



FY2018 ANNUAL SURVEY OF QUITLINES

Thank you for taking the time to complete the Fiscal Year 2018 (FY18) Annual Survey. The survey is designed to collect information about quitline service offerings, budgets, utilization during FY18, **and evaluation data from an evaluation conducted within the past 18 months**. You will be asked to report data for your state quitline's FY18. Please review the definition of fiscal year below.

Definition of FISCAL YEAR 2018:

The fiscal year is a 12-month period over which an organization budgets its spending. Among governments, most fiscal years are not the same as the calendar year. The fiscal year is referred to by the year in which it ends. For example: If a quitline's fiscal year ends June 30, 2018, then the definition of its FY18 is July 1, 2017 through June 30, 2018.

According to NAQC files, for most state's FY18 ran July 1, 2017 to June 30, 2018, EXCEPT for the following states:

- District of Columbia: FY18 runs October 1, 2017 to September 30, 2018
- Guam: FY18 runs April 1, 2017 to March 31, 2018
- New York: FY18 runs October 1, 2017 to September 30, 2018
- Puerto Rico: FY18 runs March 29, 2017 to March 28, 2018
- Texas: FY18 runs September 1, 2017 to August 31, 2018
- West Virginia: FY18 runs January 1, 2018 to December 31, 2018
- Wisconsin: FY18 runs January 1, 2018 to December 31, 2018

The data from this survey will be used by NAQC to:

- A. Report on the state of quitlines and trends over time
- B. Compile 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 quitlines

Survey Directions

FY18 Annual Survey Training Webinar:

The survey training webinar was held on **October 3, 2018**. 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 FY18 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 or listen to the recording of the FY18 annual survey training webinar, or to view frequently asked questions (FAQs) please visit the [FY18 annual survey webpage](#).

Submitting FY18 Annual Survey Data

NAQC uses Survey Monkey to collect data. We ask that all states submit FY18 Annual Survey data via Survey Monkey. By following the steps laid out below, you will reduce the amount of time it takes you to 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 [FY18 Annual Survey](#)
 - We recommend first gathering all responses to the survey and writing them on a hard copy of the survey.
 - Many of the questions asked in the survey will require information from other staff in the health department or from the quitline's service provider.
 - 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
 - Once the WORD or 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 **October 8, 2018**.
 - Choose a time when you will be able to complete the survey in Survey Monkey during **one uninterrupted session**.
 - Use the completed WORD or PDF version of the FY18 Annual Survey to fill in responses in Survey Monkey.

Suggested timeline for gathering and submitting data

- The closing date for the FY18 annual survey is **December 7, 2019**.
- NAQC recommends the following timeline for gathering and submitting data:
 - October – work with service provider to gather utilization, demographic and evaluation data
 - November– states gather quitline budget and service information
 - December – review all data and submit via Survey Monkey

Response Instructions

- We have placed instructions immediately following each question to make it easier for respondents.
- Questions with an "*" next to them 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 Natalia Gromov at 800.398.5489 ext. 701.

Begin FY18 Annual Survey

CONTACT INFORMATION

***1. Please provide contact information for the person NAQC should contact if there are any follow-up questions about your responses.**

Directions:

- Please type in "N/A" for fields that do not apply rather than leaving them blank.

Full Name:	
Job Title:	
Employer/Organization:	
State (of your quitline):	
Email:	
Phone:	

QUITLINE SERVICES

Questions 2 through 21 ask about services and FDA-approved cessation medications offered in FY18.

***2. For each option listed below, please indicate if your state’s quitline provided that service in FY18.**

Quitline Services	Was the service offered in FY18?
a. Interactive text messages to cell phones (i.e., interactive/ two-way text messages sent and received between quitline and quitline participant, including messages sent by an automated program or quitline counselor)	<input type="checkbox"/> yes <input type="checkbox"/> no
b. One-way text messages to cell phone (i.e., one-way – message(s) sent by the quitline to the quitline participant, but there is no ability for the quitline participant to send a text message back to the quitline)	<input type="checkbox"/> yes <input type="checkbox"/> no
c. Web-based self-help tools (i.e. downloadable self-help guide to cessation, cost-calculator, e-lessons on cessation)	<input type="checkbox"/> yes <input type="checkbox"/> no
d. Automated e-mail messages (i.e., standalone service, with no ability to tailor the email content to the needs of individual quitline participants)	<input type="checkbox"/> yes <input type="checkbox"/> no
e. Web-based interactive counseling (i.e., instant messaging or emailing with a cessation counselor, where content is tailored to the needs of the individual quitline participant)	<input type="checkbox"/> yes <input type="checkbox"/> no
f. Web-based chat rooms – (i.e., unmoderated or moderated)	<input type="checkbox"/> yes <input type="checkbox"/> no
g. Mobile cessation apps – (i.e., software applications that can be downloaded to a smartphone or tablet from a distribution platform such as the Apple App Store or Google Play.)	<input type="checkbox"/> yes <input type="checkbox"/> no
h. Referral to other cessation services offered by public or private health plans	<input type="checkbox"/> yes <input type="checkbox"/> no
i. Referral to other public and private health services for chronic conditions (e.g., diabetes, hypertension)	<input type="checkbox"/> yes <input type="checkbox"/> no

3. If your state's quitline provided services in FY18 not captured in Question 2, please list and describe the services here.

***4. In FY18, did your state's quitline have any of the following cessation protocols for specific populations? Please check all that apply.**

A protocol is a set of guidelines which describe a process to be followed for providing cessation counseling and medications.

- Behavioral health conditions (i.e. supporting quitline callers with depression, anxiety, PTSD and other mental health conditions)
- Substance use (i.e. supporting quitline callers who use, or have an addiction to, alcohol, and other drugs)
- Native American
- Youth (under 18 years)
- Pregnant/postpartum women
- ENDS users (exclusive or dual users seeking to quit ENDS)
- Cannabis users
- Other (Please specify): _____

***5. Please indicate below which populations were eligible for phone counseling services in FY18. Please check all that apply.**

- ALL State residents 18 years+
- State residents under 18 years
- State residents who are enrolled in Medicaid
- State residents who are uninsured or underinsured
- State residents who are pregnant
- State residents who have private/commercial insurance

6. If there are any other populations eligible for phone counseling from your state's quitline not captured in Question 5, please list them here.

***7. Please choose the phrase that best describes how your state quitline is thinking about eligibility requirements for phone counseling?**

- The state quitline is considering changes to the eligibility requirements for phone counseling. – **CONTINUE to Question 8**
- The state quitline has made changes to the eligibility requirements for phone counseling. – **CONTINUE to Question 8**
- The state quitline has no plans to change eligibility requirements for phone counseling. – **SKIP to Question 9**

8. Please describe the change(s) to eligibility requirements for phone counseling your state quitline had made, or is planning, and the overall rationale for the change.

***9. Please indicate on the table below what types of FDA-approved cessation medications your state’s quitline provided in FY18, if the cessation medications were “free”, and the standard amount provided.**

Definition of Standard Amount: Standard amount refers to the amount of FDA-approved cessation medication provided to the average eligible quitline participants that enroll in quitline services during an average time in the fiscal year (i.e., not during TIPS campaign). NAQC acknowledges that state quitlines may provide more or less cessation medication to specific groups of quitline participants (i.e., Medicaid enrollees, quitline participants with private insurance). However, for this question please focus on the amount of cessation medication provided to the average eligible quitline participant.

FDA-approved cessation medications	In FY18 did your state’s quitline provide the FDA-approved cessation medications listed?	In FY18, was the cessation medication “free”?	Please report the standard amount provided during an average time of the year (i.e., not during the TIPS campaign)
a. Nicotine Replacement Therapy - Patch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
b. Nicotine Replacement Therapy - Gum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
c. Nicotine Replacement Therapy -	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply

Lozenge			<input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
d. Nicotine Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
e. Nicotine Nasal Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
f. Bupropion (Wellbutrin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
g. Varenicline (Chantix)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable

10. If you indicated “Other amount” for the standard amount of FDA-approved cessation medication supplied in FY2018, please specify the amount provided.

***11. In FY18, how did your state’s quitline distribute cessation medications?**

- State quitline **did not** provide cessation medications in FY18 – **SKIP to Question 22**
- Voucher – **CONTINUE to Question 12**
- By mail – **CONTINUE to Question 12**
- Both voucher and by mail – **CONTINUE to Question 12**
- Other (Please specify): _____
(CONTINUE to Question 12)

12. Please indicate below which populations were eligible for cessation medications in FY18. Please check all that apply.

- ALL State residents 18 years+
- State residents under 18 years
- State residents who are enrolled in Medicaid
- State residents who are uninsured or underinsured
- State residents who are pregnant
- State residents who have private/commercial insurance

13. If there are any other populations eligible for cessation medications from your state’s quitline not captured in Question 12, please list them here.

14. Please choose the phrase that best describes how your state quitline is thinking about eligibility requirements for cessation medications?

The state quitline is considering changes to the eligibility requirements for cessation medications. – **CONTINUE to Question 15**

The state quitline has made changes to the eligibility requirements for cessation medications. – **CONTINUE to Question 15**

The state quitline has no plans to change eligibility requirements for cessation medications. – **SKIP to Question 16**

15. Please describe the change(s) to eligibility requirements for cessation medications your state quitline had made, or is planning, and the overall rationale for the change.

16. Are some quitline participants eligible for a longer supply of cessation medication, beyond the standard amount provided as reported in Question 9?

Yes – **CONTINUE to Question 17**

No – **SKIP to Question 18**

Do not know – **SKIP to Question 18**

17. Please describe which populations were eligible for a longer supply of cessation medication and the amount they were eligible to receive in FY18.

18. Did the standard amount of NRT provided to eligible quitline participants in FY18 change at any point in the fiscal year?

- The standard amount of NRT provided increased – CONTINUE to Question 19
- The standard amount of NRT provided decreased – CONTINUE to Question 19
- The standard amount of NRT provided did not change - SKIP to Question 20
- Do not know – SKIP to Question 20

19. Please indicate why the standard amount of NRT provided to eligible quitline participants in FY18 changed (e.g., budget constraints, TIPS campaign).

20. Please indicate if your state’s quitline offered a free 2-week NRT starter kit (regardless of the callers’ eligibility for the standard amount of NRT offered by the quitlines) in FY18.

- Yes – CONTINUE to Question 21
- No – SKIP to Question 22
- Do not know – SKIP to Question 22

21. Please indicate who was eligible for the free 2-week NRT starter kit in FY18.

- All quitline callers 18 years or older, regardless of their eligibility for other services offered by the quitline (e.g., counseling or cessation medications).
- Only quitline participants who are eligible for cessation medications.
- Other (please describe):

Questions 22 through 31 ask about provision of FDA-approved cessation medications to Medicaid enrollees and efforts to identify or reach out to specific populations.

***22. For FY18, please indicate if your state quitline provided any amount of cessation medication(s) to quitline participants who were enrolled in Medicaid.**

- State quitline **provided** cessation medication to quitline participants enrolled in Medicaid. – **CONTINUE to Question 23**
- State quitline **did not** provide any cessation medications to quitline participants enrolled in Medicaid. – **SKIP to Question 27**
- Do not know – **SKIP to Question 27**

23. Please indicate on the table below which types of FDA-approved cessation medications were provided to quitline participants enrolled in Medicaid, and the amount provided during an average time of the year (i.e., not during the TIPS campaign).

FDA-approved cessation medications	In FY18 did your state's quitline provide the FDA-approved cessation medication listed to quitline participants enrolled in Medicaid?	Please report the standard amount provided during an average time of the year (i.e., not during the TIPS campaign)
a. Nicotine Replacement Therapy - Patch	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
b. Nicotine Replacement Therapy - Gum	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
c. Nicotine Replacement Therapy - Lozenge	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply

		<input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
d. Nicotine Inhaler	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
e. Nicotine Nasal Spray	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
f. Bupropion (Wellbutrin)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable
g. Varenicline (Chantix)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 2 week supply <input type="checkbox"/> 4 week supply <input type="checkbox"/> 8 week supply <input type="checkbox"/> Other amount <input type="checkbox"/> Not applicable

24. If your state’s quitline reported “Other amount” for any of the FDA-approved cessation medications in Question 23, please describe the amount

25. Please indicate how the state quitline paid for cessation medications provided to quitline participants enrolled in Medicaid.

- The state quitline paid 100% of the cost.
- The state quitline received reimbursement from the state Medicaid agency for **some percentage** of the cost.
- The state quitline received reimbursement from the state Medicaid agency for **100% of the cost**.
- Do not know
- Other (please specify):

26. Please indicate if your state’s quitline directed Medicaid enrollees on how to access more NRT and other cessation medications via the state Medicaid cessation benefit.

- Yes, the state quitline **directed** Medicaid enrollees on how to access more NRT and other cessation medications through the state Medicaid cessation benefit – **SKIP to Question 28**
- No, the state quitline **did not direct** Medicaid enrollees on how to access more NRT or other cessation medications via the state Medicaid cessation benefit. – **SKIP to Question 28**
- Do not know – **SKIP to Question 28**

27. Please indicate if your state's quitline directed Medicaid enrollees on how to access cessation medications via the state Medicaid cessation benefit.

- Yes, the state quitline **directed** Medicaid enrollees on how to access cessation medications through the state's Medicaid cessation benefit. – **CONTINUE to Question 28**
- No, the state quitline **did not direct** Medicaid enrollees on how to access cessation medications via the state Medicaid cessation benefit. – **CONTINUE to Question 28**
- Do not know – **CONTINUE to Question 28**

***28. Please indicate if your state quitline (or state tobacco control program) is engaged in the following collaborations with your state's Medicaid agency to improve the cessation benefit, including quitline services, for Medicaid enrollees. (Check all that apply)**

- Partnering on Medicaid Match/Federal Financial Participation (FFP) for state quitlines (i.e., either have FFP in place, or working towards securing FFP).
- Partnering to assess the cessation benefit provided by state Medicaid and determine if there are any barriers (i.e., co-pays, prior authorizations, stepped therapy, limits on quit attempts or duration of cessation medications).
- Partnering to improve the cessation benefit provided by Medicaid MCOs via the Medicaid MCO RFP process.
- Partnering to improve the cessation benefit for Medicaid enrollees via state Medicaid administrative rule changes/notification.
- Partnering to improve the cessation benefit for Medicaid enrollees via proposed state legislation.
- Partnering to promote the cessation benefit to Medicaid enrollees and Medicaid providers.

29. Please indicate if there are other ways your state quitline (or state tobacco control program) is working to improve cessation benefits for Medicaid enrollees.

***30. Did your state’s quitline target any populations for special outreach in FY18?**

Definition of Special Outreach:

Special Outreach is the act of engaging with a population or organization that serves a specific population to increase awareness and utilization of quitline services. Special Outreach **goes beyond** provision of pamphlets, posters or general information on state quitline services.

Yes – **CONTINUE to Question 31**

No – **SKIP to Question 32**

Do not know – **SKIP to Question 32**

31. Please list which population(s) your state’s quitline targeted for special outreach in FY18.

BUDGET & FUNDING SOURCES

Questions 32 and 33 ask the FY18 total quitline budget & funding sources for the total quitline budget.

***32. Please provide the FY18 budget amounts for each quitline budget category listed in the table below.**

Please include funds from all sources (e.g., state funds, CDC funds, non-governmental funds)

For funding that begins and ends on a timeline other than your state's FY18:

- 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 FY18.
- *For example, if funds were awarded for October 2016 – September 2017 for a quitline whose FY18 was July 1, 2017 – June 30, 2018, this would mean funds were available for 3 months of FY18. So the total amount of funds that should be reported for FY18 would be 25% of the total. The equation would be: total amount of funds awarded x .25 = amount of funds awarded during FY18.*

General tips & reminders:

- 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.
- Please enter **whole numbers with no decimals or other symbols**.

Definition of quitline services budget:

Quitline services budget includes: screening, counseling, providing materials, overhead and administration fees, and fax referral operations. The quitline services budget **does not** include medications, evaluation, media/promotions & outreach, research grants, general website support and onetime capital expenditures.

Definition of quitline medications budget:

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

Definition of quitline evaluation budget:

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

Definition of quitline media/promotions & outreach budget:

Quitline 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. The quitline media/promotions & outreach budget **does not** include earned or free media. Please **exclude** all earned and free media monies. **Note:** If it is not possible to calculate the 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 the quitline media/promotions & outreach be reported as one budget.

Definition of other quitline specific items & activities budget:

Other quitline specific items & activities budget includes any other quitline-specific items/categories which do not fit into the other quitline budget categories specified in the table.

Definition of total quitline budget:

Total quitline budget should be the sum of budget categories listed in a – e of the table.

FY18 Quitline Budget	Total Dollar Amount for FY18
32a. Quitline services	\$
32b. Quitline medications	\$
32c. Quitline evaluation	\$
32d. Quitline media/promotions & outreach	\$
32e. Other quitline specific items or activities	\$
32f. Total quitline budget (sum of a – e)	\$

***33. On the table below, please indicate the dollar amount received from each funding source listed for your state’s total FY18 quitline budget (as reported in Question 32 Row f).**

TIP: The sum total funding amount reported in Q33a – Q33c should equal the total quitline budget reported in Q32f.

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.

- Please enter **whole numbers with no decimals or other symbols.**

Funding Sources	Amount of money received from this source in FY18
33a. CDC	\$
33b. State funds (includes general fund, tobacco tax, MSA fund)	\$
33c. Medicaid Match (e.g., Federal Financial Participation)	
33d. Other sources (e.g., research grants or other funding entities)	\$

UTILIZATION SECTION

Questions 34 through 48 ask about utilization. The questions begin with volume by mode of entry to the state quitline, then registration by mode of entry, unique tobacco users and finally services received by unique tobacco users.

VOLUME BY MODE OF ENTRY

Questions 34 through 39 ask you to report volume by mode of entry (e.g., Direct Calls, Web visits and Referrals). These questions are not asking about the number of unique individuals; they are intended to capture the overall level of interest in quitline services.

Definition of direct call: A direct call is an inbound call to the quitline telephone system, regardless of whether the call was answered. This includes proxy calls or wrong numbers.

Definition of web visits to web enrollment page/site: Web visits to web enrollment page/site refers to any page view to the state quitline's web enrollment page/site, regardless of whether the view results in any clicks or registration entry.

Definition of referral: A referral is a client referral to the quitline from a health professional (e.g. health care provider, dentist, pharmacist), state services or community-based service organizations (e.g. WIC, Head Start, workforce development) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated from the quitline to the patient.

***34. How many direct calls did your state's quitline receive in FY18?**

Directions:

- Please report on the **total** number of direct calls to the quitline.
- Please **do not** report the number of unique individuals/callers. 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 decimals or other symbols**.
- If you are unable to report the number of direct calls, enter **"-9" (minus nine)** rather than leaving it blank.

N=

***35. In FY18, did your state’s quitline offer web-based enrollment for phone counseling and/or cessation medications (including NRT starter kits)?**

Yes – CONTINUE to Question 36

No – SKIP to Question 37

36. How many web visits to the web enrollment page/site did your state’s quitline receive in FY18?

Directions:

- Please report on the **total** number of **web visits to the web enrollment page/site**.
- Please **do not** report the number of registrations. This data will be captured later in the survey.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **web visits to the web enrollment page/site** please enter **"-9" (minus nine)** rather than leaving it blank.

N=

***37. Please indicate if your state’s quitline was able to receive referrals from the following referral modes in FY18.**

Quitline referral mode of receipt	In FY18, did your state’s quitline accept referrals from the referral mode listed?
37a. Fax Referral: a referral in which information between a referral source and a quitline is sent or received via fax.	<input type="checkbox"/> yes <input type="checkbox"/> no
37b. Email or Online Referral: a referral in which information between a referral source and a quitline is sent or received via email or online file transmission (i.e., flat files).	<input type="checkbox"/> yes <input type="checkbox"/> no
37c. eReferral: a referral using established EHR technology to create bi-directional referrals between healthcare systems and providers of tobacco cessation services such as quitlines.	<input type="checkbox"/> yes <input type="checkbox"/> no

38. Please list any other referral modes your state’s quitline accepted referrals from in FY18 that were not captured in Question 37.

***39. Please report the total number of referrals received from each referral mode in FY18. Please report on all that apply.**

Directions:

- Please report on the **total** number of referrals to the quitline for each **referral mode** listed.
- Please **do not** report the number of registrations. This data will be captured later in the survey.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of referrals, enter **"-9" (minus nine)** rather than leaving it blank.

Quitline Referral Mode of Receipt	Total number of referrals the quitline received from listed referral mode
39a. Fax Referral: a referral in which information between a referral source and a quitline is sent or received via fax.	N=
39b. Email or Online Referral: a referral in which information between a referral source and a quitline is sent or received via email or online file transmission (i.e., flat files).	N=
39c. eReferral: a referral using established EHR technology to create bi-directional referral between healthcare systems and providers of tobacco cessation services such as quitlines.	N=
39d. Other Referral Modes reported in Question 37	N=
39e. Total referrals [sum of rows a – d]	N=

REGISTRATIONS BY MODE OF ENTRY

Questions 40 through 42 ask about completed registrations by mode of entry.

***40. Please report on the following table the total number of completed registrations for phone counseling and/or cessation medications (including NRT starter kits), by mode of entry.**

Definition of registration: Registration refers to questions asked by the state quitline of tobacco users seeking cessation assistance to enroll the tobacco user in cessation services.

Definition of direct call: A direct call is an inbound call to the quitline telephone system, regardless of whether the call was answered. This includes proxy calls or wrong numbers.

Definition of web visits to web enrollment page/site: Web visits to web enrollment page/site refers to any page view to the state quitline's web enrollment page/site, regardless of whether the view results in any clicks or registration entry.

Definition of web enrollment: Web enrollment is an online intake form for enrollment in cessation services offered by the state quitline and completed via the state quitline's web enrollment page/site.

Definition of referral: A referral is a client referral to the quitline from a health professional (e.g. health care provider, dentist, pharmacist), state services or community-based service organizations (e.g. WIC, Head Start, workforce development) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated from the quitline to the patient.

Directions:

- Please report on the **total** number of **completed registrations** for each mode of entry listed.
- Please **do not** report the number of **partial or incomplete registrations**.
- Please **exclude** participants who registered for any of the following services:
 - Web **only** program and **did not** receive NRT
 - Email **only** program and **did not** receive NRT
 - Text **only** program and **did not** receive NRT
 - Materials **only** and **did not** receive NRT
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **completed registrations**, enter **"-9" (minus nine)** rather than leaving it blank.

40a. How many <u>completed</u> registrations from direct calls in FY18 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
40b. How many <u>completed</u> registrations from web enrollment in FY18 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
40c. How many <u>completed</u> registrations from referrals in FY18 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
40d. How many completed registrations from other efforts conducted by the state quitline (i.e. outbound recruitment) in FY18 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
40e. Total number of completed registrations in FY18 for phone counseling and/or cessation medications (including NRT starter kits) . (sum of a-d)	N=

***41. In FY18, did your state quitline offer web-based or mobile health cessation services (i.e., text messaging, web-based interactive counseling, web-based chat rooms)?**

Yes, the state quitline offered web-based or mobile health cessation services - **CONTINUE to Question 42**

No, the state quitline did not offer web-based or mobile health cessation services – **SKIP to Question 43**

42. How many completed registrations, either via the phone or web-based enrollment, for web-based or mobile health cessation services did the state quitline receive in FY18?

Definition of registration: Registration refers to questions asked by the state quitline of tobacco users seeking cessation assistance to enroll the tobacco user in cessation services.

Directions:

- Please report on the total number of **completed registration**.
- Please **do not** report the number of **partial or incomplete registrations**.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **completed registrations**, enter **"-9" (minus nine)** rather than leaving it blank.

N=

UNIQUE TOBACCO USERS AND CESSATION SERVICES RECIEVED

Questions 43 through 48 ask for data on unique tobacco users.

***43. Among the total number of completed registrations in FY18, as reported in Question 40, row e, how many were unique tobacco users?**

Definition of unique tobacco users: A unique tobacco user is a single unique unduplicated tobacco user or tobacco product user. A unique tobacco user can be a smoker, chewer, ENDS users 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). Note, marijuana-only users should not be included as a unique tobacco user.

Directions:

- Please report on the **total** number of **unique tobacco users**.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **unique tobacco users**, enter **"-9" (minus nine)** rather than leaving it blank.

N=

***44. Among the total number of unique tobacco users reported in Question 43, please report the number that received the following cessation services in FY18.**

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:

- For counseling, please report only individuals who **received** counseling, **not** individuals who requested counseling.
- For cessation medications, please report **only** individuals who were **provided** medications (i.e., mailed cessation medication or sent a voucher). The act of mailing cessation medication or providing a voucher, is consider a “good faith” effort by the state quitline to provide cessation medication to the quitline participant and therefore it is assumed the quitline participant received and used the cessation medication.
- Report **only** on the **highest level of service** the individual **received** during FY2018.
- Please **do not** include any tobacco users served by the National Asian Quitline as we collect their data separately.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leaving it blank.

EXAMPLES for Question 44:

- If a tobacco user registered for services twice in FY18, 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 FY18, 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 FY18, 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 FY18, and **did not** receive any counseling or medications in FY18.

Type of service received	Number of <u>unique tobacco users</u> who received the service (s) in FY18
44a. 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=
44b. Only Counseling (began at least one session) by phone [Do NOT include intake or registration as counseling].	N=
44c. Only FDA-approved cessation medications provided either through the quitline or through a web-based system.	N=
44d. Self-help materials only (without counseling or medication)	N=
44e. 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=

***45. In FY18, among unique tobacco users who received telephone 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 via the phone. This **does not** include time spent on intake/registration or administration.

Directions:

- Please enter **whole numbers with no 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 phone counseling=

***46. In FY18, among unique tobacco users who received telephone counseling, please report the average number of counseling calls completed.**

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 via the phone. This **does not** include time spent on intake/registration or administration.

Directions:

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

Average number of counseling calls per tobacco user who received phone counseling =

***47. Of the total number of referrals (reported in Question 39, Row e), how many were unique referrals in FY18?**

Definition of unique referrals:

A unique referral is a single unduplicated referral to the quitline for any reason in FY18. 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:

- If a quitline participant was referred from multiple providers during FY18, please only count the quitline participant once in the **unique referral** count.
- If a quitline participant enrolled in quitline services or received quitline service prior to a referral, **do not** include the quitline participant in the **unique referral** count.
- If a referral is incomplete or invalid, please **do not** include that referral in the **unique referral** count.
- If a referral is ineligible for services from the quitline, please **do not** include that referral in the **unique referral** count.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leaving it blank.

N=

***48. Of the total number of unique referrals (reported in Question 47), how many received evidence-based cessation services in FY18?**

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 decimals or other symbols**.
- If you are unable to report the number of unique referral that received evidence-based cessation services, **enter "-9" (minus nine)** rather than leaving it blank.

N=

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

Questions 49 through 58 ask about MDS information on quitline participants for FY18.

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 44, 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.

***49. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, please indicate how many reported gender in FY18:**

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 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.

Gender	Number Reported
a. Male	N=
b. Female	N=
c. Don't Know/Refused	N=

***50. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, please complete the table below on reported ages in FY18.**

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 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.

Reported Age in FY18	Number or Age Reported in FY18
a. Total number of <u>unique tobacco users</u> reporting an age	N=
b. Among the total number of <u>unique tobacco users</u> reporting age, how <u>many were 12 to 18 years old</u>	N=
c. Among the total number of <u>unique tobacco users</u> reporting age, how <u>many were 55 to 80 years old</u>	N=
d. Median age reported by <u>unique tobacco users</u>	Age=
e. Minimum age reported by <u>unique tobacco users</u>	Age=
f. Maximum age reported by <u>unique tobacco users</u>	Age=

***51. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, please complete the table below on reported level of education in FY18.**

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 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 FY18
a. Less than grade 9	N=
b. Grade 9-11, no degree	N=
c. GED/HS degree	N=
d. Some college or university	N=
e. College or university degree	N=
f. Don't Know/Refused	N=

***52. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, in FY18, how many reported being of the Hispanic or Latino ethnicity?**

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 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.

Ethnicity	Number reported in FY18
a. Non-Hispanic/Latino	N=
b. Hispanic/Latino	N=
c. Refused/Don't Know	N=

***53. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, in FY18, 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 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 FY18
a. White	N=
b. Black or African American	N=
c. Asian	N=
d. Native Hawaiian or Pacific Islander	N=
e. American Indian or Alaskan Native	N=
f. Other	N=
g. Don't Know/Refused	N=

***54. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, how many in FY18 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 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 and Gender Identity	Number reported in FY18
a. Straight	N=
b. Gay or Lesbian	N=
c. Bisexual	N=
d. Transgender	N=
e. Other	N=
f. Don't Know/Refused	N=

***55. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, how many in FY18 reported they had a behavioral health condition?**

Directions:

- Please enter **whole numbers with no 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.

N=

***56. In FY18, 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

***57. In FY18, did your state’s quitline collect information on insurance status of quitline callers who received services?**

Yes – CONTINUE to Question 58

No – SKIP to Question 59

58. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 44, Row e, how many in FY18 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 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 FY18
a. No insurance	N=
b. Medicaid	N=
c. Medicare	N=
d. Military/Veterans	N=
e. Private insurance (i.e., Employer sponsored plan, Individual plans)	N=
f. Don’t Know/Refused	N=

EVALUATION

Questions 59 through 75 ask for evaluation data.

Directions:

- Please provide information using evaluation results that most accurately reflects the status of your quitline in FY18.
- Please **do not** report quitline evaluation data that was **previously reported** in the FY16 or FY17 Annual Survey.
- The evaluation may include tobacco users who registered for services in FY15 - FY18, or earlier, depending on the timing of when your evaluation was conducted.
- The evaluation may have been conducted in FY16, FY17 or FY18.
- 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.

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

YES – CONTINUE to Question 60

NO – SKIP to Question 76

60. Please report the time period when participants registered for services which was used for the evaluation.

- **Example: “The evaluation results below include tobacco users who registered for services between January 1, 2017 and July 31, 2017.”**

Enter time period for registration here:

MM/DD/YYYY

Registration start date:

Registration end date:

61. Please report the time period during which the evaluation was conducted.

- **Example: “The evaluation results below are from Evaluation Survey conducted between August 1, 2017 and February 28, 2018.”**

Enter time period for evaluation surveys here:

MM/DD/YYYY

Evaluation survey start date:

Evaluation survey end date:

62. 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 the state tobacco control program.
- Evaluation was conducted by the 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 CALCULATIONS

QUIT RATE CALCULATIONS: NAQC’s [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

63. 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

64. The quit rate calculations included only tobacco users who consented to follow-up at 7 months after registration (if consent was asked at intake).

Yes

No

65. The quit rate calculation included only those who received either counseling (provided by phone) or medications (provided by phone or web).

Yes

No

66. 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

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

Yes

No

68. The follow-up survey to assess quit state for electronic nicotine delivery systems (ENDS) used the question: “have you used an e-cigarette or other electronic “vaping” product in the past 30 days?”

Yes

No

69. The calculated quit rate for conventional tobacco was a responder rate that divided the number of people reporting no use of conventional tobacco in the past 30 days by the number of people responding to the survey.

Yes

No

70. The calculated quit rate for conventional tobacco plus ENDS was a responder rate that divided the number of people reporting no use of conventional tobacco plus ENDS in the past 30 days by the number of people responding to the survey.

Yes

No

71. Please provide your quitline's quit rate for conventional tobacco.

QUIT RATE CALCULATIONS: NAQC's [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

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 for conventional tobacco =

72. Please provide your quitline's quit rate for conventional tobacco plus ENDS.

QUIT RATE CALCULATIONS: NAQC's [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

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 for conventional tobacco plus ENDS =

73. For the evaluation period described in Question 61, did your state's quitline obtain consent for follow-up?

Yes – **CONTINUE** to Question 74

No – **SKIP** to Question 76

74. Please complete the table below on consent for follow-up for the evaluation period described in Question 61.

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 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=

75. Please complete the table below on evaluation sample and response for the evaluation period described in Question 61.

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 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

76. 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 Natalia Gromov at 800.398.5489 ext. 701.

Thank you for completing the survey!

REMINDER: Please click the “DONE” button in Survey Monkey before exiting.