



SECTION: General

G1. Key Contact Person for Quitline

Name

Job Title

Employer/Organization

State/Province

Email

Phone

Second Phone

Brief description of your quitline-related responsibilities

G2. Please provide access information for your quitline:

State/Province (dropdown)

Name of Quitline (dropdown)

Please Note: Some quitlines offer services in different languages or for specific populations through unique telephone numbers. For example, services offered in Spanish may have a different telephone number than the English service number. Please tell us the quitline phone numbers that are available for your service and identify the specific populations that are targeted for each of the quitline phone numbers.

	Phone Numbers to Call for Service	Specify Language/Population
Main phone line	<input type="text"/>	<input type="text"/>
Phone line 2	<input type="text"/>	<input type="text"/>
Phone line 3	<input type="text"/>	<input type="text"/>
Phone line 4	<input type="text"/>	<input type="text"/>
Phone line 5	<input type="text"/>	<input type="text"/>
Phone line 6	<input type="text"/>	<input type="text"/>

	Phone Numbers to Call for Service	Specify Language/Population
TTY or TDD line	<input type="text"/>	<input type="text"/>
Video relay	<input type="text"/>	<input type="text"/>
Video-to-video	<input type="text"/>	<input type="text"/>

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

Quitline-specific website

(open text)

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

Please note: All references to Fiscal 2009 (FY09) refer to the most recently completed Fiscal Year. Each Fiscal Year should be a full 12 month period of time. The responses given for the remainder of the survey should correspond to the period of time identified in this item. Throughout the survey, this time period will be referred to as 'Fiscal Year 2009.' If the dates are **already filled in**, they are the dates you provided for your quitline's **Fiscal Year 2008**. Please **change them** to match the start and end dates for your quitline's **Fiscal Year 2009**.

FY 09 Start Date: (open text)

FY 09 End Date: (open text)

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

		Counseling Service	Live pick up of incoming calls (may or may not have counseling services available)	Voicemail / answering service pick up of calls
	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monday	Start Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
	End Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
Tuesday	Start Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
	End Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
Wednesday	Start Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
	End Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
Thursday	Start Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>
	End Time	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>	<input type="text" value="-- Select A Choice --"/>

		Counseling Service	Live pick up of incoming calls (may or may not have counseling services available)	Voicemail / answering service pick up of calls
Friday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Saturday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
Sunday	Start Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --
	End Time	-- Select A Choice --	-- Select A Choice --	-- Select A Choice --

G5. Is your quitline closed on holidays?

- Yes
- No

G6. Which of the following services are funded by your state / province AND are provided as part of your quitline program? Select all that apply.

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

G6a. Telephone counseling - indicate which type(s). Select all that apply.

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

G6b. Internet-based services -- indicate which type(s). Select all that apply.

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

G6c. Other services-- indicate which type(s) Select all that apply.

- Voice mail with call backs
- Recorded messages for help with quitting (e.g., phone tree)
- Referral to other services (quit smoking group programs, face to face counseling, professional services)
- Fax Referral to the quitline for healthcare providers and other referral sources
- Mailed information or self help resources [provided through the quitline]
- Text messaging to cell phones [integrated with telephone counseling]
- IVR (interactive voice response) [integrated with telephone counseling]
- Other (specify)

G7. In addition to the services funded by your state / province and provided as part of your quitline program, what OTHER cessation services (not integrated with the quitline) are funded by the same funder but NOT provided through your quitline (i.e., STANDALONE programs)? Select all that apply.

G7a.

- None (No other cessation services)

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

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

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

Are these single session or multiple session programs? Select all that apply.

- Single session
- Multiple session

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

Are these single session or multiple session programs? *Select all that apply*

- Single session
- Multiple session

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

Are these single session or multiple session programs? *Select all that apply*

- Single session
- Multiple session

G7f. Other cessation services (not listed above)

- Other (specify)

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

(open text)

G9. Does your quitline use a translation service (eg., AT &T) when providing counseling?

- Yes
- No

G9a. In Fiscal Year 2009, how many times was the translation service used to provide counseling?

(open text)

G10. Does your quitline use counselors who provide quitline services in languages other than English?

- Yes
- No

G10a. In which of the following languages does your quitline offer counseling, *not translated through a third party*? Please provide the total hours per week counselors for each language are available, and the total number of tobacco users served with counseling in that language in FY09. Select all that apply.

Language	Hours Per Week	# of Calls in FY09
<input type="checkbox"/> English	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Spanish	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> French	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cantonese	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mandarin	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Korean	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vietnamese	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Russian	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Greek	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Amharic Ethiopian	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Punjabi	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Specify other spoken language

G11. Please indicate the organization that was the *PRIMARY SERVICE PROVIDER* for the *counseling service* for the quitline at the *beginning* of Fiscal Year 2009. The primary service provider is the service provider who provided the main service provided by your quitline. **Select one.**

(dropdown menu)

Specify other counseling provider
(open text)

G12. Does your quitline have a secondary service provider?

- Yes
- No

Specify other secondary service provider.

G13. Was there a change of service provider (either primary or secondary) in FY 2009?

- Yes
- No

SECTION: Financing

F1. Primary Contracting Organization: Contact Information

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

Contact name

Contact position title

Funder organization

Contact address

Contact phone number

Contact email

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

Name

Position

Funder organization

Address

Phone number

Email

SECTION: Materials

M1. In which of the following languages does your quitline offer *tobacco cessation materials* (self-help materials or materials designed to be used with cessation counseling)? *Select all that apply.*

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

M2. Please indicate the populations that your quitline sends *specialized tobacco cessation materials* to.

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

Select all that apply.

- Pregnant tobacco users
- Large Print for the visually impaired
- Youth, under 18
- Young Adults, 18-25
- Older tobacco users (i.e., 55+)
- Smokeless tobacco users
- Racial/Ethnic populations
- Lesbian, Gay, Bisexual, Transgendered

Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)

Multiple Addictions: Tobacco and Alcohol OR Other Drugs

Low SES / Medicaid

Tobacco Users with chronic health conditions

Low literacy

Other (specify)

SECTION: Counseling

C1. Cessation specialists/counselors/coaches naturally tailor their work to the individual client. However, some quitlines label callers (e.g., pregnant, teen) in such a way that it triggers the use of a *specialized counseling protocol*.

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

For which of the following populations does your quitline have specialized counseling protocols?

Select all that apply.

- Pregnant tobacco users
- Youth, under 18
- Young Adults, 18-25
- Older tobacco users (i.e., 55+)
- Racial/Ethnic populations
- Smokeless tobacco users
- Lesbian, Gay, Bisexual, Transgendered
- Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)
- Multiple Addictions: Tobacco and Alcohol OR Other Drugs
- Low SES / Medicaid
- Chronic health conditions
- Low Literacy
- Other (specify)
.

C3. Many quitlines have eligibility criteria for receiving services based on state or province of residence, age, insurance status, being a member of a special population or readiness to quit.

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

Check the eligibility criteria for receiving counseling through your quitline. Select all that apply.

- None, there are no restrictions on receiving counseling.
- Resident of state / province
- Age (specify)
- Uninsured
- Underinsured

- Medicaid
- Medicare insured
- Private Insured or private insurance holders
- Length of time quit (specify)
- Readiness to quit (specify)
- Special population (specify)
- Other (specify)

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

C4. Do different levels of quitline services you provide (e.g., single session counseling vs multi-session counseling) have different eligibility criteria?

- Yes
- No

Please Note: Question C7 pertains to **FREE** quitting medication only. If your quitline provided discounted medications in FY09, you can use the open text box in C8 to provide additional information as needed. IF YOUR QUITLINE DID NOT PROVIDE FREE OR DISCOUNTED MEDICATIONS, SKIP THE REST OF THIS SECTION AND GO ON TO THE UTILIZATION SECTION.

C7. What criteria made a caller *eligible* to receive *free* quitting medications from the quitline in FY09? *Select all that apply.*

- Resident of state / province
- Age (specify)
- Uninsured
- Underinsured
- Medicaid
- Medicare insured
- Private insured (or private insurance holders)
- Enrollment in counseling
- Special population (specify)
- Medical conditions / contraindications (specify)
- Readiness to quit (specify)
- Limited supply - orders filled on first come / first served basis
- Geographic area (e.g., specific to a county / city / region)
- Research study criteria
- Other criteria (specify)

C8. If your quitline addressed quitting medications in other ways not reported in the previous questions, please specify.

(open text)

SECTION: Utilization

Please note: Starting with the total number of unique tobacco users calling for self, please report on information for the selected Minimal Data Set items below. If you are unable to report in the requested categories, please select “unable to report.” NAQC will use this information to provide the first national picture of who quitlines are serving, and will help quitlines calculate reach into specific sub-populations individually and collectively. NAQC will also use the information to reach out to quitlines that are unable to report on MDS items to see if technical assistance is needed or requested.

U1. Type of tobacco use (Note: these should not sum to the total number of tobacco users due to some callers using multiple types of tobacco)	Number
Number of cigarette smokers	<input type="text"/> <input type="checkbox"/> Unable To Report
Number of cigar smokers	<input type="text"/> <input type="checkbox"/> Unable To Report
Number of pipe smokers	<input type="text"/> <input type="checkbox"/> Unable To Report
Number of smokeless tobacco users	<input type="text"/> <input type="checkbox"/> Unable To Report
Number of other tobacco product users	<input type="text"/> <input type="checkbox"/> Unable To Report

U2. Amount of tobacco used (for those reporting specific types of tobacco use)	Unable to Report	Mean	Number	Min	Max
Cigarettes per day	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cigars per week	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pipes per week	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tins per week (smokeless)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other tobacco products per week	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
U3. For cigarette users only				Number	
Number of everyday/daily smokers	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
Number of someday/occasional smokers	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
Number of 'not at all' smokers	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
Of those reporting 'not at all', number of smokers who quit 30 days or less before calling	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
U4. For cigarette smokers only: Time to first cigarette				Number	
Within 5 minutes	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
6-30 minutes	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
31-60 minutes	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
>60 minutes	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				
U5. Gender				Number	
Male	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Unable To Report				

U5. Gender		Number			
Female	<input type="checkbox"/>	<input type="text"/>	Unable To Report		
U6. Age	Unable to Report	Mean	Number	Min	Max
Age	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
U7. Level of education (US)		Number			
< grade 9	<input type="checkbox"/>	<input type="text"/>	Unable To Report		
Grade 9-11, no degree	<input type="checkbox"/>	<input type="text"/>	Unable To Report		
GED/HS degree	<input type="checkbox"/>	<input type="text"/>	Unable To Report		
Some college or university	<input type="checkbox"/>	<input type="text"/>	Unable To Report		
College or university degree	<input type="checkbox"/>	<input type="text"/>	Unable To Report		

U8. Level of education (Canada)	Number
< HS	<input type="text"/> <input type="checkbox"/> Unable To Report
HS diploma	<input type="text"/> <input type="checkbox"/> Unable To Report
Technical or trade school (including some college)	<input type="text"/> <input type="checkbox"/> Unable To Report
College or university degree (includes technical or trade school certificate)	<input type="text"/> <input type="checkbox"/> Unable To Report
U9. Ethnicity (US)	Number
Hispanic or Latino	<input type="text"/> <input type="checkbox"/> Unable To Report
U10. Race (US)	Number
White	<input type="text"/> <input type="checkbox"/> Unable To Report
Black or African American	<input type="text"/> <input type="checkbox"/> Unable To Report
Asian	<input type="text"/> <input type="checkbox"/> Unable To Report
Native Hawaiian or Pacific Islander	<input type="text"/> <input type="checkbox"/> Unable To Report
American Indian or Alaskan Native	<input type="text"/> <input type="checkbox"/> Unable To Report
Other	<input type="text"/> <input type="checkbox"/> Unable To Report

U11. Race (Canada)	Number
Canadian (English or French Canadian)	<input type="text"/> <input type="checkbox"/> Unable To Report
Aboriginal (Native Indian, Metis, Inuit)	<input type="text"/> <input type="checkbox"/> Unable To Report
British (English, Irish, Scottish, Welsh)	<input type="text"/> <input type="checkbox"/> Unable To Report
European	<input type="text"/> <input type="checkbox"/> Unable To Report
Asian	<input type="text"/> <input type="checkbox"/> Unable To Report
Other	<input type="text"/> <input type="checkbox"/> Unable To Report
U12. Sexual Orientation (optional)	Number
Straight	<input type="text"/> <input type="checkbox"/> Unable To Report
Gay or lesbian	<input type="text"/> <input type="checkbox"/> Unable To Report
Bisexual	<input type="text"/> <input type="checkbox"/> Unable To Report
Transgender	<input type="text"/> <input type="checkbox"/> Unable To Report
Other	<input type="text"/> <input type="checkbox"/> Unable To Report
Refused	<input type="text"/> <input type="checkbox"/> Unable To Report
Missing	<input type="text"/> <input type="checkbox"/> Unable To Report

U13. How many tobacco users registered for web-based services?	Number
Registrants for web-based cessation services that are integrated with the telephone quitline	<input type="text"/> <input type="checkbox"/> Unable To Report
Registrants for web-based cessation services that are not integrated with the telephone quitline	<input type="text"/> <input type="checkbox"/> Unable To Report

U14. Does your quitline collect information on insurance status of callers who receive services?

- No
- Yes

U15. Indicate below the number of tobacco users (unique callers) who used the quitline in Fiscal Year 2009, distinguishing between types of insurance status.	Number
No insurance	<input type="text"/> <input checked="" type="checkbox"/> Unable To Report
Government-provided insurance (Medicare, Medicaid, Military, etc.)	<input type="text"/> <input checked="" type="checkbox"/> Unable To Report
Private Insurance	<input type="text"/> <input checked="" type="checkbox"/> Unable To Report

SECTION: Evaluation

E1. During Fiscal Year 2009, did your quitline conduct *follow-up evaluations* by obtaining information/feedback from clients?



No

E2. What type of data do you collect? *Select all that apply.*

- Customer Satisfaction
- Staff Performance
- Quitting outcome (e.g., quit attempts, quit rates)
- None of the above
- Other (specify)

E3. Who conducts your quitline follow-up evaluations? *Select all that apply.*

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

E4. What sampling strategy does your quitline use to select callers for follow-up? *Select all that apply.*

- Random sampling
- Census sampling (all callers)
- Cohort sampling (time-limited)
- Continuous sampling (year-round)
- Periodic (within one year or across multiple years)

E5. At what time points do you follow-up with callers for evaluation purposes? *Select all that apply.*

- 3 months after registration / first contact
- 4 months after registration / first contact
- 6 months after registration / first contact
- 7 months after registration / first contact
- 12 months after registration / first contact
- 13 months after registration / first contact
- Other (specify)

E6. What criteria are used to select callers for follow-up? *Select all that apply.*

All those who:

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

SECTION: Comments
