tobacco user enrolls twice in one fiscal year and enrolled either time for integrated phone/web services, then report them ONLY in INTEGRATED phone/web services—INTEGRATED, Question #37.

*37. In FY13, how many tobacco users enrolled in an INTEGRATED telephone and web-based cessation service?

Note: For Question #37 - INTEGRATED - report ONLY telephone counseling enrollees that were automatically enrolled in self-directed web-based services—integration of the phone and web programs (i.e., cannot register for one service without registering for the other service).

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

N=

*38. In FY13, how many tobacco users enrolled in a STANDALONE web-based cessation service?

Note: For Question #38 - STANDALONE - report ONLY enrollments for self-directed web-based services where the service was independent from enrollment in telephone-based services. These should NOT be included in the count of quitline registrants/enrollees reported in Question #37 above.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

N=

*39. In FY13, how many tobacco users who called or were referred to the quitline received the services listed below?

- Report only on individuals who <u>received</u> service, not on individuals who requested service.
- Do not include inquiries from individuals calling for help for a friend or family member or other non-tobacco users.
- Do NOT include any tobacco users served by the National Asian Quitline.

> **Definition of RECEIVED SERVICES:**
> <u>Received</u> <u>services</u> include receipt of quitline self-help materials, began at least one counseling call with the quitline, or received medications through the quitline.

INSTRUCTIONS: Include each tobacco user in **EITHER** Row (A.) **OR** Row (E.), regardless of the number of times they registered for services. Row (A.) and Row (E.) ARE mutually exclusive categories. Report each person only once, and in the row for the TOTAL (highest cumulative) amount of service they received during the fiscal year.

EXAMPLES for Question #39:
- If a tobacco user registered for services twice in FY13, received materials only the first time, and received telephone counseling the second time, then report them in Row (B.) AND Row (E.)
- If a tobacco user received telephone counseling for a first registration and NRT for a second registration, they would be counted once in Row (B.), once in Row (D.), and ONLY ONCE in Row (E.)
- The ONLY tobacco users who should be reported in Row (A.) are those who **ONLY** received self-help materials in FY13, and did **NOT** receive any counseling or medications

Note: Please enter a number in each row. If there were no tobacco users in a given service, please enter a "0" (zero) in that row.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leaving it blank.*

39A. Self-help materials ONLY without counseling or medication (received either via phone or web)	#=
39B. Counseling (began at least one session) by phone [Do NOT include intake or registration as counseling]. Counseling is defined as a tobacco-user-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and tobacco user.	#=
39C. Counseling (began at least one session) by web. [Do NOT include intake or registration as counseling]. Counseling is defined as a tobacco-user-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and tobacco user.	#=
39D. Medications provided (NRT or other FDA-approved medications for tobacco cessation) either through the quitline or through a web-based system.	#=
39E. TOTAL tobacco users provided counseling OR medications OR both counseling and medications [Do NOT include individuals who received ONLY self-help materials here, from Row (A.) in this table.] **(Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)**	**#=**

Next, Questions #40 and #41 ask about the average number of calls completed and minutes of counseling. Please only answer Questions #40 and #41 if your data systems allow for relatively easy reporting of these numbers. If the analysis required would be extensive, please enter "-9" (minus-nine) for "unable to report."

*40. In FY13, for each caller who received counseling, please report the average number of minutes spent counseling per call [do not include intake or administrative time]:

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

   N=

*41. In FY13, please report the average number of counseling calls completed per caller:

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

   N=

The next six questions ask about E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)

*42. In FY13, did your quitline ask about E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) use?

☐ YES [IF YES, CONTINUE TO QUESTION #42a]

☐ NO [IF NO, SKIP TO QUESTION #47]

*42a. In FY13, what were the start and end dates of your E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) reporting?

DD/MM/YYYY

Start date:

End date:

*43. In FY13, how many tobacco users reported current use of E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)?

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

N=

*44. Tobacco users may report various reasons for using E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS). Please enter the number of tobacco users reporting that specific reason in FY13.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank. If the number reporting is "0" (zero), then enter 0 rather than leaving it blank.*

Reason for E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) Use	Number Reporting Reason for Use in FY13
Cut down on other tobacco	#=
Quit other tobacco	#=
When I cannot smoke/use other tobacco	#=
Refused to answer	#=
Reason not collected	#=
Other reason(s) given (please specify other reason(s) given):	#=

*45. In FY13, did your quitline ask about E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) use frequency?

☐ NO [IF NO, SKIP TO QUESTION #46]

☐ YES [IF YES, ENTER NUMBER OF USERS REPORTING FREQUENCY IN TABLE BELOW]]

E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) Use Frequency	Number of Tobacco Users Reporting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) Use Frequency
Every Day	#=
Some Days	#=
Refused to answer	#=
Other frequency collected (please specify):	#=

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

*46. In FY13, did your quitline ask about interest in quitting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)?

☐ NO [IF NO, SKIP TO QUESTION #47]

☐ YES [IF YES, ENTER NUMBER OF USERS REPORTING INTEREST IN QUITTING IN TABLE BELOW]

Thinking about Quitting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)	Number of E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS) Users Reporting in FY13
No, User Not Thinking About Quitting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)	#=
Yes, User Thinking about Quitting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)	#=
User Does Not Know If They Are Thinking about Quitting E-Cigarette/Vapor/Electronic Nicotine Delivery Systems (ENDS)	#=
Other Category Collected (please specify):	#=

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

MINIMAL DATA SET INFORMATION
(TOBACCO USER DEMOGRAPHICS)

Note: Starting with the total number of **unique** tobacco users who received some type of evidence-based service in FY13 [began at least one counseling session or received quitting medications through the quitline as reported in **Question #39, Row (E.)**], please report on information for the selected Minimal Data Set items below (Questions #47-#56).

If you are unable to report in the requested categories, please enter "-9" rather than leaving an item blank.

NAQC will use this information to provide a national picture of the quitline populations served, 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.

*47. Sex: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 were:

     Male: N=

     Female: N=

*48. Age: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, please report mean, median, minimum, and maximum ages in FY13?

Tip: *Please enter numbers to the tenths place with no commas or other symbols. If you are unable to report a number for a specific category, enter "-9.0" rather than leaving it blank.*

N (total number of unique tobacco users reporting an age)	
Mean age	
Median age	
Minimum age	
Maximum age	

*49. Level of education: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 reported their level of education listed below?

Note: Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a "0" (zero) in that row.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Less than grade 9	
b. Grade 9-11, no degree	
c. GED/HS degree	
d. Some college or university	
e. College or university degree	

*50. Ethnicity: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 reported being Hispanic or Latino?

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

If no unique tobacco users were Hispanic or Latino in FY13, please enter a "0" (zero).
Hispanic/Latino: N=

*51. Race: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 reported being in each racial category listed below?

Note: Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a "0" (zero) in that row.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. White	
b. Black or African American	
c. Asian	
d. Native Hawaiian or Pacific Islander	
e. American Indian or Alaskan Native	
f. Other	

*52. Sexual Orientation: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 reported being in each category listed below?

Note: Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a "0" (zero) in that row.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Straight	
b. Gay or Lesbian	
c. Bisexual	
d. Transgender	
e. Other	
f. Refused	
g. Missing	

53. In FY13, did your quitline ask one or more screening questions about chronic health conditions or behavioral health issues? (see http://www.naquitline.org/?page=optional for the optional MDS screening questions on behavioral health issues)

☐ YES [IF YES, CONTINUE TO QUESTION #54]

☐ NO [IF NO, SKIP TO QUESTION #55]

54. If YES, please provide the question(s) wording, and response options here:

55. In FY13, did your quitline collect information on insurance status of callers who receive services?

☐ Yes [IF YES, CONTINUE TO QUESTION #56]

☐ No [IF NO, SKIP TO QUESTION #57]

*56. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question #39, Row (E.) above, how many in FY13 reported being in each insurance category listed below?

Note: Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a "0" (zero) in that row.

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. No insurance	
b. Insured (sum of b-i, b-ii, and b-iii below)	
b-i. Government-provided insurance (Medicaid only)	
b-ii. Other Government-provided insurance (Medicare, Military, etc.)	
b-iii. Private Insurance [note: do not include any Medicaid or other government-provided insurance in this category; for Medicaid managed by HMOs or other private insurance, report them in category b-i.]	

EVALUATION

For the Evaluation Section below, please provide information using evaluation results that most accurately reflects the status of your quitline in FY2013. The evaluation may include tobacco users who registered for services in FY2012 or FY2013, or even earlier. The evaluation may have been conducted in FY2012, FY2013, or earlier. The flexibility in defining the time period for the evaluation is designed to allow quitlines to report evaluation information while acknowledging that evaluations are not conducted according to any set schedule, and may not nicely line up with fiscal or calendar years.

*57. Do you have evaluation data you are able to report on for your quitline? If yes, please follow the instructions below.

☐ NO [IF NO, SKIP TO QUESTION #71]

☐ YES [IF YES, EVALUATION DATA EXIST FOR THE QUITLINE, CONTINUE TO QUESTION #58)

*58. If you checked "YES" for Question #57, please describe the time period during which the evaluation took place, both when evaluation participants registered for services, and when the evaluation surveys were conducted.
> **Example: "The evaluation results below include tobacco users who registered between January 1 and July 31, 2011. Evaluation surveys were conducted between August 1, 2011 and February 28, 2012."**

Enter time period for registration here:

DD/MM/YYYY

Registration Start date:

Registration End date:

Enter time period for evaluation surveys here:

DD/MM/YYYY

Evaluation Survey Start date:

Evaluation Survey End date:

*59. **Please provide your quitline's 30-day point prevalence abstinence rate (responder quit rate) for the evaluation period described in Question #58, calculated at 7 months after intake/registration/first contact.**

> **QUIT RATE CALCULATION**: Calculate using NAQC's recommended methodology (see http://www.naquitline.org/?page=ImpQR#worksheet for step-by-step instructions).

Tip: *Please enter numbers to the tenths place with no commas or other symbols. If you are unable to report a number for a specific category, enter "-9.0" rather than leaving it blank.*

Example: 28.2% should be entered as "28.2"

Quit rate =

CONFIRMATION OF THE NAQC STANDARD QUIT RATE CALCULATION

Please confirm the following:

*60. The denominator for the quit rate calculation reported in Question #59 included ONLY tobacco users who reported currently using tobacco (any use within the past 30 days), or having quit within the past 30 days.

☐ Yes

☐ No

*61. The quit rate calculation reported in Question #59 included ONLY tobacco users who consented to follow-up at 7 months after registration (if consent was asked at intake).

☐ Yes

☐ No

*62. The quit rate calculation reported in Question #59 included ONLY those who RECEIVED either counseling (provided by phone or web) or medications (provided by phone or web).

☐ Yes

☐ No

*63. The follow-up survey to assess quit status was conducted on average SEVEN MONTHS after registration for services for each registrant (plus or minus 2 weeks).

☐ Yes

☐ No

*64. The quit rate reported in Question #59 was a 30-day point prevalence abstinence rate (used the question "have you used any tobacco, even a puff or a pinch, in the past 30 days").

☐ Yes

☐ No

*65. The quit rate reported in Question #59 was a responder rate (divided the number of people reporting no use of tobacco in the past 30 days by the number of people responding to the survey).

☐ Yes

☐ No

The following information (Questions #66-#70) is requested to help provide context for, and appropriate interpretation of, the quit rate provided in **Question #59**.

*66. For the evaluation period described in Question #58, did your quitline obtain consent for follow-up?

☐ YES [IF YES, CONTINUE TO QUESTION #67]

☐ NO [IF NO, SKIP TO QUESTION #69]

*67. How many were asked to provide consent for follow-up for the evaluation period described in Question #58? [If tobacco users were allowed to register more than once for services, and were asked to consent for follow-up more than once, include them as many times as they were asked to consent.]

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

*68. Of those asked to provide consent (in Question #67), how many actually provided consent for follow-up for the evaluation period described in Question #58? [If tobacco users were allowed to register more than once for services, and provided consent for follow-up more than once, include them as many times as they provided consent.]

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

*69. How many tobacco users did you attempt to contact for follow-up for the evaluation period described in Question #58? (This is the total N of your follow-up sample. It is assumed that each tobacco user would only be counted once for this question. Please report unique tobacco users only.)

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

70. Of the total follow-up sample in Question #69, how many responded to the follow-up survey?

> **Tip**: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

FINAL COMMENTS
71. Survey Comments: Please list any comments you have about survey items or content and the completion/submission process that you feel may be useful for subsequent versions of the survey, or feel free to email annualsurvey@naquitline.org or call 800.398.5489 ext. 701.

Note: Online version, please click "**DONE**" – THANK YOU!