



FY2015 ANNUAL SURVEY OF QUITLINES

Thank you for taking the time to complete the FY2015 Annual Survey. The survey is designed to collect information about quitline service offerings, budgets, utilization during Fiscal Year 2015 (FY15), and evaluation data from your most recent evaluation (ideally conducted within the past 1-2 years).

Definition of FISCAL YEAR:

A 12-month period over which an organization budgets its spending. A fiscal year does not always begin in January and end in December, it may run over any period of 12-months. The fiscal year is referred to by the date in which it ends. For example: If a quitline's fiscal year ends June 30, 2015, then everything between July 1, 2014 and June 30, 2015 would be referred to as FY2015 or FY15.

According to NAQC files, all states have a fiscal year that begins July 1 EXCEPT:

District of Columbia: FY begins October 1

Guam: Fiscal Year begins April 1

New York: Fiscal Year begins October 1

Puerto Rico: Fiscal Year begins March 29

Texas: Fiscal Year begins September 1

Virginia: Fiscal Year begins April 1

West Virginia: Fiscal Year begins January 1

Wisconsin: Fiscal Year begins January 1

The data 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 provide benchmarks and rankings to each quitline
- C. Continue to make the case for funding quitlines
- D. Help forecast technical and other needs of the quitline community

Survey Directions

FY2015 Annual Survey Training Webinar:

The survey training webinar was held on August 31, 2015. We encourage you to view this webinar prior to completing the survey. The webinar covers the following:

- Review the major topics asked about in the survey
- Review how to submit survey data via Survey Monkey
- Review how to access technical assistance for submitting survey data
- Discuss how the FY15 Annual Survey methodology and survey tool have changed from the previous Annual Survey
- Review how the Annual Survey data will be used by NAQC and made available to the quitline community

To download slides from the FY15 Annual Survey training webinar and/or listen to a recording of the training webinar go to <http://www.naquitline.org/?page=2015Survey>.

Submitting FY15 Annual Survey Data

NAQC uses Survey Monkey to collect data. We ask that all states submit FY15 Annual Survey data via Survey Monkey.

By following the steps laid out below, you will reduce the amount of time it takes you complete the survey and minimize potential issues with submitting the data in Survey Monkey.

Steps for submitting survey data via Survey Monkey:

1. Designate one staff member to be responsible for completing the survey
2. Download **and** complete the WORD or PDF version of the [FY15 Annual Survey](#)
 - a. We recommend first gathering all responses to the survey and writing them on a hard copy of the survey.
 - b. Many of the questions asked in the survey will require that you gather the information from other staff in the department or from the service provider.
 - c. The WORD or PDF version of the survey will allow quitline staff to share the survey with colleagues, have responses supplied and then documented in one place.
3. Access Survey Monkey
 - a. Once the PDF version of the survey is complete, then go to the Survey Monkey using the link provided in the Annual Survey Launch Email sent by NAQC on September 2, 2015.
 - b. Choose a time when you will be able to complete the survey in Survey Monkey during **one uninterrupted session**.
 - c. Use the completed WORD or PFD version of the FY15 Annual Survey to fill in responses in Survey Monkey.

Response Instructions

- We have placed instructions immediately following each question to make it easier for respondents.
- Questions with an “*” next to them are require a response in Survey Monkey.

For Technical Assistance

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

Begin FY2015 Annual Survey

CONTACT INFORMATION

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

Directions:

- 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:	

QUITLINE SERVICES

Questions 2 to 11 inquire about services offered by your state's quitline in FY15.

***2. Please indicate for each service option listed below if your state's quitline provided that service and if FREE NRT was offered to eligible callers with the service in FY15.**

Quitline Services	Was the service offered in FY15?	Was Free NRT offered with the service in FY15?
Single Session Phone Counseling	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Multi Session Phone Counseling (client initiated)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Multi Session Phone Counseling (counselor initiated)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Text Messages to cell phones (interactive)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Text Messages to cell phone (one-way)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Quitline Website page with information about the quitline	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Quitline website with information about cessation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Web-based Self-help Tools	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Automated e-mail messages	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Web-based Interactive Counseling (i.e., instant messaging or emailing with a cessation counselor)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Web-based Chat Rooms – (Unmoderated or Moderated)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

***3. Please indicate below if the Other Types of Quitline Services listed on the table below were provided to quitline callers by your state’s quitline in FY15.**

Other types of services offered by quitlines	Was this service provided by your state’s quitline in FY15?
Voicemail with call-backs	<input type="checkbox"/> yes <input type="checkbox"/> no
Referral to other cessation services offered by health plans	<input type="checkbox"/> yes <input type="checkbox"/> no
Referral to other health services for chronic conditions (i.e., diabetes, hypertension)	<input type="checkbox"/> yes <input type="checkbox"/> no
Recorded self-help messages	<input type="checkbox"/> yes <input type="checkbox"/> no
Mailed self-help resources	<input type="checkbox"/> yes <input type="checkbox"/> no

4. If your state’s quitline provided services in FY15 not captured in Questions 2 or 3, please list the services here.

***5. Please indicate on the table below what cessation topics your state’s quitline covered during counseling sessions in FY15.**

Cessation Topic	Was the topic covered during counseling sessions in FY15?
Tobacco use history	<input type="checkbox"/> yes <input type="checkbox"/> no
Setting a quit date	<input type="checkbox"/> yes <input type="checkbox"/> no
Tobacco use relapse prevention	<input type="checkbox"/> yes <input type="checkbox"/> no
Use of cessation medications	<input type="checkbox"/> yes <input type="checkbox"/> no
Developing a quit plan	<input type="checkbox"/> yes <input type="checkbox"/> no
Withdrawal Symptoms	<input type="checkbox"/> yes <input type="checkbox"/> no
Weight Gain	<input type="checkbox"/> yes <input type="checkbox"/> no
Stress Management	<input type="checkbox"/> yes <input type="checkbox"/> no

6. If your state’s quitline covered cessation topics in FY15 not captured in Question 5, please list them here.

*7. Please indicate on the table below what Cessation Medications your state’s quitline provided in FY15, if the Cessation Medications were “Free” or “Discounted”.

Cessation Medication Type	In FY15 did your state’s quitline provide any of the cessation medications listed?	In FY15, was the cessation medication “free” or “discounted”?
Patch	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Gum	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Lozenge	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Nicotine Inhaler	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Nicotine Nasal Spray	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Bupropion (Wellbutrin)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted
Varenicline (Chantix)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Free <input type="checkbox"/> Discounted

*8. In FY15, how did your state’s quitline distribute Cessation Medications?

- Voucher
- By Mail
- Both Voucher and By Mail
- Other (Please specify): _____

***9. Please indicate how your state’s quitline used interactive voice response (IVR) technology in FY15. Please choose all options that apply.**

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	Check all that apply
Did not use IVR Technology in FY15	
Used IVR to Triage calls (e.g. Direct callers to appropriate language service)	
Used IVR to Handle provision of some services (e.g. Assist callers in fulfilling request for cessation materials or gather intake data)	
Used IVR in Other Ways	

10. If you indicated that your state’s quitline used IVR in “other ways” in Question 9, please describe the other ways IVR was used in FY15.

Please Describe Here:

***11. In FY15, for each of the following populations, please indicate if your state’s quitline conducted any OUTREACH focused on that population outside of the regular quitline outreach activities.**

Definition of Outreach:
 Outreach is the act of providing quitline and referral information to specific populations or organizations that serve the population through activities such as, face-to-face meetings or training sessions.

Population	Did your state’s quitline provide focused outreach in FY15?
Pregnant Tobacco Users	<input type="checkbox"/> yes <input type="checkbox"/> no
Youth <18 years	<input type="checkbox"/> yes <input type="checkbox"/> no
Young Adults (18-25yrs)	<input type="checkbox"/> yes <input type="checkbox"/> no
Older Tobacco Users (>55yrs)	<input type="checkbox"/> yes <input type="checkbox"/> no
American Indian/Alaska Native/Aboriginal/First Nations	<input type="checkbox"/> yes <input type="checkbox"/> no
Black or African American	<input type="checkbox"/> yes <input type="checkbox"/> no
African Immigrant	<input type="checkbox"/> yes <input type="checkbox"/> no
Hispanic/Latino	<input type="checkbox"/> yes <input type="checkbox"/> no
Asian/Asian American	<input type="checkbox"/> yes <input type="checkbox"/> no
Native Hawaiian/Pacific Islander	<input type="checkbox"/> yes <input type="checkbox"/> no
Other race/ethnic population – Please Specify:	<input type="checkbox"/> yes <input type="checkbox"/> no
Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/> yes <input type="checkbox"/> no
Mental Health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Multiple Addictions: Tobacco and Alcohol or Other Drugs	<input type="checkbox"/> yes <input type="checkbox"/> no
Other Chronic Health Conditions (e.g., Diabetes, Hypertension)	<input type="checkbox"/> yes <input type="checkbox"/> no
Low Socioeconomic Status (SES)	<input type="checkbox"/> yes <input type="checkbox"/> no
Medicaid	<input type="checkbox"/> yes <input type="checkbox"/> no
Low Literacy	<input type="checkbox"/> yes <input type="checkbox"/> no
Smokeless Tobacco Users	<input type="checkbox"/> yes <input type="checkbox"/> no
Electronic Nicotine Delivery System (ENDS) users	<input type="checkbox"/> yes <input type="checkbox"/> no

12. If your state's quitline conducts outreach focused on populations not listed in Question 11, please list them here.

QUITLINE REFERRALS

Questions 13 & 14 ask about feedback and training services quitlines offer to referring organizations/providers. Later in the survey we will ask additional questions on number of referrals and mode of transmission for referrals.

Definition of REFERRALS:

Referrals 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.

- Client Referrals are made by a professional (e.g., health care provider, dentist, pharmacist), or a community-based service organization (e.g., WIC, Head Start) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated by the quitline to the patient or client.
- Self-Referrals are made on a web-site by the tobacco user who *either*:
 - Indicates they would like to receive assistance with a quit attempt, which generates an outbound call initiated by the quitline to the tobacco users and registration for phone counseling and/or FDA approved cessation medications is completed via the phone.
 - Indicates they would like to receive assistance **AND** completes registration/intake online, which then generates an outbound call initiated by the quitline to the tobacco users for phone counseling and/or FDA approved cessation medications. **NOTE: This does not include tobacco users who came to the quitline online and registered into web-based or online cessation services.**

***13. Please complete the table below regarding services your state’s quitline offered to Referring Organizations in FY15. (Please report on all that apply)**

Services Available to Referring Organization/Providers	Did the quitline offer the listed service to Referring Organizations in FY15?
Quitline and/or referral brochures	<input type="checkbox"/> yes <input type="checkbox"/> no
Customized referral/consent forms	<input type="checkbox"/> yes <input type="checkbox"/> no
Patient progress reports	<input type="checkbox"/> yes <input type="checkbox"/> no
Customized provider feedback reports	<input type="checkbox"/> yes <input type="checkbox"/> no
Staff training	<input type="checkbox"/> yes <input type="checkbox"/> no
Quitline/referral program newsletter	<input type="checkbox"/> yes <input type="checkbox"/> no

14. If your state’s quitline offered other services to Referring Organizations in FY15 not captured Question 13, please list them here.

BUDGET & FUNDING SOURCES

Questions 15 to 21 ask about your state's FY15 TOTAL Tobacco Control Program Budget, TOTAL Quitline Budget & Funding Sources for the TOTAL Quitline Budget.

***15. What was your state's TOTAL State Tobacco Control Budget amount for FY15?**

FY15 Total State Tobacco Control Budget: \$

***16. For each table (a – f), please provide the FY15 budget amounts by source of funding (State Tobacco Control Budget vs. Other Source) for each Quitline Budget Category.**

Please include both:

1. Funds budgeted from your state tobacco control program budget
2. Funds from sources outside your state tobacco control program budget. *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.*

For funding that begins and ends on a timeline other than your state's FY15:

- Take the average of 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 state's FY15.
- *For example, if funds were awarded for October 2014 – September 2015 for a quitline whose FY15 was July 1, 2014 – June 30, 2015, this would mean funds were available for 9 months of FY15. So the total amount of funds that should be reported for FY15 would be 75% of the total (The equation would be: total amount of funds awarded x .75 = amount of funds awarded during FY15).*

If your quitline received funds in FY15 from a health plan or other third party to serve their members:

- Please report those amounts in Column 2, titled "Funds From other sources" for each Budget Category that your quitline received funds.

General Tips & Reminders:

- For each Budget Category, please sum the amounts reported in Row 1 & Row 2 for that Budget Category and report the sum in Row 3 of that Budget Category table.
- If your budget did not include funds for a given Budget Category please enter a "0" (zero).
- If you do not know an amount for a given Budget Category, or are unable to report on a specific Budget Category, please enter "-9" (minus nine) rather than leave the table blank.

***16a. TOTAL FY15 Quitline Budget**

Directions

- **DEFINITION:** TOTAL Quitline Budget should be the sum of **Tables b – f** below.
- If the TOTAL Quitline Budget cannot be easily divided into the sub-categories, represented by **Tables b- f** below, enter the TOTAL Quitline Budget in **Table a** and “-9” for **Table b-f** below.
- If you cannot breakout the TOTAL Quitline Budget by funding source, as specified in **Rows 1 & 2** in **Table a**, please enter “-9” (minus nine) for **Rows 1&2**, and enter the TOTAL Quitline Budget amount in **Row 3** of **Table a**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***16b. Quitline Services**

Directions

- **DEFINITION: Quitline Services** budget includes: screening, counseling, providing materials, overhead and administration fees, and fax referral operations. Quitline Services budget **DOES NOT** include medications, evaluation, media/promotions & outreach, research grants, general website support and onetime capital expenditures.
- If you cannot breakout the Quitline Services Budget by funding source, as specified in **Rows 1 & 2** in **Table b**, please enter “-9” (minus nine) for **Rows 1 & 2**, and enter the Total Quitline Services Budget amount in **Row 3** of **Table b**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***16c. Quitline Medications including NRT**

Directions

- **DEFINITION: Quitline Medications including NRT** budget encompasses all cessation medications (i.e., over-the-counter and prescription) offered in conjunction with quitline services.
- If you cannot breakout the Quitline Medications Budget by funding source, as specified in **Rows 1 & 2** in **Table c**, please enter “-9” (minus nine) for **Rows 1 & 2**, and enter the Total Quitline Medications Budget amount in **Row 3** of **Table c**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***16d. Quitline Evaluation**

Directions

- **DEFINITION: Quitline Evaluation** budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.
- If you cannot breakout the Quitline Evaluation Budget by funding source, as specified in **Rows 1 & 2** in **Table d**, please enter “-9” (minus nine) for **Rows 1 & 2**, and enter the Total Quitline Evaluation Budget amount in **Row 3** of **Table d**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***16e. Quitline Media/Promotions & Outreach**

Directions

- **DEFINITION: Media/Promotions & Outreach** 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. 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. Outreach is the act of providing quitline and referral information to specific populations or groups through activities such as face-to-face meetings or training sessions with key organizations that provide services to the targeted population. While the Quitline Outreach budget may be separate from the activities of the Quitline Media/Promotions budget for some quitlines, we are asking that Quitline Media/Promotions & Outreach be reported as one.
- If you cannot breakout the Quitline Media/Promotions & Outreach Budget by funding source, as specified in **Rows 1 & 2 in Table e**, please enter “-9” (minus nine) for **Rows 1 & 2**, and enter the Total Quitline Media/Promotions & Outreach Budget amount in **Row 3 of Table e**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***16f. Other Quitline Specific Items or Activities**

Directions

- **DEFINITION: OTHER (quitline-specific)** budget funding includes any other quitline-specific items/categories which do not fit into the Budget Categories specified in Table b – e.
- If you cannot breakout the Other Quitline Specific Items/Activities Budget by funding source, as specified in **Rows 1 & 2** in **Table f**, please enter “-9” (minus nine) for **Rows 1 & 2**, and enter the Total Other Quitline Specific Items/Activities Budget amount in **Row 3** of **Table f**.
- If no funds were received by a **funding source** as specified in Row 1 & 2, please respond with “0” (zero), rather than leave the table blank.

1. From the State Tobacco Control Budget	
2. From Other Sources	
3. Total (sum of Row 1 & Row 2)	

***17. For FY15, please indicate on the table below all Government funding sources that supported your TOTAL FY15 Quitline Budget (as reported in Question 16, Table a, Row 3).**

GOVERNMENT FUNDING SOURCES	Did your state's quitline receive funding from any of these sources in FY15?
a. CDC	<input type="checkbox"/> yes <input type="checkbox"/> no
b. State funds (includes general fund, tobacco taxes)	<input type="checkbox"/> yes <input type="checkbox"/> no
c. State Medicaid Funds that are allocated directly from the state Medicaid budget to the state tobacco control program.	<input type="checkbox"/> yes <input type="checkbox"/> no
d. Federal Financial Participation (FFP, i.e., Medicaid Match) for quitline administrative expenditures for Medicaid beneficiaries, secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the state tobacco control program specifically for the quitline budget.	<input type="checkbox"/> yes <input type="checkbox"/> no
e. Master Settlement Agreement (MSA) or Tobacco Settlement funds	<input type="checkbox"/> yes <input type="checkbox"/> no
f. Research grant from government sources (e.g., NIH, CDC)	<input type="checkbox"/> yes <input type="checkbox"/> no
g. Other public funders	<input type="checkbox"/> yes <input type="checkbox"/> no

***18. For FY15, please indicate on the table below all Private funding sources that supported your TOTAL FY15 Quitline Budget (as reported in Question 16, Table a, Row 3).**

PRIVATE FUNDING SOURCES	Did your state's quitline receive funding from any of these sources in FY15?
a. Third party reimbursement through an employer or employer group, health plan or insurance company	<input type="checkbox"/> yes <input type="checkbox"/> no
b. Charitable foundation (includes corporate charities)	<input type="checkbox"/> yes <input type="checkbox"/> no
c. Non-governmental Grants	<input type="checkbox"/> yes <input type="checkbox"/> no
d. Other Private Funders:	<input type="checkbox"/> yes <input type="checkbox"/> no

***19. On the table below, please indicate the dollar amount received from each funding source for your TOTAL FY15 State Quitline Budget (as reported in Question 16, Table a, Row 3).**

Directions:

- If no funds were received from a funding source listed, please respond with "0" (zero) rather than leave it blank.
- If you do not know or are unable to report on the funding source, please respond with "-9" (minus nine) rather than leave them blank.

GOVERNMENT FUNDING SOURCES	\$ Received from this source in FY15
a. CDC	\$
b. State funds (includes general fund, tobacco tax)	\$
c. Master Settlement Agreement (MSA) or Tobacco Settlement funds	\$

***20. Does your state's quitline currently restrict quitline services for callers who have access to tobacco cessation services through an insurer or employer?**

Yes – Skip to Question 22

No – Continue to Question 21

***21. Is your state's quitline planning to restrict quitline services for callers who have access to tobacco cessation services through an insurer or employer?**

Yes

No

UTILIZATION

Questions 22 to 31 ask about quitline utilization for FY15.

***22. In FY15, how many total DIRECT CALLS came into the quitline?**

Definition of DIRECT CALLS:

The total number of inbound calls to the quitline telephone systems, regardless of whether or not the calls were answered. This includes proxy calls and wrong numbers/prank calls.

Directions:

- Please report on the total number of **DIRECT CALLS** to the quitline
- Please **do not** report the number of callers/unique individuals. This data will be captured later in the survey.
- Please **do not** report the number of referrals. This data will be captured later in the survey.
- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number of DIRECT CALLS, enter "-9" (minus nine) rather than leaving it blank.

Total number of DIRECT CALLS that came into the quitline in FY15

N=

***23. Of the total number of DIRECT CALLS (as reported in Question 22), how many DIRECT CALLS were made by UNIQUE TOBACCO USERS in FY15?**

Definition of UNIQUE TOBACCO USER:

A unique tobacco user is a single unique unduplicated tobacco user who called the quitline for any reason in FY15. A unique tobacco user can be a smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit (i.e., have not been quit at intake or registration for more than 30 consecutive days)

Directions:

- Please include all unique tobacco users who called the quitline for any reason in your FY15, including those who:
 - Only had questions
 - Requested materials
 - Requested services
- Please count each tobacco user **ONLY ONCE** in a fiscal year
 - Note: If a unique tobacco users called in month 12 of FY14, and again in month 1 of FY15, they would be counted in both FY14 and FY15. This potentially produces a slight over count from fiscal year to fiscal year, but does not require quitlines to distinguish between “new” and “returning” callers.
- Please **do not** report tobacco users who entered the quitline through referrals, online registration, or other mechanisms. They will be captured by questions later in the survey.
- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number of DIRECT CALLS, enter "-9" (minus nine) rather than leave it blank.

Total number of UNIQUE TOBACCO USERS who made DIRECT CALLS to the quitline in FY15

N=

***24. Please indicate if your state's quitline is able to receive REFERRALS from the following Referral Modes in FY15.**

Definition of REFERRALS:

Referrals 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.

- Client Referrals are made by a professional (e.g., health care provider, dentist, pharmacist), or a community-based service organization (e.g., WIC, Head Start) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated by the quitline to the patient or client.
- Self-Referrals are made on a web-site by the tobacco user who *either*:
 - Indicates they would like to receive assistance with a quit attempt, which generates an outbound call initiated by the quitline to the tobacco users and registration for phone counseling and/or FDA approved cessation medications is completed via the phone.
 - Indicates they would like to receive assistance **AND** completes registration/intake online, which then generates an outbound call initiated by the quitline to the tobacco users for phone counseling and/or FDA approved cessation medications. **NOTE: This does not include tobacco users who came to the quitline online and registered into web-based or online cessation services.**

Definition of Electronic Health Record (EHR):

The terms electronic health record (EHR) and electronic medical record (EMR) are often used interchangeably, although technically there is a distinction between the two. An EMR is a computerized medical record designed to replace the traditional paper chart in a provider setting. EHRs are essentially EMRs with the capacity for greater electronic exchange (e.g., following patients from practice to practice, data exchange and messaging among physicians).

Quitline Referral Mode of Receipt	Does your state's quitline currently accept referrals from mode listed:
24a. Fax Referral Form	<input type="checkbox"/> yes <input type="checkbox"/> no
24b. Email or Online Referral	<input type="checkbox"/> yes <input type="checkbox"/> no
24c. Electronic Health Record (EHR) – transmitted directly from an EHR to the quitline	<input type="checkbox"/> yes <input type="checkbox"/> no

25. Please list any other Referral Modes your state's quitline accepted referrals from in FY15 that were not captured in Question 24.

***26. Please report the number of REFERRALS received from each Referral Mode in FY15. (Please report on all that apply)**

Definition of REFERRALS:

Referrals 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.

- Client Referrals are made by a professional (e.g., health care provider, dentist, pharmacist), or a community-based service organization (e.g., WIC, Head Start) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated by the quitline to the patient or client.
- Self-Referrals are made on a web-site by the tobacco user who **either**:
 - Indicates they would like to receive assistance with a quit attempt, which generates an outbound call initiated by the quitline to the tobacco users and registration for phone counseling and/or FDA approved cessation medications is completed via the phone.
 - Indicates they would like to receive assistance **AND** completes registration/intake online, which then generates an outbound call initiated by the quitline to the tobacco users for phone counseling and/or FDA approved cessation medications. **NOTE: This does not include tobacco users who came to the quitline online and registered into web-based or online cessation services.**

Definition of Electronic Health Record (EHR):

The terms electronic health record (EHR) and electronic medical record (EMR) are often used interchangeably, although technically there is a distinction between the two. An EMR is a computerized medical record designed to replace the traditional paper chart in a provider setting. EHRs are essentially EMRs with the capacity for greater electronic exchange (e.g., following patients from practice to practice, data exchange and messaging among physicians).

Directions:

- If no referrals were received from a mode listed, please respond with "0" (zero) rather than leave it blank.
- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number of Referrals, enter "-9" (minus nine) rather than leave it blank.

Quitline Referral Mode of Receipt	Total number of Referrals the quitline received from listed mode
26a. Fax Referral Form	N=
26b. Email or Online Referral	N=
26c. Electronic Health Record (EHR) – transmitted directly from an EHR to the quitline	N=
26d. Other Referral Modes reported in Question 25	N=
e. TOTAL REFERRALS [SUM of Rows a – d]	N=

***27. Of the Total number of REFERRALS (reported in Question 26, Row e), how many were UNIQUE REFERRALS in FY15?**

Definition of UNIQUE REFERRALS:

A unique referral is a single unduplicated referral that was referred to the quitline for any reason in your FY15. 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.

Directions:

- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number of UNIQUE REFERRALS, enter "-9" (minus nine) rather than leaving it blank.

N=

***28. Of the total number of UNIQUE REFERRALS (reported in Question 27), how many received Evidence-Based Cessation Services in FY15?**

Definition of Evidence –Based Cessation Services:

Evidence-Based Cessation Services are:

- Began at least one counseling session by phone. Counseling is defined as a tobacco-user-centers, person-tailored, in-depth, motivational interaction between a cessation counselor/coach and a tobacco user. (*Note: Quitline Intake/Registration time does not meet this definition*)

AND/OR

- Provided FDA approved cessation medications:
 - Nicotine Replacement Therapy (NRT) in the form of gum, patch or lozenge
 - Nicotine Inhaler
 - Nicotine Nasal Spray
 - Bupropion (Wellbutrin)
 - Varenicline (Chantix)

Directions:

- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number of UNQUE REFERRALS that received Evidence-Based Cessation Service, enter "-9" (minus nine) rather than leave it blank.

N=

***29. In FY15, how many UNIQUE TOBACCO USERS, who called DIRECTLY (as reported in Question 23) or were REFERRED (as reported in Question 27), received the services listed below?**

Definition of RECEIVED SERVICES:

Received services includes receipt of one or more of the following:

- quitline self-help materials
- began at least one counseling call with a cessation coach/counselor (Note: Intake/Registration time does not qualify as a counseling call)
- Received FDA approved cessation medication

Definition of COUNSELING CALL:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user. This DOES NOT include time spent on intake/registration or administration.

Definition of FDA Approved Cessation Medications:

FDA approved cessation medications include:

- Nicotine Replacement Therapy (NRT) in the form of gum, patch or lozenge
- Nicotine Inhaler
- Nicotine Nasal Spray
- Bupropion (Wellbutrin)
- Varenicline (Chantix)

Directions:

- Report only on individuals who received 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.
- Report only on the highest level of service the individual received during FY2015.
- Do NOT include any tobacco users served by the National Asian Quitline.
- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number, enter "-9" (minus nine) rather than leave it blank.

EXAMPLES for Question 29:

- If a tobacco user registered for services twice in FY15, received counseling only the first time, and received medications the second time, then report them in Row A and Row E in the table below.
- If a tobacco user registered for services twice in FY15, received self-help materials only the first time, and received counseling only the second time, then report them in Row B and ROW E in the table below.
- If a tobacco user registered for services twice in FY15, received self-help materials only the first time, and received counseling AND medications the second time, then report them in Row A and ROW E in the table below.
- The **ONLY** tobacco users who should be reported in Row D are those who **ONLY** received self-help materials in FY15, and **DID NOT** receive any counseling or medications in FY15.

Type of Service Received	Number of UNIQUE TOBACCO USERS who received the service (s) in FY15
A. Counseling (began at least one session) by phone AND FDA approved cessation medications provided either through the quitline or through a web-based system.	N=
B. ONLY Counseling (began at least one session) by phone [Do NOT include intake or registration as counseling].	N=
C. ONLY FDA approved cessation medications provided either through the quitline or through a web-based system.	N=
D. Self-help materials ONLY without counseling or medication	N=
E. TOTAL rows A to C. [Do NOT include individuals who received ONLY self-help materials here, from Row D in this table.] (Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)	N=

***30. In FY15, for each Tobacco User who received counseling please report the average number of minutes for a Counseling Call.**

Definition of COUNSELING CALL:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user. This DOES NOT include time spent on intake/registration or administration.

Directions:

- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number, enter "-9" (minus nine) rather than leave it blank.

Average Number of Minutes per Counseling Call for Tobacco Users who received counseling=

***31. In FY15, please report the average number of Counseling Calls completed per Tobacco User who received counseling:**

Definition of Counseling Call:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user. This DOES NOT include time spent on intake/registration or administration.

Directions:

- Please enter whole numbers with no commas, decimals, or other symbols.
- If you are unable to report the number, enter "-9" (minus nine) rather than leave it blank.

Average Number of Counseling Callers per Tobacco User who received counseling =

**MINIMAL DATA SET INFORMATION
(TOBACCO USER DEMOGRAPHICS)**

Directions:

- Please report MDS data on the number of **Unique Tobacco Users** who called the quitline directly or were referred AND received evidence-based services (medication and/or at least one session of telephone counseling). This is the number reported in **Question 29, Row e**.
- NAQC will use the information reported to provide a national picture of the populations served by state quitlines.
- The data reported below will also help calculate reach into priority populations.

***32. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, please indicate how many reported gender in FY15:**

Directions:

- Please enter numbers to one decimal place with no commas or other symbols.
- If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leave it blank.

Gender	Number Reported
Male	N=
Female	N=
Don't Know/Refused	N=

***33. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, please complete the table below on reported ages in FY15.**

Directions:

- Please enter numbers to one decimal place with no commas or other symbols.
- If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leave it blank.

Reported Age in FY15	Number/Age Reported in FY15
Total number of unique tobacco users reporting an age	N=
Median age reported by Unique Tobacco Users	Age=
Minimum age reported by Unique Tobacco Users	Age=
Maximum age reported by Unique Tobacco Users	Age=

***34. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, please complete the table below on reported level of education in FY15.**

Directions:

- 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.
- 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 leave it blank.

Education Level	Number reported in FY15
Less than grade 9	N=
Grade 9-11, no degree	N=
GED/HS degree	N=
Some college or university	N=
College or university degree	N=
Don't Know/Refused	N=

***35. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, in FY15, how many reported being of the Hispanic or Latino ethnicity?**

Directions:

- 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 leave it blank.
- If no unique tobacco users were Hispanic or Latino in FY15, please enter a "0" (zero).

Ethnicity	Number reported in FY15
Non-Hispanic/Latino	N=
Hispanic/Latino	N=
Refused/Don't Know	N=

***36. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, in FY15, how many reported being in each racial category listed below?**

Directions:

- 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.
- 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 leave it blank.

Racial Category	Number reported in FY15
White	N=
Black or African American	N=
Asian	N=
Native Hawaiian or Pacific Islander	N=
American Indian or Alaskan Native	N=
Other	N=
Don't Know/Refused	N=

***37. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, how many in FY15 reported being in each category listed below?**

Directions:

- 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.
- 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 leave it blank.

Sexual Orientation	Number reported in FY15
Straight	N=
Gay or Lesbian	N=
Bisexual	N=
Transgender	N=
Other	N=
Don't Know/Refused	N=

***38. In FY15, did your state's quitline ask one or more screening questions about behavioral health issues? (see <http://www.naquitline.org/?page=optional> for the optional MDS screening questions on behavioral health issues)**

YES

NO

***39. In FY15, did your state's quitline ask one or more screening questions about other chronic health conditions? For example: Diabetes, Heart Disease, or Hypertension**

YES

NO

***40. In FY15, did your state's quitline collect information on insurance status of quitline callers who received services?**

Yes [IF YES, CONTINUE TO QUESTION 41]

No [IF NO, SKIP TO QUESTION 42]

***41. Of the total number of Unique Tobacco Users receiving counseling or medications through the quitline as reported in Question 29, Row e, how many in FY15 reported being in each insurance category listed below?**

Directions:

- 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.
- 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 leave it blank.

Insurance Type	Number reported in FY15
No insurance	N=
Medicaid	N=
Medicare	N=
Military/Veterans	N=
Private Insurance (i.e., Employer Sponsored Plan, Individual Plans)	N=
Don't Know/Refused	N=

EVALUATION

Directions:

- For the Evaluation Section below, please provide information using evaluation results that most accurately reflects the status of your quitline in FY2015.
- Please **do not** report quitline evaluation data that was reported in the FY13 Annual Survey.
- The evaluation may include tobacco users who registered for services in FY2014 or FY2015, or earlier.
- The evaluation may have been conducted in FY2013, FY2014 or FY2015.
- 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.

***42. Do you have evaluation data you are able to report on for your state's quitline?**

NO [IF NO, SKIP TO QUESTION 56]

YES [IF YES, EVALUATION DATA EXIST FOR THE QUITLINE, CONTINUE TO QUESTION 43)

***43. Please report the time period when participants registered for services that was used for the evaluation.**

- **Example: "The evaluation results below include tobacco users who registered for services between January 1 and July 31, 2014."**

Enter time period for registration here:

DD/MM/YYYY

Registration Start date:

Registration End date:

***44. Please report the time period during which the evaluation was conducted.**

- **Example: “The evaluation results below are from Evaluation Survey conducted between August 1, 2014 and February 28, 2015.”**

Enter time period for evaluation surveys here:

DD/MM/YYYY

Evaluation Survey Start date:

Evaluation Survey End date:

***45. Please indicate what type of organization conducted the evaluation of your state’s quitlines services for the period you are reporting on.**

- Evaluation was conducted by State Tobacco Control Program
- Evaluation was conducted by Quitline Service Provider
- Evaluation was conducted by an independent third party, external to the state and service provider
- Other (Please Specify): _____

CONFIRMATION OF THE NAQC STANDARD QUIT RATE CALCULATION

QUIT RATE CALCULATION: Calculate using NAQC's recommended methodology as described in the 2009 Measuring Quit Rates paper (see <http://www.naquitline.org/?page=ImpQR#worksheet> for step-by-step instructions).

***46. The denominator for the quit rate calculation 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

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

Yes

No

***48. The quit rate calculation included ONLY those who RECEIVED either counseling (provided by phone) or medications (provided by phone or web).**

Yes

No

***49. 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

***50. The follow-up survey to assess quit status used the question: “have you used any tobacco, even a puff or a pinch, in the past 30 days”.**

Yes

No

***51. The calculated quit rate was a responder rate that 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

***52. Please provide your quitline's Quit Rate**

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

Directions:

- Please enter numbers to one decimal place with no commas or other symbols.
- If you are unable to report a number for a specific category, enter "-9" (minus nine) rather than leave it blank.

Example: 28.22% should be entered as “28.2”

Quit rate =

***53. For the evaluation period described in Question 44, did your state’s quitline obtain consent for follow-up?**

YES [IF YES, CONTINUE TO QUESTION 54]

NO [IF NO, SKIP TO QUESTION 56]

***54. Please complete the table below on consent for follow-up for the evaluation period described in Question 44?**

Directions:

- 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.
- 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 leave it blank.*

Evaluation Consent	Number
a. Number of Quitline participants asked to consent to follow-up	N=
b. Number of Quitline Participants who consented to follow-up	N=

***55. Please complete the table below on evaluation sample and response for the evaluation period described in Question 44.**

Directions:

- It is assumed that each tobacco user would only be counted once for this question. Please report unique tobacco users only.
- 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 leave it blank.

Evaluation Response	Number
a. Number of Quitline participants sampled for follow-up	N=
b. Number of sampled Quitline Participants who completed the follow-up	N=

FINAL COMMENTS

56. 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.

REMINDER: Please click the “DONE” button in Survey Monkey when finished.