Realizing Opportunities: Implementation Assessment of the Minimal Data Set in North America

Minimal Data Set Workgroup

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The North American Quitline Consortium Minimal Data Set (MDS) Workgroup was formed in spring 2007 to assess the implementation of the MDS. The Workgroup’s guidance and contributions to the assessment process and development of this report were immeasurable. In particular, the leadership of Jessie Saul and RaeAnne Davis were critical to the success of this project.

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Executive Summary

Quitlines\(^1\), telephone-based tobacco cessation services, are a fairly new, yet highly efficacious, tobacco control intervention with substantial opportunity to have an impact on increasing the number of former smokers in the North American population. One challenge to the emerging field of quitlines is how best to collect data across quitlines using standardized techniques. There is considerable benefit to the entire quitline community – including funders, vendors, researchers, national partners and the broader tobacco control field – to pursuing this goal. Standardization of data collection tools will allow quitlines to compare results across jurisdictions and pool data, providing an opportunity to study issues on a scale no single quitline could study independently.

At the 2003 planning meetings for the Consortium, researchers and evaluators began discussions about creating a Minimal Data Set (MDS) for quitlines that could allow for comparisons and pooling of data across quitlines for evaluation and research purposes. NAQC’s MDS Workgroup led this initiative under the guidance of Sharon Campbell, Centre for Behavioural Research and Program Evaluation, University of Waterloo, and in consultation with all key stakeholder groups.\(^2\) The Minimal Data Set (MDS), consisting of 18 questions (including three optional questions) collected from eligible callers at intake and 12 questions (including one optional question) collected from evaluation participants at follow-up\(^3\), was finalized in May 2005. At the same time, the Workgroup developed recommendations for selecting evaluation participants, length of evaluation follow-up and protocols for repeat callers. Quitlines across North America were encouraged to adopt the MDS by October 2005. (See Appendix A for the full MDS intake and follow up questions.)

The development of the MDS marked a big step forward for the field toward data standardization. Data generated through the MDS and pooled across jurisdictions could be used to better understand quitline promotions, develop service benchmarks to improve services and understand priority populations. Additionally, the development of standardized data collection builds scientific rigour in a new field and can provide impetus for the application of standardized tools more broadly.

A year after implementation by 62 North American quitlines, reconvened its MDS Workgroup to conduct an assessment. The two-part MDS Implementation Assessment was fielded in July 2007. Part 1 considered the process and implementation of the MDS. Quitline vendors, funders, and evaluators identified the resources, impacts, challenges and facilitators experienced in implementing the MDS. In Part 2, the MDS Workgroup developed tools to examine the specific intake and follow-up questions and response categories as well as identification of to whom the questions were asked for each specific MDS item. This detailed assessment report provides a comprehensive understanding of how consistently the MDS was implemented by quitlines in North America. This assessment report reveals the findings of the MDS implementation, lessons learned from the process and recommendations for continued refinement of the MDS to advance the field of quitlines.

In this MDS assessment report, the specific purpose was to:

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\(^1\) Quitlines are telephone services that offer smoking cessation support and counselling to smokers and those interested in helping people to quit. Each province and state in Canada and the United States, as well as the District of Columbia and several US territories, have publicly funded quitlines.


\(^3\) Note: in this report, the term “follow-up questions” is used to denote questions used at the follow-up interview for the purposes of evaluation. Similarly, the phrase “at follow-up” is used to denote the evaluation period, not a follow-up call for counseling.
1. Assess implementation and review the MDS intake and follow-up questions for any needed revisions.
2. Understand how NAQC can improve the support it provides to quitlines for similar processes like the MDS.
3. Collect additional intake and follow-up questions that quitlines may be interested in adding to the MDS.

Results must be interpreted with care. The intent of this report is to assess the MDS, not the quitlines that implemented it. The report will provide important lessons for NAQC in better understanding the processes used to implement the MDS, the challenges and facilitators encountered during implementation and the consistency with which quitlines implemented the MDS. The MDS is a work in progress. This assessment will help NAQC understand what revisions and refinements are required to build increased consistency with the MDS. The assessment will also serve to identify ways we can use the MDS to further quitline development in North America.

Over 80% of North American quitlines responded to Part 1 of the assessment, and more than 90% responded to Part 2 (55 and 57 quitlines respectively). Results indicate that, in general, the MDS was implemented at intake. At follow-up, the only quitlines (four) that did not implement the MDS did not do so because these quitlines currently do not conduct follow-up evaluations. Quitlines reported few challenges implementing the MDS. Implementing the MDS did not have substantial impact on the core business of quitline service, while at the same time it stimulated the development of follow-up processes and improved data quality.

Key Findings

1. Implementation

Quitlines were challenged with implementing the MDS while also maintaining historical comparability of existing and new datasets within their quitlines. In addition, quitlines across North America are heterogeneous. Quitline services, as well as the stakeholders involved with the funding, delivery and evaluation of quitline services, are all at different stages of development and maturity and are funded at varying levels. Hence, some quitlines are better able, or better resourced, to implement the MDS than others. NAQC resources developed to facilitate the implementation of the MDS did not fill all of these varying needs. Resources to better implement the MDS and that address the differing contexts and levels of development among quitlines, including issues around data comparability, will be required to achieve greater consistency in the field.

2. Revision and Refinement of the MDS

The implementation assessment identified several possible refinements to the MDS questions and their implementation. Notably, Table 4.16 (p. 42) of this assessment report features the MDS Intake Questions considered challenging by quitlines at implementation. Additionally, an overall understanding of what consistency with the MDS entails will greatly enhance faithful implementation of the MDS in the future. In particular, consistent implementation of the MDS will be enhanced by:

- Providing greater definition about the population at follow-up, how data should be collected and reported.
- Determining critical elements of how specific questions are asked and the terms used.
- Clarifying the use of standardized response categories.
- Providing leadership on implementing consistent response categories.
- Defining more clearly overall intake and follow-up populations as well as the populations who should be asked specific MDS questions.
These revisions must be considered within the context of impacts to the quitline services and response rates, particularly at follow-up.

3. Data Comparability

The MDS assessment brought into clearer focus the need to build definitions and frameworks for the measurement of critical quitline initiatives. Quitlines have specifically requested a standardized metric for calculating quit rates. There is considerable variability in the populations that quitlines include in intake and follow-up processes as well as questions used to calculate abstinence at follow-up. An effort to develop a framework for calculating quit rates is currently underway through NAQC’s Quality Initiative Project, which will encompass broad-based input and consultation from the field.

Recommendations

This report includes the following six recommendations for NAQC to further enhance the consistent implementation of the MDS and to continue to provide leadership for the evolution of North American quitlines. Implementation of these recommendations will require continued buy-in and effort from quitlines across North America to bring the effort for standardization and comparability of quitlines to full and effective fruition. However, the effort will enable the quitline community to fully reap the benefits and promise of the MDS.

**Recommendation 1: Build solutions to maintain/explain data comparability historically.**
NAQC should make available technical assistance for quitlines to answer questions about ways to maintain the historical comparability of data. In particular, this technical assistance should focus on a period of transition in which both historical measures and MDS measures are captured to understand the impact of the tool change on the data. Talking points should be provided to quitlines to assist in explaining possible apparent breaks in data continuity to stakeholders.

**Recommendation 2: Support MDS implementation for those with greatest needs.**
NAQC should work with quitlines that reported challenges with MDS implementation, demonstrated a significant discontinuity between impacts of the MDS implementation reported and consistent implementation of the MDS or have not yet implemented a follow-up evaluation and who request assistance. This support should first include an assessment of the type of support required for the continued use and adoption of the MDS, an assessment of resources available and development of a plan to provide assistance (which may include resources) to those quitlines for which support is requested.

**Recommendation 3: Secure resources to support the continued implementation of the MDS.**
NAQC and its members should commit to supporting the continued implementation of the MDS. Quitline service providers and funders may need to devote additional resources to implement the MDS more consistently or to assist with future major MDS revisions.

**Recommendation 4: Develop resources and supports that are appropriate and effective.**
Encourage input from a broad representation of members to develop resources and supports for NAQC initiatives, including further refinement of the MDS.

**Recommendation 5: Engage a broad representation of NAQC membership in a facilitated process to refine the MDS.**
- Require better definition about the population at follow-up.
- Provide leadership to guide how the data is collected and reported.
- Identify specific MDS questions for which assessing, rather than using direct and specific questions, is appropriate as long as response categories are consistent.
- Parse each question and response category to define which elements of each question and response category are essential to be consistent with MDS intent.
- Fully define the MDS response categories and ensure that they are consistent with current research on specific assessment items and survey methods.
- Refine the MDS to be consistent with respect to the use of “refused” and “not asked” response categories or determine how to account for the variability in their use.
- Provide clarification on the MDS regarding the use of response categories, using the minimum of the MDS response categories to ensure consistency and how to “roll up” additional local response categories for consistency with the MDS.
- Place a greater emphasis on the clear definition and identification of overall populations who are asked the MDS questions at intake and follow-up.
- Define the specific population that is required to respond to each MDS intake and follow-up item.
- Review the MDS to determine whether all questions are essential (especially point-prevalence questions and the date of last cigarette question).
- Consider all revisions to the MDS in view of the impact on length of the intake and follow-up call and in particular on respondent burden.

**Recommendation 6: Build frameworks to encourage the use of comparable data.**

Work with the NAQC Quality Initiative to further develop the concept and understanding of a quit rate calculation framework. Engage members in a broad based consultation to gain consensus on a framework that best represents the needs of members and is most appropriate for quitline services.

**Summary**

The MDS implementation is a tremendous accomplishment for the quitline community and for NAQC. When considered in greater detail, however, it is clear that while quitlines implemented the MDS, there was variation in how they did so. There is more work to be done to continue to build quitline fidelity to the MDS before quitlines can compare the MDS data across jurisdictions. In striving towards a more consistent implementation of the MDS, a renewed commitment of time, energy and resources will be called upon from the quitline community.
1.0 Introduction

Quitlines have become an integral part of tobacco control in North America since 1992 when the first quitline was established in California. By 2006, there were quitlines in all 50 American states, the District of Columbia and Puerto Rico and all ten Canadian provinces. The North American Quitline Consortium (NAQC) was formed in 2004 as a member organization to promote evidence-based quitline services across diverse communities in North America.

At the 2003 planning meetings of NAQC, researchers and evaluators began discussions about creation of a Minimal Data Set (MDS) for quitlines that could allow for comparisons and pooling of data across quitlines for evaluation and research purposes. NAQC’s MDS Workgroup led this initiative under the guidance of Sharon Campbell, PhD, Centre for Behavioural Research and Program Evaluation, University of Waterloo, and in consultation with all key stakeholder groups.\(^1\) The MDS, consisting of 18 questions (including three optional questions) collected from eligible callers at intake and 12 questions (including one optional question) collected from evaluation participants at follow-up, was finalized in May 2005. At the same time, the Workgroup developed recommendations for selecting evaluation participants, length of evaluation follow-up and protocols for repeat callers. Quitlines across North America were encouraged to adopt the MDS by October 2005. (See Appendix A for the full MDS intake and follow up questions.)

Simply put, this “Minimal Data Set” gives quitlines across North America an enhanced ability to understand quitline services, promotions and impacts. By collecting the same types of data, defined in the same way and collected using the same techniques, larger data sets will be available for investigation, offering the ability to study issues that no one quitline could study independently. The significant standardization the MDS brings to the field builds scientific rigor for the research community and should increase acceptance of quitlines and their successes. Moreover, efforts by quitlines to standardize data collection and evaluation may provide leadership to the tobacco control field to do the same across other types of programs.

An important caveat of the MDS implementation was the assurance from NAQC that the MDS would be assessed early in the course of its implementation. Assessing the implementation of the MDS and reviewing its initial use were seen as an important way to maximize quitlines’ investment in the MDS. The specific purposes of the MDS assessment were to:

1. Assess implementation and review the MDS questions for any needed revisions.
2. Understand how NAQC can improve the support it provides to quitlines for similar processes like the MDS.
3. Collect additional questions that quitlines may be interested in adding to the MDS.

It must be stressed that the MDS assessment is an appraisal of the MDS, not of individual quitlines. Individual quitlines’ results are confidential and will not be shared with other quitlines. NAQC will use data from the assessment to work with members and develop technical assistance to address ongoing challenges that members have encountered in implementing the MDS, support members’ implementation of the MDS and to develop consensus around revisions and/or additions to the MDS.

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2 Note: in this report, the term “follow-up questions” is used to denote questions used at the follow-up interview for the purposes of evaluation. Similarly, the phrase “at follow-up” is used to denote the evaluation period, not a follow-up call for counseling.
NAQC also sees the potential to identify specific lessons learned by one quitline that might benefit other quitlines. In this case quitlines may be approached to serve as case studies. Participation in this initiative would be voluntary.

2.0 Purpose of the MDS Assessment Report

It is important to interpret the results of the MDS assessment carefully. The intent of this report is to assess the MDS, not the quitlines that have implemented it. Understanding how comparable quitlines have implemented the MDS, the processes used to do so and the challenges and facilitators provide important learnings to NAQC. In particular, it is important to keep in mind that the MDS is a work in progress. The questions, response categories and skip patterns used for questions may have flaws or inconsistencies that have not yet been identified. Quitlines may well have implemented specific questions differently than NAQC had intended, but for very good reasons.

For example, a quitline may have added additional language to questions to include smokeless tobacco users as a particular category when asking about tobacco use because of high prevalence of smokeless tobacco use in the area. This question may not be in full compliance with MDS, but the quitline has important reasons for including this language. Another example may be that an MDS item may not have included a “refused” category for a given item, but a quitline may systematically have included a “refused” response category for all its questions. Because the “refused” responses cannot be rolled up to the stated MDS response categories, the quitline would not be assessed as fully compliant to the MDS. Depending on the needs of the quitline, it may be more important for the quitline to maintain internal consistency (and include the standardized “refused” category) than to be fully consistent with the MDS. In this situation, the consistent application of “refused” categories may indicate the need for a revision to the MDS item rather than a need for the quitline to make a change.

In general, for this report, the greater the number of quitlines that have implemented a particular item exactly as written, the more comparable the data will be across quitlines. Where possible, large trends and patterns of deviation from the MDS items as written are noted in the report.

When reviewing the assessments of individual quitlines, the primary interpretation should be framed in terms of comparability across quitlines. A quitline that received a perfect score in a given category for a particular item can be interpreted as being comparable to any other quitline’s item that also has a perfect score. The only caveat to this statement is that question order was not assessed, due to limitations with our data collection methods. Because question order can affect how participants respond to an item, further investigation and analysis are required to determine full and complete comparability.

Questions and items that received a less than perfect score require additional investigation to determine whether similar items from different quitlines are different in the same way from the MDS item (and therefore can be compared) or whether they are also different from each other (and therefore cannot be compared).

Note: individual quitlines’ assessment scores will not be compared. Each quitline funder will receive a report of that quitline’s assessment scores as well as this aggregate report. Each quitline can compare their own score to that reported in the aggregate report to see how they compare to all other quitlines. Data from this process may be used to inform other processes, for example the development of benchmarks for quitlines.

While NAQC is always interested in assisting quitlines in implementing MDS items as they were intended, it is important to note perfect adherence to MDS items may not be in the best interest of NAQC or the quitlines. Discussing with NAQC potential revisions that would make the intake or follow-up more consistent with the MDS will help ensure revisions reflect the long-term goal to build greater
comparability across quitlines for these items. The MDS Workgroup will be making recommendations based on this report about the best way to determine whether changes are needed to the MDS or whether quitlines should be encouraged to make changes to more faithfully implement the MDS items.

### 3.0 Methodology

In 2006, NAQC began considering how to implement the MDS Assessment. The Research and Evaluation Workgroup developed preliminary assessment plans and tools. In 2007, the MDS Workgroup was reconvened. The Workgroup comprised representation from U.S. and Canadian funders, vendors, evaluators and national partners. The MDS Workgroup used the preliminary assessment plans and tools to revise the MDS assessment implementation objectives, plan and assessment tools.

The survey tool consisted of two parts. Part 1 focused on the process and impact of implementation. Part 2 focused specifically on the assessment of the intake and follow-up questions themselves. Both parts were piloted with three quitlines in Canada and the U.S. Revisions were made based on the input from quitline service providers or vendors, funders and stakeholders.

The final tool was fielded in July 2007. Participation in the assessment was voluntary. Quitline funders, with the help of vendors and evaluators, were asked to complete the MDS assessment questionnaires (see Appendix B and C) and return them by July 27, 2007. Fact sheets, process management tools and conference calls were offered to support the completion of the assessment tool. A full copy of the resource package is provided in Appendix D. Follow-up was conducted until late August and analysis on Part 1 began in September 2007.

Following the NAQC Annual Meeting in October 2007, the MDS Workgroup developed assessment tools and a scoring system to appraise Part 2, the actual MDS questions, responses and skip patterns. The tools and the scoring system were approved by the Workgroup in February 2008, and the assessment was completed in March 2008. Clarification with state and provincial funders, as well as their vendors, was conducted throughout this period as needed. See Appendices E and F for a copy of the assessment tool and rating sheet.

#### 3.1 Part 1: NAQC MDS Process and Impact Questionnaire Analysis

Part 1 of the MDS Implementation assessment assessed the implementation process of the MDS, including the support provided by NAQC and the impact of the MDS on the quitlines and related parties such as service providers and vendors as well as evaluation organizations. Participation of the quitline funder, service provider/vendor and evaluation organization was required to complete the questionnaire. See Appendix B for a copy of this questionnaire.

The Process and Impact Questionnaire collected information related to the MDS implementation such as the technology and resources required to implement the MDS, support offered by NAQC throughout the process and the impact of implementing the MDS on quitline service delivery. Space was provided to allow quitlines to identify MDS questions that were problematic or required revision and to provide an opportunity to suggest items that could be added to the MDS in the future or as optional questions. The questionnaire included a combination of multiple choice, four point rating and open-ended questions.

A NAQC consultant analyzed the results of the questionnaire focusing on the items described above and the impact of the MDS on all aspects of quitline service. These results will be used to develop technical assistance for quitlines, future revisions to the MDS and to inform future undertaking of similar efforts.

Moreover, feedback on specific MDS questions and response categories has been analysed together with analysis of the MDS intake and follow-up questions in Part 2 of the assessment process to identify specific changes or revisions necessary for individual questions and response categories. (See Table 4.4, page 24.)
3.2 Part 2: NAQC MDS Intake and Follow-Up Questionnaire

Part 2 of the MDS Implementation Assessment explored how the quitlines implemented each question and response category of the MDS intake and follow-up questions. Because of the complexity of this step and concerns regarding potential proprietary issues regarding intake and follow-up instruments, quitlines had the option of completing the MDS Intake and Follow-Up Questionnaire in one of three ways:

- By completing the Part 2 Questionnaire (See appendix C).
- By submitting specific quitline MDS Intake and Follow-up questions to NAQC.
- By submitting full quitline MDS Intake and Follow-up tools to NAQC.

Most quitlines elected to complete the Part 2 Questionnaire (25) while 22 quitlines submitted their full intake and evaluation questionnaires for review. Nine quitlines submitted their MDS assessment information using a combination of these approaches – they submitted either their quitline’s intake or evaluation tool in full and then completed the NAQC Part 2 Questionnaire for the remaining portion of their submission. One quitline submitted just the specific intake and follow-up questions required to assess the MDS.

The exact wording used by the quitline for both the question and the response categories were assessed against the wording found in the MDS. Information was also collected on which types of callers were asked each question. Assessment of each of these factors was made and a numerical rating entered in an assessment form (Appendix E). A description for the rationale used when each of the assessed items did not receive a full compliance score was provided. A rating form outlining the system used for the numerical rating scale was developed to guide each specific assessment issue (Appendix F). Follow-up with quitlines that provided insufficient information to assess specific questions or response categories was conducted. In addition to this aggregate report, each quitline funder and vendor will receive a report of their individual quitline’s MDS assessment.

To ensure inter-rater reliability, each assessment was conducted by one analyst and reviewed by a second. Differences in assessment and inconsistencies were discussed and resolved. Once all the quitlines were assessed, a final review of all the assessments by both reviewers ensured consistency between questions and among the quitlines. Individual assessment forms were completed for each quitline. These forms documented rational for the assessment rating. Each funder received a copy of their completed assessment along with a copy of this report.

The results of the assessment were entered in an SPSS database and analysis of each question by the three domains (question wording, response categories and of whom the question is asked) was conducted. Results reported in this report include overall assessment of three domain areas for all intake and follow-up questions as well as by each specific intake or follow-up question.

3.3 Limitations

Using the methodologies outlined above, the MDS assessment is inherently limited by the ability of the tools to capture the wide range of impacts, outcomes and effects of the MDS implementation. In particular, we have identified several potential limitations of the methodology:

1. Each North American quitline has a number of stakeholders that would have important information about the impacts of the MDS to offer into the NAQC process. However, not all of these stakeholders are members of NAQC. Their opportunity to participate in the MDS assessment process may have been limited by their limited involvement with NAQC.
2. To gather information from quitlines, NAQC informed all members and stakeholders, but the funder organization was responsible for completing the information requests and returning the data to NAQC. All subsequent communications – including questions for clarification and requests for more detail – were funnelled through the funder contact. This put a tremendous burden on the funding agency, usually a state or provincial government. While in this process almost all the funder contacts were members of NAQC and interested participants in the project, it was not always the case. Sometimes, direct contact between NAQC and the vendor may have been a more effective and efficient way to address specific questions and concerns.

3. Both the Part 1 and Part 2 questionnaires were lengthy and a great deal of information was required. At times, it is possible that responses did not provide enough information to fully understand the impacts of the MDS implementation on the quitline. In particular, portions of the Part 2 Questionnaire that requested the identification of what types of callers are eligible for quitline service and what population is followed up during evaluation were frequently not fully completed.

4. In order to respect concerns about proprietary issues with respect to quitline intake and follow-up tools, quitlines were provided with three different ways to complete the Part 2 Questionnaire. Because of the different information gathering mechanisms, there could be inconsistencies in the data provided by quitlines to NAQC. For example, one quitline may have provided the full intake and follow-up instrument to NAQC that allowed us to examine each question and response category in detail. Another quitline may have elected instead to complete the questionnaire form and instead of completing every question and response category, may only have indicated where their question and response categories differed according to their own internal assessment, which may or may not have corresponded with that of the analysts for the assessment project.

While NAQC encouraged respondents to provide their full question and response categories as well as to identify skip patterns, this is complex information dependent on several variables (particularly the skip patterns) and may not have been easy to report. In the situation described above, a quitline may not have understood the need to report all response categories used (including “refused” and “not asked”) as they are standardized within the quitline and not viewed as “response categories” so much as inherent database options. In this case, NAQC’s assessment of the quitline’s tool would be flawed. This situation allows for the possibility of different understandings of what constitutes using the MDS question exactly as intended. Thus, the assessment of a quitline that provided their intake and follow-up tool to NAQC for assessment may be more complete or accurate than one that only completed the questionnaire tool.

5. Due to the information gathering methods used, it was not possible to assess question order through this process. Question order during the intake and follow-up questionnaires can have an impact on the data collected. For example, if the quitline only serves callers who are interested in quitting in 30 days and this question is asked first, then none of the subsequent information will have been collected on “all callers” to the quitline. Where necessary, we have tried to identify and clarify these situations, but this was not always possible.

6. This report does not assess the degree of comparability between quitlines that did not fully implement the MDS as intended, although we may well have the data to do so. Moreover, any efforts to compare data even with quitlines that are using the same MDS question and response categories must carefully consider the populations eligible for the service or follow-up to ensure that the initial sample of callers is consistent between quitlines.

The MDS assessment has been a complex and multifaceted project. Despite these limitations, this report is an important next step toward using the MDS data on a much larger scale. To reap the benefits of such
widespread standardization of data collection instruments at intake and follow-up, it will be important to consider the comparability of each MDS question individually within the context of the above outlined limitations. Openly acknowledging the merits and limitations of any comparison is important to avoid misunderstanding when comparing the MDS data across quitlines.

4.0 Results
The MDS assessment had about 90% participation for both Parts 1 and 2 of the assessment process. Part 1, the Process and Impact Questionnaire, had 49 American quitline and six Canadian quitline participants, giving an overall participation rate of 88.7%, or 55 quitlines among 62 total potential respondents. For Part 2, the participation rate was slightly higher, with 48 American quitlines and nine Canadian quitlines participating for an overall participation rate of 91.9% (57 quitlines in total).

4.1 Part 1 Results
Part 1 of the Implementation assessment considered the resources required, the impact of implementing and using the MDS, facilitators and challenges encountered and the effectiveness of the NAQC support provided. Quitlines were also able to identify specific questions or elements of the MDS Intake and Follow-up questions that were particularly challenging to implement. These results are reported below in the following sections:

- Resources
- Impacts
- Facilitators/Challenges
- NAQC Resources and Supports
- Suggestions for Improvement

4.1.1 Resources
Resources required for implementation were assessed using the categories of financial, time, technological and human resources.

**Financial resources required:** Almost half (47.3%) of responding quitlines used financial resources from existing budgets. Almost one third (30.9%) required additional resources outside the existing budget, while 12.7% did not require additional financial resources. When asked what the MDS cost as a percent of the existing budget, almost half of respondents (30 or 48.4%) reported that the total financial resources required to implement the MDS totalled 0% of the quitline's total annual budget and almost one quarter (22.6%, 14 quitlines) “don’t know” or “can’t say.”
Figure 4.1 Resources Required to Implement MDS, n=55*

*Note: Percentages in the figure above are rounded to whole numbers.

**Time Required:** NAQC set a target to begin using the MDS questions on October 1, 2005, five months after the MDS was finalized. Of the quitlines that responded to the assessment questionnaire, 51.9% reported that implementation took six months or less, while 27.8% reported that it took between seven and 12 months. A small percentage, 7.4%, said that it took more than 12 months to complete the implementation. Another 14.8% could either not say, did not know or did not answer this question. Thus, the intended start date for implementation of the MDS was largely met.

**Technology Required:** Both at intake and follow-up, the greatest proportion of respondents (50.9% and 56.4%, respectively) did not require technology adaptations to adopt MDS tools. More quitlines had to modify tools at intake (41.8%) than at follow-up or evaluation (7.3%). Nearly one third (32.7%) of quitlines that responded to the survey did not have technology in place for the evaluation tool, and as such, this had to be acquired. Based on Part 2 findings, four quitlines do not conduct follow-up at all.

**Human Resources:** For the vast majority of quitlines, MDS implementation did not require new staff to implement the MDS. Most (80%) deployed existing staff to implement the MDS. Only four quitlines reported needing new staff for implementation. When new staff was required, it was for very specific purposes. For instance, they were needed to redesign electronic data collection and storage, develop or adapt software or provide expertise on implementing the MDS on the intervention or follow-up tool.

Most quitlines reported that staff required some additional training during MDS planning and implementation. Predominately, quitline counselling staff at both intake and follow-up\(^3\) did not require much additional training. At both intake and follow-up, the majority of quitline counseling staff (60%)

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\(^3\) Note: Some quitlines use counseling staff to conduct follow-up evaluation. Sometimes the follow-up (evaluation) call is used as a way to re-engage callers in quitline services.
required no additional training and one third (34.5%) required some additional training. Staff conducting intake and follow-up required the most training, with the majority of quitline staff conducting intake (70.9%) required some additional training. About one quarter (23.6%) required no training. It was similar for evaluation staff (internal and external), with the majority of evaluation staff (70.9%) requiring some additional training and 25.5% required no additional training.

**Figure 4.2, Training Required by Types of Quitline Staff to Implement MDS, n=55**

4.1.2 Impacts

To understand the impacts of implementing the MDS on quitlines, the MDS assessment considered the impacts on three key components of the quitline interaction with the caller:

- Intake
- Counseling session
- Follow-up or evaluation

For both intake and follow-up, impacts of implementing the MDS considered the length of the call at intake/follow-up and the quality of information collected. The impact of implementing the MDS on the counseling session was reported in terms of the length of the counseling session and effects on the counseling or service protocol itself.

Quitlines reported that using the MDS had some impact on the intake and follow-up calls, but the counseling session was not affected as much. Quitlines reported that the length of intake and follow-up calls increased, but the length of the counseling session did not. The quality of intake and follow-up data improved or stayed the same for the vast majority of quitlines. However, the core business of the quitline, the actual counseling or service protocol, was not affected by implementing the MDS.

Specific impacts noted by quitlines included staff being uncomfortable with asking some personal questions required in the MDS. Others noted the change in evaluation timing from 30 days after registration to 7 months after registration as an impact on the follow-up evaluation and some stated the
MDS resulted in either collecting an increased level of detail (mostly at intake) or a decreased level of detail. For instance, there were fewer choices in the MDS questions to report satisfaction levels than some quitlines had previously been using. When asked to specify other impacts of implementing the MDS, the greatest impact appeared to be from the data and technology perspective (i.e. maintaining data integrity between pre-MDS quitline data and post MDS-data collection). Other impacts of implementing the MDS included the costs borne by the vendor for required changes and expectations or confusion regarding how to use the data.

4.1.3 Facilitators and Challenges

Funders, vendors and evaluators were asked to report the facilitators and challenges of implementing the MDS. For these open-ended responses, quitlines most frequently noted the following facilitators, listed by type of respondent:

**Funders:**
- Relationship with vendor
- Information/communication/support on the MDS with vendors and NAQC
- MDS as part of vendor quitline contract
- Participation and involvement in the MDS development process

**Vendors:**
- Access to NAQC-provided and internal experts
- Quitline was launched with MDS; therefore, no changes were required
- Relationship with funder

**Evaluators:**
- Access to NAQC-provided and internal experts
- NAQC support
- Quitline evaluation was launched with MDS, therefore no changes were required

Challenges to implementing the MDS were also collected from funders, vendors and evaluators. Like the facilitators, this question was an open-ended response and respondents were allowed to provide multiple responses. For these responses, quitlines most frequently noted the following challenges, listed by type of respondent:

**Funder:**
- Balancing new questions with the length of call

**Vendor:**
- Data migration/reporting historical data
- Resources required to make revisions/changes

**Evaluator:**
- Maintaining data integrity
- Resources required to make revisions/changes
- Integrating new questions with existing evaluation tool

In addition, quitlines were asked about specific challenges with MDS implementation related to intake, follow-up and working with priority populations. Quitlines that responded to these open-ended questions noted the following specific challenges:

- **Intake**
  Race/ethnicity questions:
The MDS for U.S. quitlines included a separate question about ethnicity with respect to Hispanic/Latino ethnicity as well as a question about race. Many quitlines found this delineation difficult to implement because callers did not understand the difference between having a Hispanic or Latino ethnicity and a separate “race.” Some quitlines identified a desire to have more ethnicities included, in particular for native races.

**Caller categorization:**
- Quitlines required more clarity around how callers are categorized using intake questions 1 and 2.
- Furthermore, some quitlines noted that the categories listed in questions 1 and 2 used to categorize callers were not mutually exclusive.

**Clarity of terms and responses:**
- Additional clarity regarding the definition for “new” callers, occasional smoker and terms used to categorize callers and identify help requested were needed.

### Follow-Up
- Adapting existing survey/skip patterns:
  - Some quitlines reported that it was challenging to adapt their existing surveys to conform with the MDS requirements. A desire to maintain data comparability between the MDS revisions with data already collected was particularly challenging.

- Questions regarding quitting and satisfaction:
  - There was a strong desire for additional questions regarding satisfaction. Additionally, more sensitive response options that include measures for dissatisfaction would be useful.
  - Repeated questions regarding different time periods for quitting (seven days, 30 days, date of last tobacco use) could be confusing and annoying for quitline callers.
  - Focus of quitting questions is on smoking, while some quitlines are also interested in cessation of other types of tobacco use. Additional questions regarding other types of smoking cessation would be useful for these quitlines.

### Priority Populations
- Race/ethnicity questions:
  - The race/ethnicity questions are particularly challenging for priority populations for whom English is not a first language. Quitlines report that the ability to distinguish between “race” and ethnicity in Spanish is challenging.

- Respondent burden (particularly among callers with low socio-economic status) due to length of intake and follow-up calls:
  - Quitlines noted the additional respondent burden caused by the MDS intake questions and follow-up can be a disincentive for individuals with lower SES to participate in the service. In addition, quitlines noted that some callers wanted to be able to respond to intake questions at a different time rather than at the first call.
  - Some priority population groups are much less likely to have a working phone number for follow up.

#### 4.1.4 NAQC Resources and Supports

NAQC provided a number of resources and supports to assist quitlines with MDS implementation. The MDS Assessment Part 1 asked quitline vendors, funders and evaluators to indicate the NAQC resources and supports most frequently used as well as the utility of these resources and supports.

In the figures below, the most frequently used and the least used NAQC resources and supports are identified as well as how effective the respondents perceived them to be.
Among the resources most quitlines reported using, consultation with experts and the NAQC Information E-Bulletin communications were considered most effective by respondents, although the E-Bulletins were only rated “excellent” by 5.5% of quitlines and “good” by only 34.5% of quitlines. The annual meeting and conference calls were considered to be somewhat less useful.

Among the resources quitlines reported using least none were considered particularly effective. However, the few who reported using the Web site rated it either fair or good and the few respondents who reported networking with other quitlines found this an effective support.
These are important learnings for NAQC. The specific expert consultation provided by NAQC was used by most quitlines and was considered effective. It is important to note that the MDS was implemented shortly after NAQC formed as an organization, thus, several resources and tools such as the Web site and networking with other members were very new to quitlines. The NAQC Conference Calls, an important element of NAQC resources and supports to members, were not rated as effective. The NAQC Information E-bulletins, while well used, were considered only moderately effective.

4.1.5 Suggestions for Improvement

Through the MDS assessment process, respondents provided suggestions for the specific MDS tools (questions and response categories as well as tool frameworks) as well as improvements to the MDS implementation as a whole.

Respondents suggested numerous improvements to the MDS tools. These included:

- Increased clarity regarding missing/refused responses categories
- More comprehensive satisfaction questions
- Increased specificity in the questions, response categories and data dictionary
- Include assessment of other tobacco use beyond cigarette use at follow-up
- More comprehensive assessment of changing tobacco habits (e.g., transferring cigarette dependence to smokeless tobacco) and relapse

Respondents were also asked to provide suggestions about what could have been done differently or improved to make the process of implementing the MDS easier. Almost 40% of respondents offered no suggestions. When asked specifically how the MDS itself could be improved, respondents had several suggestions. These included:

- Conduct follow-up with a sample of callers, not all callers
- Move some intake questions to the end of the intake process to allow counseling to take precedence over data collection
- Provide a standardized framework for the calculation of quit rates
- Include a disclosure requirement for quitlines to disclose whether respondents to follow-up surveys are being compensated
- Develop a guide for translations

4.2 Part 2 Results

The purpose of the MDS assessment, Part 2 is to understand how closely quitlines implemented each MDS item compared the specific wording and manner that NAQC intended. In assessing each of the 17 intake and 12 follow-up questions, NAQC considered three elements:

**Question Phrasing**

Based on a 0 to 3 scale, with 0 being not at all asked and 3 being asked exactly or with same intent, each MDS intake and follow-up question was assessed for how similar the phrasing of the question was to the actual MDS wording and intent.

**Response Categories**

Using a 0 to 4 scale, with 0 being not at all used and 4 being exactly as intended by MDS, each intake and follow-up item’s response categories were assessed for their compatibility with the MDS question response categories. Ability to roll-up response categories to MDS categories for
reporting purposes was an important component for the scoring criteria, demarcating the difference between a 1 (unable to roll up to MDS categories) and a 2 (significantly different than MDS categories, but able to roll up to MDS categories).

**Of Whom the Question is Asked**

Skip patterns for each intake and follow-up response categories were assessed to determine whether the appropriate populations were asked the MDS question as was intended by the MDS. A rating scale of 0 to 3 was used, with 0 being not asked of the appropriate population at all and 3 being asked entirely of the appropriate population. Using this assessment rating scale, the NAQC staff, with support from the MDS Workgroup, assessed each of the questions.

In addition to each of the intake and follow-up questions, the MDS includes sections on intake and follow-up administrative data. This outlines the administrative data that the MDS requires to be collected at intake and follow-up. The administrative data were assessed based on only two variables: is the information collected (score 0-2) and response categories used for data collection (score 0 to 4). For more detail about the assessment rating scale, see Appendix F.

In the sections below, we present the MDS assessment of the intake and follow-up questions and response categories for those North American quitlines that responded to the MDS Questionnaire Part 2. Each of the intake and follow-up questions was assessed for the three elements or categories outlined above, namely question phrasing, response categories and specific population asked the question. We also identify specific MDS questions that were implemented significantly differently from NAQC’s intent on any of the three assessment elements (See Tables 4.8, p. 27 and 4.15, p. 39). In the discussion section, we will explore what these differences may mean and potential opportunities to build additional compliance with the MDS.

In Appendix G, we have also provided each individual question assessment by each of the three assessment categories. Quitlines can use their individual state and provincial assessments to compare their quitline’s results with the detailed individual question aggregate assessment reported in Appendix G.

**4.2.1 Intake Questions and Response Categories**

**4.2.1.1 Overall Intake Assessment**

MDS has 17 individual questions (two that include two parts) for quitlines to use at the point of intake. The questions are captured in four different categories:

- A. Reason for Calling and Awareness of Quitline (Questions 1 to 4)
- B. Tobacco Behaviors (Questions 5 to 9)
- C. Caller Characteristics (Questions 11 to 13 and 15 to 17)
- D. Optional Questions (Questions 10, 14 and Optional Question 1)

In addition, two questions are used only by U.S. quitlines: Question 14 (assessment of insurance status) and question 16 (assessment of Hispanic/Latino status). Two other questions have specific U.S. and Canadian options (Question 5a, tobacco use assessment and Question 16, education level assessment).

To understand the population asked the intake questions, eligibility for quitline service was probed at the outset of the MDS Assessment Questionnaire. The vast majority of quitlines use the MDS Intake Questions with all callers who are eligible for quitline service, with two significant variations. Most quitlines did not indicate that proxy callers – those calling to help someone else quit whether they are professionals or family/friend – were not eligible for quitline service. However, few quitlines included proxy callers when they collected caller characteristics (intake Questions 11 to 13 and 15 to 17 and
optional Questions 10, 14 and 1). The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population asked intake questions 13, 15, 16, 17 and optional question 14 did so because they did not include “proxy callers” as part of the intended population for this question. The issue of caller eligibility and intake questions related to caller characteristics requires further investigation.

**Question Phrasing:** There are 14 required intake questions and three optional intake questions. Please see Appendix A for a listing of the specific questions. Table 4.1 shows the number of quitlines scoring 0-3 for Question Phrasing for the 14 required intake questions. On average, 35.8 quitlines (62.8%) use exact or very similar phrasing with the same intent to collect required data at intake for each question. An additional average of 8.2 quitlines (14.5%) use very similar phrasing with the same question intent for each intake question. An average of 3 quitlines (5.3%) do not ask each of the required questions at intake and an average of 9.5 quitlines (16.6%) use question phrasing for each required intake question that substantially impacts the intent of the question. The “not applicable” category reflects the responses of Canadian quitlines not required to collect one required question (Hispanic/Latino caller characteristic) at intake.

Table 4.1: Required Intake Questions, Number of Quitlines Scoring 0-3 for Question Phrasing, n=57

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (not asked)</th>
<th>0 (not asked)</th>
<th>1 (significant variation from MDS)</th>
<th>2 (slight variation from MDS)</th>
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<td><strong>Average</strong></td>
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<td><strong>8.2</strong></td>
<td><strong>35.8</strong></td>
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*AVERAGE PERCENTAGE 5.3% 16.6% 14.5% 62.8% 0.9%

*N/A: Not applicable response for Canadian quitlines not required to ask the required intake question 16.

In comparison, most quitlines reported two of the three optional intake questions were not asked as intended. Table 4.2 shows the number of quitlines scoring 0-3 for Question Phrasing for the 3 optional intake questions. An average of 16.7 quitlines (29.2%) asked each optional MDS question at intake exactly as intended or with very similar phrasing, and an average of 7.7 quitlines (13.5%) used similar phrasing with the same intent to ask each optional intake question. All but one of the respondent quitlines asked at least one of the optional intake questions. An average of 16.0 quitlines (28.1%) did not ask each of the optional intake questions at all,

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4 There are three optional intake questions: Question 10 (age of regularly smoking onset), Question 14 (health insurance) and optional Question 1 (to identify sexual orientation question). In addition, Question 14 is for use by US quitlines only.
and an average of 13.7 quitlines (24%) asked each optional question using substantially different phrasing that affects the intent of the question. Of note, optional intake question 14 was asked exactly as intended or with only slight variations by 46 of 48 eligible quitlines (95.8%), while optional intake questions 1 and 10 were either not asked or were asked with significant variation by 42 and 45 of 57 eligible quitlines respectively (73.7% and 78.9%). The “not applicable category” reflects the responses of Canadian quitlines for whom the optional intake Question 14 (health insurance) does not apply.

### Table 4.2: Optional Intake Questions, Number of Quitlines Scoring 0-3 for Question Phrasing, n=57

<table>
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<th>Question</th>
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<th>2 (slight variation from MDS)</th>
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<td>7.7</td>
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**Average Percentage**: 28.1% 24.0% 13.5% 29.2% 5.3%

*N/A: Not applicable response for Canadian quitlines that are not suggested to ask optional intake question 14.

### Figure 4.5: Required and Optional Intake Questions, Average Percentage of Quitlines Scoring 0-3 for Question Phrasing, n=57

**Response Categories**: We also assessed the response categories used in both the required and optional MDS questions to gather information at intake. Response categories were assessed using a 4-point scale. Canadian quitlines did not use one required intake question and one optional intake question. The response categories are reported as “not applicable” to capture these quitlines.

Overall, fidelity with the MDS response categories was somewhat less consistent than for question phrasing, with more quitlines on average scoring 0 or 1 for response categories (see Table 4.3). For the 14
required intake questions, on average just over half (53.5%) of quitlines used response categories for each question that were exact or very similar to those required by MDS, with a further average 5% assessed as having somewhat or substantially different categories that were still able to be considered within MDS-specified categories for each question. On average, one third of quitlines (33.5%) could not roll up their response categories to provide information for each of the MDS required intake questions and on average 7% did not ask the question at all.

Table 4.3: Required Intake Questions, Number of Quitlines Scoring 0-4 for Response Categories, n=57

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<td>0.5</td>
<td>30.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Among the three optional MDS questions at intake, there is less compatibility with MDS response categories than among the required MDS intake questions, due mostly to the higher average number of quitlines not asking the optional questions (see Table 4.4). On average, only 36.3% of quitlines used response categories that could be rolled up to meet the requirements of MDS for each optional intake question. Slightly fewer quitlines, an average of 29.8%, used response categories that could not be rolled up for each question, and an average of 28.1% did not ask the question at all.

Optional intake question 10 response categories were implemented exactly as intended by the MDS by 47 quitlines (82.5%). This is interesting considering only 12 quitlines asked the question exactly as intended or with only slight variation (see Table 4.2). Conversely, only 10 quitlines used response categories for optional intake question 14 that are identical or with some variation to the MDS response categories, despite the question being asked exactly as intended or with only slight variation by 46 quitlines (see Table 4.2). Further discussion of this discrepancy is included below.
Realizing Opportunities: Implementation Assessment of the Minimal Data Set in North America
NAQC Minimal Data Set Workgroup

Table 4.4: Optional Intake Questions, Number of Quitlines Scoring 0-4 for Response Categories, n=57

<table>
<thead>
<tr>
<th>Question ID</th>
<th>0 (not asked)</th>
<th>1 (significant variation, cannot be rolled up to MDS)</th>
<th>2 (some variation but can be rolled up to MDS)</th>
<th>3 (slight variation)</th>
<th>4 (exactly as intended by MDS)</th>
<th>N/A*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakeq10_rc</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq14_rc</td>
<td>1</td>
<td>37</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Intake_optq1_rc</td>
<td>42</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><em>Average</em></td>
<td>16.0</td>
<td>17.0</td>
<td>0.3</td>
<td>0.3</td>
<td>20.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**AVERAGE PERCENTAGE**

|                | 28.1% | 29.8% | 0.6% | 0.6% | 35.1% | 5.9% |

Figure 4.6 Required and Optional Intake Questions, Average percentage of quitlines scoring 0-4 for Response Categories, n=57

*NA: Not applicable defined as a response for Canadian quitlines, which are not required to ask the required intake Question 16 and optional intake Question 14.*

Of Whom Question is Asked: In this assessment element, we compare the populations asked the MDS questions at intake and follow-up with the populations intended in the MDS. In Table 4.5, the MDS questions and their intended populations are presented. Each of the MDS questions were assessed to understand how similar the MDS-intended populations were for the intake and follow-up questions compared with the populations actually asked the MDS questions.
It is important to note each quitline determines the eligibility of their callers based on the quitline’s individual criteria. At intake, Questions 11 to 17 and optional Question 1 are intended to be asked only of “eligible” callers to the quitline. At follow-up, all questions are intended to be asked only of those who are considered eligible for evaluation by the individual quitline. Since eligibility requirements vary by quitline, and may even vary within an annual period based on budget requirements, each MDS question may be asked of very different populations by different quitlines, and each may be entirely consistent with the intention of the MDS.

There is a substantial degree of consistency for the populations asked the 14 required intake questions. To assess this component of MDS, where questions were asked of the appropriate populations (e.g., all eligible callers to the quitline), they were assessed as being in full compliance, a rating of 3. However, if the question was not asked of all the potential respondents, then they were assessed to be in partial compliance (assessed at 2). If the question was intended to be asked of all callers who called the quitline and a significant portion of the intended population was excluded from the sample, the question was considered not at all compliant (assessed at 1). Quitlines received an assessment score of “0” if the question was not asked at all. The N/A category reflects Canadian quitlines not expected to ask one required intake question and one optional intake question. The N/A category reflects quitlines that did not provide enough information to assess this specific aspect of the intake questions. Table 4.6 shows the number of quitlines scoring 0-3 for each required intake question in the area of the population asked the question. On average nearly three quarters of quitlines (42.5 quitlines or 74.6%) asked each of the 14 required intake questions of the intended population, with an average of 9.2 quitlines (14.8%) reporting that the intake questions were being asked of a slightly dissimilar population. Only 3.8 quitlines on average (6.6%) either did not ask each required intake question (5.3%) or did not ask it of the appropriate population (1.3%).

### Table 4.5: MDS Questions and Intended Populations

<table>
<thead>
<tr>
<th>MDS Question</th>
<th>MDS-Intended Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake</strong></td>
<td></td>
</tr>
<tr>
<td>1, 2, 3</td>
<td>All callers who call the quitline</td>
</tr>
<tr>
<td>4, 5a, 7</td>
<td>All callers who call the quitline and are calling for themselves</td>
</tr>
<tr>
<td>5b, 6</td>
<td>All callers who call the quitline, who are calling for themselves and who use cigarettes (every day or some days)</td>
</tr>
<tr>
<td>8</td>
<td>All callers who call the quitline, who are calling for themselves and other tobacco user</td>
</tr>
<tr>
<td>9, optional question 10</td>
<td>All callers who call the quitline, who are calling for themselves and who are a current tobacco user (cigarettes or other tobacco)</td>
</tr>
<tr>
<td>11-13, 15-17, optional question 14 and optional question 1</td>
<td>All callers to the quitline who are eligible for service as defined by the quitline</td>
</tr>
<tr>
<td><strong>Intake Administrative Data</strong></td>
<td>All callers</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td></td>
</tr>
<tr>
<td>1, 2a</td>
<td>All those selected for follow-up</td>
</tr>
<tr>
<td>2b, 3, 4, 5</td>
<td>All those selected for follow-up who report smoking at follow-up (as determined in q2a)</td>
</tr>
<tr>
<td>6-11, optional question 12</td>
<td>All tobacco users (smokers and other tobacco users) who reported currently smoking at intake</td>
</tr>
<tr>
<td><strong>Follow-up Administrative Data</strong></td>
<td>All callers selected for follow-up</td>
</tr>
</tbody>
</table>
### Table 4.6: Required Intake Questions, Number of Quitlines Scoring 0-3 for Population Asked the Question, n=57

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (not asked)</th>
<th>1 (most of intended population excluded)</th>
<th>2 (asked of a portion of the intended population)</th>
<th>3 (asked of the intended population)</th>
<th>NIA (not applicable)</th>
<th>NIA (not enough information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakeq1_ofwhom</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>54</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq2a_ofwhom</td>
<td>14</td>
<td>0</td>
<td>3</td>
<td>39</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intake2b_ofwhom</td>
<td>19</td>
<td>0</td>
<td>2</td>
<td>35</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq3_ofwhom</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>48</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq4_ofwhom</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>48</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq5a_ofwhom</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>49</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq5b_ofwhom</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>47</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq6_ofwhom</td>
<td>0</td>
<td>2</td>
<td>19</td>
<td>35</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq7_ofwhom</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>51</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq8_ofwhom</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq9_ofwhom</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>54</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq11_ofwhom</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>54</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq12_ofwhom</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>53</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq13_ofwhom</td>
<td>0</td>
<td>1</td>
<td>17</td>
<td>38</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq15_ofwhom</td>
<td>2</td>
<td>0</td>
<td>29</td>
<td>24</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Intakeq16_ofwhom</td>
<td>5</td>
<td>0</td>
<td>22</td>
<td>21</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Intakeq17_ofwhom</td>
<td>1</td>
<td>1</td>
<td>31</td>
<td>23</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>3.0</td>
<td>0.8</td>
<td>9.2</td>
<td>42.5</td>
<td>0.5</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**AVERAGE PERCENTAGE**

| 0.3% | 1.3% | 16.1% | 74.6% | 0.9% | 1.8% |

There is less consistency with the three optional intake questions. Only one third of quitlines (33.9%) asked the optional intake questions of the intended population, with another 31% of quitlines using the optional intake questions with a slightly dissimilar population. However, 28.1% of quitlines did not use the question at all and 0.6% asked the question of a very dissimilar population than intended by the MDS.

### Table 4.7: Optional Intake Questions, Number of Quitlines Scoring 0-3 for Population Asked the Question, n=57

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (not asked)</th>
<th>1 (most of intended population excluded)</th>
<th>2 (asked of a portion of the intended population)</th>
<th>3 (asked of the intended population)</th>
<th>NIA (not applicable)</th>
<th>NIA (not enough information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakeq10_ofwhom</td>
<td>5</td>
<td>1</td>
<td>24</td>
<td>26</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intakeq14_ofwhom</td>
<td>1</td>
<td>0</td>
<td>22</td>
<td>24</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Intake_optq1_ofwhom</td>
<td>42</td>
<td>0</td>
<td>7</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>32.0</td>
<td>0.7</td>
<td>35.3</td>
<td>38.7</td>
<td>6.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

**AVERAGE PERCENTAGE**

| 28.1% | 0.6% | 31.0% | 33.9% | 5.3% | 1.2% |

To see results for specific optional intake questions, please see Appendix G. Considering only quitlines that used the optional intake questions, half asked the question of the population intended by the MDS (50.9%), while nearly half (46.5%) asked the optional intake questions of a slightly dissimilar population and less than 1 percent (0.9%) asked the optional intake questions of a very dissimilar population than intended by the MDS.
Figure 4.7 Required and Optional Intake Questions, Average Percentage of Quitlines that Scored 0-3 for Of Whom the Question is Asked, n=57

*NIA: Not Enough Information to Assess reflects quitlines that did not provide enough information for one or more categories to be assessed.
**NA: Not applicable response for Canadian quitlines not expected to ask the required intake question 16 and optional intake question 14.

4.2.2 MDS Consistency by Individual Intake Question

In Table 4.2 we identify required and optional intake questions not asked or asked, but with considerable variance from what was intended by the MDS. This was done for all three assessment categories – phrasing, response categories and of whom the question is asked. The questions identified in the table below are those that, for at least one of the assessment categories, were not implemented consistently with what was intended by the MDS by a minimum of 20% of quitlines (11 or more).

How the implementation of these questions varied from the intent of MDS is explored below. For more detail about each question and its consistency with MDS, please see Appendix G.

<table>
<thead>
<tr>
<th>Intake Question</th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How can I help you? (Reason for Calling)</td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Response Categories</td>
<td>18</td>
</tr>
<tr>
<td>Intake Question</td>
<td>Assessment Categories</td>
<td>Scoring</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>---------</td>
</tr>
<tr>
<td>☐ Want help/information about quitting</td>
<td>Of Whom</td>
<td>1</td>
</tr>
<tr>
<td>☐ Want help/information about staying quit</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>☐ Want to refer someone for help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Want general information or materials about quitline service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other: ______________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Are you:</td>
<td>Phrasing</td>
<td>14</td>
</tr>
<tr>
<td>☐ Calling for yourself</td>
<td>Response Categories</td>
<td>14</td>
</tr>
<tr>
<td>☐ Calling on behalf of or to help someone else</td>
<td>Of Whom</td>
<td>14</td>
</tr>
<tr>
<td>2b. Are you:</td>
<td>Phrasing</td>
<td>19</td>
</tr>
<tr>
<td>☐ A health professional</td>
<td>Response Categories</td>
<td>19</td>
</tr>
<tr>
<td>☐ A friend or family member</td>
<td>Of Whom</td>
<td>19</td>
</tr>
<tr>
<td>☐ A community organization, worksite, insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other ______________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is this your first call to the quitline in the past year?</td>
<td>Phrasing</td>
<td>4</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>Response Categories</td>
<td>4</td>
</tr>
<tr>
<td>☐ No</td>
<td>Of Whom</td>
<td>4</td>
</tr>
<tr>
<td>5a. USA: Do you currently smoke cigarettes every day, some days, or not at all?</td>
<td>Phrasing</td>
<td>2</td>
</tr>
<tr>
<td>(CHECK ONE)</td>
<td>Response Categories</td>
<td>2</td>
</tr>
<tr>
<td>☐ Everyday</td>
<td>Of Whom</td>
<td>2</td>
</tr>
<tr>
<td>☐ Some days (if less than 7 days per week or less than 1 cigarette per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Canada: Do you currently smoke cigarettes daily, occasionally, or not at all? (CHECK ONE)</td>
<td>Phrasing</td>
<td>1</td>
</tr>
<tr>
<td>☐ Daily</td>
<td>Response Categories</td>
<td>1</td>
</tr>
<tr>
<td>☐ Occasionally (if less than 7 days per week or less than 1 cigarette per day)</td>
<td>Of Whom</td>
<td>1</td>
</tr>
<tr>
<td>☐ Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? _____</td>
<td>Phrasing</td>
<td>1</td>
</tr>
<tr>
<td>☐</td>
<td>Response Categories</td>
<td>1</td>
</tr>
<tr>
<td>☐</td>
<td>Of Whom</td>
<td>1</td>
</tr>
<tr>
<td>6. How soon after you wake up do you smoke your first cigarette? (DO NOT READ)</td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td>☐</td>
<td>Response Categories</td>
<td>0</td>
</tr>
</tbody>
</table>
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NAQC Minimal Data Set Workgroup

<table>
<thead>
<tr>
<th>Intake Question</th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Within five minutes</td>
<td>Of Whom</td>
<td>0</td>
</tr>
<tr>
<td>☐ 6 to 30 minutes</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>☐ 31 to 60 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ More than 60 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you intend to quit within the next 30 days? <em>(DO NOT READ)</em></td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td>☐ Yes</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. First I need to verify are you male or female?</td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td>☐ Male</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. What year were you born? _ _ _ _</td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td>☐ Refused</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>13. What is your zip code? (Canada = postal code)</td>
<td>Phrasing</td>
<td>0</td>
</tr>
<tr>
<td>☐ Refused</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>15. What is the highest level of education you have completed? <em>(DO NOT READ)</em></td>
<td>Phrasing</td>
<td>2</td>
</tr>
<tr>
<td>USA:</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>☐ Less than grade 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Grade 9 to 11, no degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ High school degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Some college or university</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ College or university degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANADA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Less than high school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ High school diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Technical or trade school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ College or university degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16: Are you Hispanic or Latino? <em>(US Only)</em></td>
<td>Phrasing</td>
<td>5</td>
</tr>
<tr>
<td>☐ Yes (Hispanic or Latino)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>☐ No (Not Hispanic or Latino)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Not ascertained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. USA: Which of these groups would you say best</td>
<td>Phrasing</td>
<td>1</td>
</tr>
<tr>
<td>☐ Refused</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
### Intake Question

**Describes you? (READ)**

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other pacific islander
- ☐ American Indian or Alaska native

`DO NOT READ THE REST:`

- ☐ Other (specify): __________________
- ☐ Don’t know
- ☐ Refused

**CANADA: To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) (READ: CAN CHECK MORE THAN ONE)**

- ☐ Canadian (English or French Canadian)
- ☐ Aboriginal (Native Indian, Métis, Inuit)
- ☐ British (English, Irish, Scottish, Welsh)
- ☐ European (specify country): ______________
- ☐ Asian (specify country): ________________
- ☐ Other (specify): ________________

`(DON’T READ)`

- ☐ None of the above (DON’T READ)
- ☐ Don’t know (DON’T READ)
- ☐ Refused (DON’T READ)

### Optional Questions

**Optional Question 10. At what age did you start smoking regularly? ________ (age in years)**

- Phrasing 5 40
- Response Categories 5 4
- Of Whom 5 1

**Optional Question 14. (USA only): Do you have any health insurance?**

- ☐ Yes
- ☐ No
- ☐ Don’t know
- ☐ Refused

- Response Categories 1 37
- Of Whom 1 0

**Optional Question 1. Do you consider yourself to be:**

- Phrasing 42 0
- Response Categories 42 10
Three MDS intake questions were not used by at least 20% of quitlines. Questions 2a and 2b, which are used to classify callers as calling for self or someone else and categorize callers within subsets for those calling for someone else, were not asked by 14 and 19 quitlines, respectively. Optional Question 1, which determines sexual orientation, was not asked by nearly three-quarters of quitlines (42 or 73.7%).

Not using the MDS questions for caller classification does not necessarily mean callers to quitlines are not classified. Generally, quitlines that report they do not use the caller classification question determine the type of caller through the initial question (How can I help you?) or other questions asked at intake. However, it is evident that even when the quitlines used the caller classification questions, they did not use the MDS response categories. Twenty-nine quitlines using Question 2a (calling for self or someone else) and 28 quitlines using 2b (proxy caller classification) did not use response categories that could be rolled up to the MDS response categories. When added to the number of quitlines not asking questions 2a and 2b, a total of 43 and 47 quitlines, respectively, could not provide responses according to the MDS standardized categories for Questions 2a and 2b. As currently implemented, the quitline community would not be able to provide information about the types of callers calling quitlines on an aggregate basis using the MDS questions.

There are a number of MDS questions for which the information is “assessed” by the quitline, but the specific MDS question is not used. This is true for MDS Intake Questions 1 (reason for calling), 11 (gender), 12 (year of birth), 13 (zip/postal code) and optional Question 10 (age of smoking onset). Moreover, for Questions 1, 11 and 13, the responses assessed by these questions are either not collected (Question 1) or cannot be rolled up to the MDS response categories (Question 1, 11, 13). This is most problematic in the case of Question 1, where the response categories provided by the MDS do not appear to reflect closely enough how quitline services identify callers’ reasons for calling. For Questions 11 and 13, response categories cannot be rolled up because of the use or lack of use of categories such as “not asked,” “refused” and “don’t know.” For these questions, changes to the MDS might be the most appropriate solution for greater clarity and standardization.

Two questions have specific challenges with how the question was originally phrased in the MDS. Intake Questions 5a (current smoking status) and 6 (level of addiction) both have very specific question elements that are important to maintain MDS consistency.

Addressing question 6 first, this question is used to assess level of nicotine dependence using a standard, validated question “How soon after you wake up do you smoke your first cigarette?” Some quitlines (n=16) used the question to assess for all tobacco use, not just smoking. With this phrasing, level of cigarette smoking dependence cannot be disaggregated if the caller used more than one type of tobacco and thus the question is not consistent with the intent of the MDS and will not provide the information needed.
Question 5a has two components. The first component of the question assesses current smoking based on specific categories: “everyday,” “some days,” or “not at all” (or for Canadian quitlines: “daily,” “occasionally” or “not at all”). For those who report smoking “not at all,” the follow-up question is “when was the last time you smoked a cigarette, even a puff?”

There were two major issues with this question. A few quitlines assessed current smoking status through conversations with the caller, but not through the use of a direct question. More quitlines used the first portion of the question to assess current smoking status, but did not follow up to determine last time smoked, or did not use the specific terminology critical to the question intent (e.g. “currently smoke cigarettes” or “even a puff”) so that the information collected would not be considered compatible with the MDS intent. A further complication was that response categories were frequently not consistent with the MDS – including the use of “refused” or “don’t know” categories or additional categories like “social/weekend” used for the assessment of current cigarette use.

A few MDS intake questions are asked by quitlines mostly as intended by the MDS, but with some significant variation in the response categories collected. This is true for Questions 4 (first call to quitline), 5b (number of cigarettes smoked), 9 (intention to quit), 15 (level of education), 16 (Hispanic/Latino assessment) and 17 (race/ethnicity). For these questions, the question phrasing and population asked the question are mostly consistent, but response categories cannot be rolled up to the MDS intended categories. Frequently this is because of the inclusion (Questions 4 and 15) or exclusion (Question 9) of the response categories “refused,” “don’t know” and “not applicable” – or in some cases a mix of both (Questions 16 and 17). However, sometimes it is because question categories are merged and cannot be disaggregated (Question 15), because ranges are provided rather than individual number responses allowed (Question 5b) or because additional or different response categories are provided (Question 17). Additional investigation will need to occur to determine whether standardized uses of “don’t know,” “refused” and “not applicable” response categories should be clarified or whether quitlines should be encouraged to more closely align their questions and response categories with the current MDS items.

4.2.3 Follow-Up Questions and Response Categories

4.2.3.1 Overall Follow-up Assessment

The MDS includes 11 required questions and one optional question for use at a recommended period of 7 months after initial contact with the quitline (see Appendix A for all questions and response categories). One follow-up question measures overall satisfaction and the remaining questions ask about tobacco use behaviors. All questions are intended to be asked by U.S. and Canadian quitlines, although there is a U.S. and Canadian variant offered of one follow-up question (Question 2a).

In addition to providing the MDS follow-up questions, NAQC recommended that quitlines implement the follow-up tool at 7 months from the date of initial contact with the quitline. Most quitlines conducted follow-up at 7 months (47 or 82.5%) from date of initial contact with quitline, with a minority conducting it at other timeframes (6 or 10.5%) or not at all (4 or 7.0%). One quitline conducted evaluation based on the time from end of treatment or discharge from treatment.

The population included in the evaluation can significantly impact its evaluation outcome. There were 53 quitlines that conducted follow-up evaluation in the MDS assessment. In addition to the underlying program eligibility and the type of sample (census, random sampling, defined percentage or number), there were an additional seven different types of criteria used to select populations for evaluation. These criteria, and the number of quitlines that identified the criteria for follow-up evaluation, included:

- Language Spoken – 9 quitlines (17.0% of quitlines that conducted evaluation)
- Age of Caller - 21 quitlines (39.6% of quitlines that conducted evaluation)
- Purpose of Call – 23 quitlines (43.4% of quitlines that conducted evaluation)
- Tobacco Use – 11 quitlines (20.8% of quitlines that conducted evaluation)
- Registration/Enrollment in service – 13 quitlines (24.5% of quitlines that conducted evaluation)
- Quit Intentions - 1 quitline (1.9% of quitlines that conducted evaluation)
- Nature of Services Received – 16 quitlines (30.2% of quitlines that conducted evaluation)

There is presently no standardized way to identify a population sample for quitline evaluations, so some quitlines may not have provided comprehensive information in their assessment questionnaire. The significant variation in the population eligible for follow-up and the lack of standardization underscores the importance of defining the required elements of the population sample that must be shared to understand comparability of quitline data.

**Question Phrasing:** There are 11 required MDS questions at follow-up. Table 4.9 shows the number of quitlines that scored 0-3 for how the questions were phrased. Of the 57 quitlines that participated in this assessment, on average a slight majority of quitlines (56.0%) implemented the required MDS follow-up questions either exactly as intended or with minor wording differences. An additional average of 6.0 quitlines (10.5%) asked the questions with some minor variations that could still be considered MDS compliant. More significant phrasing differences to affect the intent of the question were reported by an average of 6.2 quitlines (10.8%) for each question, and an average of 12.9 quitlines (22.7%) did not ask each of the required intake questions. It is important to note that 4 quitlines reported they did not conduct follow-up evaluation.

**Table 4.9: Required Follow-Up Questions, Number of Quitlines Scoring 0-3 for Question Wording, n=57** *(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column for each question.)*

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (question not asked)</th>
<th>1 (significant differences from MDS)</th>
<th>2 (slight differences from MDS)</th>
<th>3 (asked exactly as intended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow_q1_q</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>44</td>
</tr>
<tr>
<td>Follow_q2a_q</td>
<td>9</td>
<td>15</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td>Follow_q2b_q</td>
<td>13</td>
<td>1</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Follow_q3_q</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Follow_q4_q</td>
<td>13</td>
<td>0</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>Follow_q5_q</td>
<td>10</td>
<td>0</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>Follow_q6_q</td>
<td>21</td>
<td>3</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Follow_q7_q</td>
<td>5</td>
<td>6</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Follow_q8_q</td>
<td>23</td>
<td>12</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Follow_q9_q</td>
<td>10</td>
<td>13</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Follow_q10_q</td>
<td>22</td>
<td>12</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Follow_q11_q</td>
<td>13</td>
<td>7</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Average</td>
<td>12.9</td>
<td>6.2</td>
<td>6.0</td>
<td>31.9</td>
</tr>
</tbody>
</table>

**AVERAGE PERCENTAGE**

|            | 22.7% | 10.8% | 10.5% | 56.0% |

There is only one optional MDS follow-up question (Question 12). Table 4.10 shows how quitlines scored on question wording for the optional follow-up question. Just over one third of quitlines (38.6%) used the optional question exactly as intended by the MDS or with very little difference. The same percentage (38.6%) asked the question with considerable differences that could not be considered compliant with the MDS, and 17.5% did not ask Question 12. It is important to note that 4 quitlines reported they did not conduct follow-up evaluation.
Table 4.10: Optional Follow-Up Question, Number of Quitlines Scoring 0-3 for Question Wording, n=57
(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column.)

<table>
<thead>
<tr>
<th>Follow up q12</th>
<th>0 (question not asked)</th>
<th>1 (significant differences from MDS)</th>
<th>2 (slight differences from MDS)</th>
<th>3 (asked exactly as intended)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>22</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>17.5%</td>
<td>38.6%</td>
<td>5.3%</td>
<td>38.6%</td>
</tr>
</tbody>
</table>

Figure 4.8 Overall Follow-up Questions and Optional Question, Question Phrasing Assessment, n=57

Response categories: Table 4.11 shows the number of quitlines that scored 0-4 on their fidelity of implementing the MDS response categories for required follow-up items. On average at follow-up, 33.8 quitlines (59.4%) used response categories for each of the required MDS follow-up questions that were exactly or only slightly different from the intended response categories. On average, less than one quarter (22.7%) did not use the MDS response categories at all for each question, and 13.9% used response categories for each question on average that could not be rolled up to be consistent with MDS.
### Table 4.11: Required Follow-Up Questions, Number of Quitlines Scoring 0-4 for Response Categories, n=57
(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column.)

<table>
<thead>
<tr>
<th>Followq1_rc</th>
<th>0 (not asked)</th>
<th>1 (significant variation, cannot be rolled up to MDS)</th>
<th>2 (significant variation, but can be rolled up to MDS)</th>
<th>3 (slight variation)</th>
<th>4 (exact MDS categories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Follow_q2a_rc</td>
<td>9</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Follow_q2b_rc</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Follow_q3_rc</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Follow_q4_rc</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Follow_q5_rc</td>
<td>10</td>
<td>13</td>
<td>0</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Follow_q6_rc</td>
<td>21</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Follow_q7_rc</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Follow_q8_rc</td>
<td>23</td>
<td>11</td>
<td>0</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Follow_q9_rc</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Follow_q10_rc</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Followq11_rc</td>
<td>13</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Average</td>
<td>12.9</td>
<td>7.9</td>
<td>1.8</td>
<td>0.5</td>
<td>33.8</td>
</tr>
<tr>
<td><strong>AVERAGE PERCENTAGE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>59.4%</strong></td>
</tr>
</tbody>
</table>

For the only optional question, 22.8% of quitlines included response categories exactly as intended by the MDS follow-up (see Table 4.12). More quitlines (31.6%) used response categories not consistent with the intent of the MDS, and 17.5% did not ask the question. Considering only quitlines that conducted follow-up (n=53), 34% used response categories not as intended by the MDS, and 11.3% did not use the MDS response categories.

### Table 4.12: Optional Follow-Up Question, Number of Quitlines Scoring 0-4 for Response Categories, n=57
(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column.)

<table>
<thead>
<tr>
<th>Followq12_rc</th>
<th>0 (not asked)</th>
<th>1 (significant variation, cannot be rolled up to MDS)</th>
<th>2 (significant variation, but can be rolled up to MDS)</th>
<th>3 (slight variation)</th>
<th>4 (exact MDS categories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>18</td>
<td>15</td>
<td>1</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>PERCENTAGE</strong></td>
<td><strong>17.5%</strong></td>
<td><strong>31.6%</strong></td>
<td><strong>26.3%</strong></td>
<td><strong>1.8%</strong></td>
<td><strong>22.8%</strong></td>
</tr>
</tbody>
</table>
Figure 4.9 Required and Optional Follow-up Questions, Average percentage of quitlines scoring 0-4 for Response Categories, n=57

<table>
<thead>
<tr>
<th>Assessment Scores</th>
<th>Optional Question 12</th>
<th>Required Follow-up Questions 1-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (not asked)</td>
<td>17.5%</td>
<td>22.7%</td>
</tr>
<tr>
<td>1 (significant variation, cannot be rolled up to MDS)</td>
<td>13.9%</td>
<td>31.6%</td>
</tr>
<tr>
<td>2 (significant variation, but can be rolled up to MDS)</td>
<td>3.2%</td>
<td>26.3%</td>
</tr>
<tr>
<td>3 (slight variation to MDS)</td>
<td>1.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>4 (response categories identical to MDS)</td>
<td>22.8%</td>
<td>59.4%</td>
</tr>
</tbody>
</table>

Of whom the question is asked: Table 4.13 shows the number of quitlines scoring 0-3 for the population asked each required follow-up question. On average at follow-up, two thirds of quitlines (67.1%) asked the required MDS follow-up questions of the population intended by the MDS and 8.3% asked the question to a slightly different population. Nearly a quarter of quitlines (23.5%) do not ask each follow-up question on average.
Table 4.13: Required Follow-Up Questions, Number of Quitlines Scoring 0-3 for the Population Asked the Questions, n=57  
(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column.)

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (question not asked)</th>
<th>1 (asked of a very different population than intended by MDS)</th>
<th>2 (asked of mostly the same population intended by MDS)</th>
<th>3 (asked of the population intended by MDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow q1_ofwhom</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>53</td>
</tr>
<tr>
<td>Follow q2a_ofwhom</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>47</td>
</tr>
<tr>
<td>Follow q2b_ofwhom</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Follow q3_ofwhom</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Follow q4_ofwhom</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Follow q5_ofwhom</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>Follow q6_ofwhom</td>
<td>21</td>
<td>0</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Follow q7_ofwhom</td>
<td>11</td>
<td>0</td>
<td>3</td>
<td>43</td>
</tr>
<tr>
<td>Follow q8_ofwhom</td>
<td>23</td>
<td>1</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Follow q9_ofwhom</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Follow q10_ofwhom</td>
<td>22</td>
<td>1</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Follow q11_ofwhom</td>
<td>13</td>
<td>4</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>13.4</td>
<td>0.6</td>
<td>4.8</td>
<td>38.3</td>
</tr>
</tbody>
</table>

**AVERAGE PERCENTAGE** 23.5% 1.0% 8.3% 67.1%

For the only optional follow-up question, a slightly smaller percentage (61.4%) asked the optional MDS question of the population intended by MDS (see Table 4.14).

Table 4.14: Optional Follow-Up Question, Number of Quitlines Scoring 0-3 for the Population Asked the Questions, n=57  
(Note: 4 quitlines do not conduct follow-up evaluation and are included in the “0” column.)

<table>
<thead>
<tr>
<th>Question</th>
<th>0 (question not asked)</th>
<th>1 (asked of a very different population than intended by MDS)</th>
<th>2 (asked of mostly the same population intended by MDS)</th>
<th>3 (asked of the population intended by MDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow q12_ofwhom</td>
<td>10</td>
<td>4</td>
<td>8</td>
<td>35</td>
</tr>
</tbody>
</table>

**PERCENTAGE** 17.5% 7.0% 14.0% 61.4%
4.2.4 MDS Consistency by Individual Follow-up Question

In Table 4.15 we identify required and optional follow-up questions not asked at all or asked by quitlines with considerable variance from what was intended by the MDS by each of the three assessment categories – phrasing, response categories and of whom the question is asked. Since four quitlines (7%) reported they do not conduct any follow-up evaluation at this time, the questions identified below are those for which a minimum of 15 quitlines (26.3%) have not implemented question phrasing considered consistent with the MDS (score of 0 or 1).

Table 4.15 Assessment Scores for Individual MDS Follow-up Questions Rated Not Consistent with MDS

<table>
<thead>
<tr>
<th>Follow-up Question</th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. USA: Do you currently smoke cigarettes every day, some days, or not at all?</td>
<td>Phrasing</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Response Categories</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
### Follow-up Question

<table>
<thead>
<tr>
<th>(CHECK ONE)</th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Everyday</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>□ Some days (if less than 7 days per week or less than 1 cigarette per day)</td>
<td>Of Whom</td>
<td>9</td>
</tr>
<tr>
<td>□ Not at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?

Canada: Do you currently smoke cigarettes daily, occasionally, or not at all? *(CHECK ONE)*

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Daily</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>□ Occasionally (if less than 7 days per week or less than 1 cigarette per day)</td>
<td>Of Whom</td>
<td>13</td>
</tr>
<tr>
<td>□ Not at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?

2b. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ___ *(If caller says over 100)*

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Phrasing</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>□ Response Categories</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>□ Of Whom</td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

4. Do you currently use other tobacco products such as: *(Check all that apply)*

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cigars</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>□ Pipes</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>□ Chewing Tobacco or Snuff</td>
<td>Of Whom</td>
<td>13</td>
</tr>
<tr>
<td>□ Other Tobacco Products (e.g. Bidis)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. How much tobacco do you use per week?

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cigars <em>(number per week)</em></td>
<td>Of Whom</td>
<td>10</td>
</tr>
<tr>
<td>□ Pipe bowls <em>(number per week)</em></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>□ Chewing tobacco or snuff <em>(number of pouches / tins per week)</em></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>□ Other tobacco <em>(amount per week)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Do you intend to quit within the next 30 days? *(DO NOT READ)*

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

8. When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?

<table>
<thead>
<tr>
<th></th>
<th>Assessment Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ □ □ □ (if day unknown, code as 15th of month)</td>
<td>Of Whom</td>
<td>23</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Follow-up Question

<table>
<thead>
<tr>
<th>Question</th>
<th>Phrasing</th>
<th>Scoring</th>
<th>Response Categories</th>
<th>Of Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?</td>
<td>Phrasing: 10 13</td>
<td></td>
<td>Response Categories: 10 3</td>
<td>Of Whom: 10 0</td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
<td></td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
<td></td>
<td>□ Refused</td>
<td></td>
</tr>
<tr>
<td>10. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?</td>
<td>Phrasing: 22 12</td>
<td></td>
<td>Response Categories: 22 0</td>
<td>Of Whom: 22 1</td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
<td></td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
<td></td>
<td>□ Refused</td>
<td></td>
</tr>
<tr>
<td>11. Since your call to the quitline on (Date of first contact), seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills (Zyban), group cessation, advice from a health professional, self-help materials?</td>
<td>Phrasing: 13 7</td>
<td></td>
<td>Response Categories: 13 18</td>
<td>Of Whom: 13 4</td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
<td></td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused</td>
<td></td>
<td></td>
<td>□ Refused</td>
<td></td>
</tr>
</tbody>
</table>

### Optional Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Phrasing</th>
<th>Scoring</th>
<th>Response Categories</th>
<th>Of Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Question 12: What kind of treatments or health professionals?</td>
<td>Phrasing: 10 22</td>
<td></td>
<td>Response Categories: 10 18</td>
<td>Of Whom: 10 4</td>
</tr>
<tr>
<td>(Check all that apply – do not read) (Quitlines can expand these categories as necessary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Medication:</td>
<td></td>
<td></td>
<td>□ Medication:</td>
<td></td>
</tr>
<tr>
<td>□ Zyban</td>
<td></td>
<td></td>
<td>□ Zyban</td>
<td></td>
</tr>
<tr>
<td>□ NRT patches</td>
<td></td>
<td></td>
<td>□ NRT patches</td>
<td></td>
</tr>
<tr>
<td>□ NRT gum</td>
<td></td>
<td></td>
<td>□ NRT gum</td>
<td></td>
</tr>
<tr>
<td>□ NRT lozenges</td>
<td></td>
<td></td>
<td>□ NRT lozenges</td>
<td></td>
</tr>
<tr>
<td>□ Other medications as desired</td>
<td></td>
<td></td>
<td>□ Other medications as desired</td>
<td></td>
</tr>
<tr>
<td>□ Advice from:</td>
<td></td>
<td></td>
<td>□ Advice from:</td>
<td></td>
</tr>
<tr>
<td>□ Physician</td>
<td></td>
<td></td>
<td>□ Physician</td>
<td></td>
</tr>
<tr>
<td>□ Pharmacist</td>
<td></td>
<td></td>
<td>□ Pharmacist</td>
<td></td>
</tr>
<tr>
<td>□ Nurse</td>
<td></td>
<td></td>
<td>□ Nurse</td>
<td></td>
</tr>
<tr>
<td>□ Group cessation program</td>
<td></td>
<td></td>
<td>□ Group cessation program</td>
<td></td>
</tr>
<tr>
<td>□ Self-help materials</td>
<td></td>
<td></td>
<td>□ Self-help materials</td>
<td></td>
</tr>
<tr>
<td>□ Other: _________________________</td>
<td></td>
<td></td>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

There are a number of questions at follow-up not asked by at least 20% of quitlines. Follow-up questions 2b (number of cigarettes smoked), 4 (other tobacco use), 6 (intention to quit), 8 (last time smoked), 10 (30
days smoking abstinence) and 11 (quit supports used) were not asked at all by a minimum of 22.8% (13) and a maximum of 40.3% (23) quitlines. Additionally, when questions 4, 8, 10 and 11 were used, they were used with considerable differences to what was intended by the MDS for phrasing (question 10), response categories (question 4) or both (questions 8, 11).

MDS follow-up questions 2a (current smoking status) and optional question 12 (types of treatments or health professionals used) were used by quitlines for follow-up, but phrasing and response categories used for each question were not similar to what was intended by the MDS in the majority of cases. For many quitlines, question 2a was the same question asked to assess current smoking status at intake (intake question 5a). Challenges experienced by quitlines implementing intake question 5a were repeated at follow-up with question 2a. Significantly, when implemented at follow-up, the second portion of the question (“When was the last time you smoked a cigarette, even a puff?”) was frequently not included.

Optional question 12, asking about the types of help used to quit since registration with the quitline, was not used by 10 quitlines. Of the remaining 47 quitlines, 22 asked the question in a way inconsistent with the MDS, and 18 used response categories that could not be rolled up to the MDS categories. There was significant variability in how this question was asked. Frequently it was asked in different parts or asked vis-à-vis specific quit events. It was also sometimes combined with other questions.

A particularly problematic area were the questions intended to measure effectiveness of quitlines, or quit rates. MDS follow-up questions 8 (last time smoked), 9 (7-day point prevalence abstinence) and 10 (30-day point prevalence abstinence) are all intended to be used to calculate various types of quit rates. Yet, the questions were implemented in ways that do not allow quitlines to report responses according to the MDS categories. See Table 4.16 below for further discussion of these items.

MDS follow-up question 9 is used to assess 7-day point-prevalence abstinence from tobacco at 7 months. Ten quitlines did not use the question and 13 (22.8%) used the question with considerable differences from what was intended by the MDS. Most of the differences in phrasing came from the exclusion of the phrase “or used other tobacco” as part of the question. Some quitlines did not use the phrase “not even a puff” as part of the question.

Assessment of other tobacco use through question 5 is also problematic at follow-up. Ten quitlines did not use the question. Of the remaining 47 quitlines, 13 (22.8%) used response categories that could not be rolled up to be consistent with the MDS. Response categories could not be rolled up because they include additional categories (e.g., “don’t know,” “refused” or “not applicable”), provide ranges for reporting amount smoked or because they do not include “other” tobacco use as an option for response.

4.2.5 Administrative Data at Intake and Follow-Up

**Intake Administrative Data:** Most quitlines collected some of the intake administrative data recommended by the MDS. Almost half of the quitlines (49.1%) collected the appropriate information, but only 15 quitlines (26.3%) reported the data in the MDS compliant response categories. Counselor ID, Caller ID and date of first contact with quitline were generally consistently collected and reported in categories that are MDS compliant. Fewer quitlines collected data on the intervention provided to a caller in the categories described by the MDS.

**Follow-up Administrative Data:** Over two thirds of quitlines (68.4%) collected the recommended follow-up administrative data and used the response categories recommended by the MDS. Sixteen quitlines (28.7%) did not collect the administrative data recommended by the MDS at follow-up. This number includes 4 quitlines that did not conduct any follow-up.
4.3 MDS Assessment Part 1 and Part 2 Synthesis: Comparison of MDS Intake and Follow-up Questions

During the MDS Process and Implementation Assessment (Part 1), quitline vendors, funders and evaluators identified MDS intake and follow-up questions they considered challenging to implement. These questions, presented in Table 4.16 below, were then studied during the Part 2 MDS Question and Response Category Assessment to better understand quitline stakeholder perceptions and to explore how these questions might be improved.

Table 4.16 Comparison of MDS Intake and Follow-Up Questions Considered Challenging by Quitlines at Implementation with MDS Assessment

<table>
<thead>
<tr>
<th>MDS Intake Questions</th>
<th>Reported as a challenging question by just 2 quitlines during Part 1 of the MDS Assessment. Analysis of the question shows that while the question is asked as it was intended by the MDS (75.4%), the response categories are almost universally not used as intended (94.7%).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How can I help you? (Reason for Calling)</td>
<td>Two quitlines noted during the MDS Assessment Part 1 that this question was challenging to implement. This is borne out in the Part 2 Assessment. Almost one quarter (24.6%) of quitlines did not use this question at all. An additional half of the quitlines (50.9%) asked the question, but did not use response categories that could be rolled up in compliance with the MDS.</td>
</tr>
<tr>
<td>☐ Want help / information about quitting</td>
<td>As above, two quitlines noted that question 2b was challenging to implement in the MDS Assessment Part 1. During the Part 2 Assessment, one third of quitlines (33.3%) did not report using question 2b and among those who did use it (n=38), only 20 (52.6%) used it as intended and even fewer (10 or 26.3%) used the response categories consistent with the intention of the MDS. More than 4 in 5 quitlines (82.5%) either do not ask the question, or do not collect data in response categories that can be rolled up in compliance with the MDS.</td>
</tr>
<tr>
<td>☐ Want help / information about staying quit</td>
<td>☐ Want to refer someone for help</td>
</tr>
<tr>
<td>☐ Want general information or materials about quitline service</td>
<td>☐ Other: ____________________________</td>
</tr>
<tr>
<td>☐ Other: ____________________________</td>
<td>2a. Are you:</td>
</tr>
<tr>
<td>☐ Calling for yourself</td>
<td>☐ Calling on behalf of or to help someone else</td>
</tr>
<tr>
<td>☐ Calling on behalf of or to help someone else</td>
<td>☐ Are you:</td>
</tr>
<tr>
<td>☐ A health professional</td>
<td>☐ A friend or family member</td>
</tr>
<tr>
<td>☐ A friend or family member</td>
<td>☐ A community organization, worksite, insurance</td>
</tr>
<tr>
<td>☐ A community organization, worksite, insurance</td>
<td>☐ Other__________________________</td>
</tr>
</tbody>
</table>
15. What is the highest level of education you have completed? *(DO NOT READ)*

**USA:**
- □ Less than grade 9
- □ Grade 9 to 11, no degree
- □ GED
- □ High school degree
- □ Some college or university
- □ College or university degree

**CANADA:**
- □ Less than high school
- □ High school diploma
- □ Technical or trade school
- □ College or university degree

At the Part 1 Assessment, two quitlines reported challenges implementing the level of education completed question. At Part 2 Assessment, the vast majority of quitlines use question phrasing that was completely consistent with the MDS (84.2%), although nearly 6 in 10 quitlines (59.6%) reported using response categories not consistent with the MDS.

**Optional question 16:** Are you Hispanic or Latino?
- □ Yes (Hispanic or Latino)
- □ No (Not Hispanic or Latino)
- □ Refused
- □ Not ascertained

Three quitlines considered this question to be challenging in the Part 1 Assessment. Assessed during the Part 2 Assessment, question 16 was somewhat problematic for quitlines. While almost two thirds (64.9%) implemented the question phrasing exactly as intended, nearly half (45.6%) used response categories that were significantly different and could not be rolled up to be consistent with the MDS.

**NAQC MDS Intake Question 17:**

**USA:** Which of these groups would you say best describes you? *(READ)*
- □ White
- □ Black or African American
- □ Asian
- □ Native Hawaiian or other pacific islander
- □ American Indian or Alaska native

*DO NOT READ THE REST:*
- □ Other (specify): __________________
- □ Don’t know
- □ Refused

**CANADA:** To which of the following ethnic or cultural groups did your ancestors belong? *(ancestor = great grandparents or further back)* *(READ; CAN CHECK MORE THAN ONE)*
- □ Canadian (English or French Canadian)
- □ Aboriginal (Native Indian, Métis, Inuit)
- □ British (English, Irish, Scottish, Welsh)
- □ European (specify country): __________________
- □ Asian (specify country): __________________

Question 17 was identified by 35 quitlines as being challenging to implement during the Part 1 of the MDS assessment. In Part 2 of the MDS assessment, however, question 17 was implemented exactly as intended by 44 quitlines (77.2%) and with minor deviations by an additional 7. Only 5 quitlines used a question that was not in compliance with the MDS and 1 quitline did not ask this question at all. There was slightly less compliance with response categories (32 quitlines fully or mostly compliant, 24 not compliant and 1 not asked). The population asked the question was largely compliant with MDS, with 23 exactly or 31 mostly compliant.
<table>
<thead>
<tr>
<th>Question</th>
<th>MDS Follow-Up Questions</th>
<th>Ongoing Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Since you first called the quitline on (Date of first contact), seven months ago, did you quit using tobacco for 24 hours or longer? (DO NOT READ, CHECK ONE ONLY) Note: collect number of intentional quit attempts only</td>
<td>During the Part 1 assessment, 15 quitlines noted challenges with implementing “multiple measures for cessation” and quit efforts – those included in questions 7, 8, 9, 10 (see column at left). Assessed during Part 2, a large number of quitlines elected not to use questions 8 (23 or 40.4%), 9 (10 or 17.5%) and 10 (22 or 38.6%) at all. Another 20% of quitlines (questions 8 and 10 21.1%, question 9 22.8%) who did use these questions used phrasing not consistent with the MDS. Results for question 7 were somewhat different. Most quitlines reported using question 7 exactly as intended or with slight phrasing differences (80.7%). Nearly 6 of 10 (59.6%) used response categories exactly as intended by MDS or with slight variations. Many quitlines who made significant changes to the MDS question 7 did not ask the question for all tobacco use (they only asked about cigarette smoking) and many included response categories that could not be rolled up.</td>
<td></td>
</tr>
<tr>
<td>8. When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_ <em>/</em> <em>/</em> _ _ _ (if day unknown, code as 15th of month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>10. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>11. Since your call to the quitline on (Date of first contact), seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills (Zyban), group cessation, advice from a health professional, self-help materials?</td>
<td>At the Part 1 assessment, 1 quitline reported that this question did not provide the level of detailed responses required for their service. At Part 2, this question was not asked by 13 quitlines (22.8%), and when asked, was asked in a way that was not consistent with the MDS intention by another 7 quitlines (12.3%). Nearly two-thirds of quitlines (37 or 64.9%) asked this question exactly as intended, and nearly half (26 or 47.4%) used response categories that matched the MDS exactly. Eighteen quitlines (31.6%) reported using response categories not consistent with the intent of the MDS and could not</td>
<td></td>
</tr>
</tbody>
</table>
It is important to note there was disconnect between the questions that quitlines identified as challenging to implement during the Part 1 MDS assessment and those assessed as not implemented consistently with the MDS during the Part 2 MDS assessment. In general, few quitlines reported problems implementing MDS questions at intake and follow-up, with the notable exception of intake question 17 and follow-up questions 7 to 10. However, there were additional questions at intake and follow-up (intake questions 4, 5a, 5b, 6, 9, 11 and 12), optional question 1, follow-up questions 2b, 4, 5, 6, 8, and optional question 12 that quitlines did not report as challenging in the Part 1 questionnaire, but were identified as not implemented consistently during the Part 2 assessment.

5.0 Discussion and Recommendations

The MDS assessment has been an intensive, yet worthwhile process. Quitline stakeholders, including funders, vendors and evaluators provided rich and comprehensive data for the two-part assessment. There is a tremendous amount of data and information in this report that can be viewed from many different perspectives. However, the most critical lens for the MDS Workgroup is to learn how best to support quitlines in endeavours such as the implementation of the MDS, to identify any needed revisions to the MDS and additional questions that quitlines are interested in adding to the MDS and to understand how comparably quitlines in North America implemented the MDS. In this section, we provide a discussion of the MDS assessment results within this context.

Despite some significant challenges identified by quitlines, all of the quitlines that responded to the MDS assessment questionnaires (100%, n=57) have implemented most of the MDS intake questions and the vast majority (93%, n=53) implemented the MDS follow-up questions. Further, the intake and follow-up questions were implemented without significant disruption to core services and improved data quality. Indeed, implementing the MDS encouraged some quitlines to develop follow-up evaluations, which should improve future quitline quality.

More than three quarters of North American quitlines (77.3%) that responded to the MDS assessment use each of the required MDS intake questions with significant consistency on average, with an average of more than 6 of 10 using phrasing exactly as the MDS specified. For follow-up, an average of two thirds of North American quitlines (66.5%) do the same for each question, with an average of 56% using phrasing exactly as the MDS intended for each question. While there are important challenges with specific MDS questions and with response categories used in general, the MDS assessment demonstrates that North American quitlines have made considerable progress towards collecting standardized data at both intake and follow-up.

In the discussion that follows, we identify specific opportunities to improve implementation processes, refine the MDS instruments and build frameworks for the calculation of fundamental measurements for quitlines. These opportunities will require further investments of time, energy and resources from quitlines and NAQC. Such investments are required to realize the potential of the MDS to improve the collection of standardized data, develop relevant service benchmarks across quitlines and significantly contribute to the science of quitlines and to the broader tobacco control community.

5.1 Implementation

The implementation of the MDS created some challenges for quitlines. One particular challenge was implementing the MDS in a manner that maintained comparability with historical data. This will continue to be a challenge for quitlines that have historically used questions for MDS items that were different from those which MDS recommended. Maintaining historical comparability is extremely important and
of tremendous value to quitlines. Without continuity of data, performance measures can appear to be dramatically different, while, in fact, the only thing that may have changed is the measurement tool itself. Stakeholders may miss this level of contextual nuance. It may not be self evident in reporting formats that provide data without much accompanying explanation or interpretation.

**Recommendation 1: Build solutions to maintain/explain data comparability historically.**

NAQC should make available technical assistance for quitlines to answer questions about ways to maintain the historical comparability of data. In particular, this technical assistance should focus on a period of transition in which both historical measures and MDS measures are captured to understand the impact of the tool change on the data. Talking points should be provided to quitlines to assist in explaining possible apparent breaks in data continuity to stakeholders.

While most quitlines reported they were able to implement the MDS without a large disruption to service and by using existing resources, a few quitlines reported more significant challenges, particularly in the areas of database development, retraining of staff and database revisions. Four quitlines do not conduct follow-up evaluations.

In addition, it is clear from the results of Part 2 of the assessment that quitlines may not have reported significant barriers because they did not implement the MDS, in part or in whole, as intended. Quitlines may have implemented the questions almost exactly as intended, but may not be collecting the data in categories compatible with the MDS. More comprehensive implementation of the MDS may present more challenges than what has currently been reported.

Quitlines across North America have substantially different levels of access to resources, experts and technological supports. Moreover, quitlines across North America are at much different stages of development and maturity. For these reasons, it is anticipated that quitlines that want to implement the MDS fully may encounter very real practical challenges to implementation. Faithful adoption of the MDS questions will provide the largest potential for the quitline, research and tobacco control communities. Because of this, it is in the collective best interest of the NAQC membership to provide resources to those quitlines with the fewest resources to assist with the process of implementation and utilization of the MDS items.

NAQC provided a series of resources and supports for the implementation of the MDS. Not all, but many of these tools were accessed by members. Some were considered more useful than others when implementing the MDS. As a membership organization, NAQC has continued to develop resources and supports for quitline development. Continued development of NAQC resources and supports is needed to ensure that joint initiatives, such as the implementation of the MDS, are effective. In particular, resources and supports that include input from a broad representation of NAQC members will continue to be needed to ensure utility.

**Recommendation 2: Support MDS implementation for those with greatest needs.**

NAQC should work with quitlines that reported challenges with MDS implementation, demonstrated a significant dissonance between impacts of the MDS implementation reported and consistent implementation of the MDS or have not yet implemented a follow-up evaluation and who request assistance. This support should first include an assessment of the type of support required for the continued use and adoption of MDS, an assessment of resources available and development of a plan to provide assistance (which may include resources) to those quitlines for which support is requested.
Recommendation 3: Secure resources to support the continued implementation of the MDS.
NAQC and its members should commit to supporting the continued implementation of the MDS. Quitline vendors and funders may need to devote additional resources to implement the MDS more consistently with the MDS or to assist with future major MDS revisions.

Recommendation 4: Develop resources and supports that are appropriate and effective.
Encourage input from a broad representation of members to develop resources and supports for NAQC initiatives, including further refinement of the MDS.

5.2 Revision and Refinement of the MDS

Overall, there is a great degree of variability in how quitlines implemented the MDS. Specific elements of this variability were identified in the “Results” section of this report. At the same time, Part 1 of the assessment results made it clear that there is no appetite among quitlines for a wholesale revision of the MDS. Refinement and some revision of the MDS in a few discrete areas will greatly enhance the consistent application of the MDS without the need for a comprehensive revision of the MDS. However, greater consistency of the application of the MDS items is needed before large scale aggregation and/or comparison of data is possible.

It may not be essential that quitlines use every MDS question exactly as phrased, but rather there may be critical elements of questions that are required to maintain consistency with MDS. Some questions, such as those that ask for basic demographics and zip or postal code, may not have “critical elements.” Indeed, for these questions, many quitlines report assessing the data, but not using a specific question to do so. Based on the nature of the information being collected, this may be an acceptable approach for some MDS questions. Further consideration of the specific MDS requirements for different types of information is required to develop and define consensus for revision.

Question and response category elements need to be clearly defined so that quitlines can specifically understand how their question can be made consistent with the MDS, if they choose to do so. While many quitlines are using the MDS intake and follow-up questions exactly as intended, there are also many that are using elements of the questions, but are not using the critical elements of the question needed to maintain consistency with the MDS.

For example, at intake and follow-up, current smoking status is assessed. Some quitlines declined to use the word “currently” and others included other forms of tobacco in the question. Still others used the follow up question “When was the last time you smoked a cigarette?” yet did not include the additional MDS phrase “even a puff.” These elements may significantly alter the intent of the question.

Other questions are asked by quitlines using the MDS language, but the response categories are not consistent with MDS. Further definition of what information should be captured in each response category is required so that quitlines can better understand how they can incorporate the MDS and still collect the information required for their own purposes. Where at all possible, response categories should be consistent with current research on the item. For example, several quitlines indicated that the rating scale used in the satisfaction question (follow-up question 1) may not be consistent with latest research on psychometric response scales. Ongoing review of the MDS is important to maintain currency with the latest research on relevant issues.

Some quitlines use standardized response categories for all questions – “refused,” “not asked” and “do not know.” These response categories can be very important for internal performance measures or because of a fundamental philosophy about quitline operations. Further, for some quitlines, “refused” or “not asked”
response categories are not appropriate for certain required questions. In the MDS, these response categories are not applied universally. Further clarification is needed to determine whether greater standardization should be sought as the ideal or whether variability is acceptable as a practical matter.

Where quitlines included fewer response categories or those that could not be rolled up to the MDS categories, results could not be disaggregated or sorted to fit the MDS response categories. In these cases, the quitline scored a “1” and was not considered to be consistent with the MDS intent. However, if a quitline used more categories than were provided by the MDS question and the questions could be rolled up to the MDS categories, then the quitline scored a “2” and was considered consistent with the MDS.

Understanding skip patterns within the intake and follow-up questionnaires can be challenging. Skip patterns are not fully and consistently defined in the current version of the MDS. Each MDS item should have a population defined for whom the item should be asked in order to attain greater MDS consistency.

A critical aspect of understanding skip patterns is to first understand the population included in the intake or follow-up population. At intake, it is important for quitlines to clearly identify the population eligible for certain types of services. It is absolutely essential that individual state and provincial quitlines achieve this clarity before they can compare or try to understand data and results across boundaries.

At follow-up, the issue is even more complex. While most quitlines follow-up with a random sample of all callers 18 years and older who also consented to follow-up, a few conduct follow-up with a significantly different sample. Yet even the phrase “all callers” is not clearly defined. It could mean a census of all callers, a census of all callers calling for themselves, all callers who spoke with a counsellor at least once or even all callers who set a quit date. These issues have implications for quit rate calculations. The population of callers to the quitline that should be included in a sample for follow-up is as critical to comparability of quit rates as the survey items used to assess quit status.

Finally, revisions and refinements to the MDS must be considered in the context of the overall respondent burden, impacts on core service and costs to the quitline for gathering the data. Quitlines have noted that the MDS requirements, particularly at follow-up, may have a deleterious effect on respondent response rates, particularly for priority populations. It is imperative that while the MDS increases standardization and comparability across quitlines, it should not have a negative impact on either quitline services or efforts to evaluate services.

**Recommendation 5: Engage a broad representation of NAQC membership in a facilitated process to refine the MDS.**

- Require better definition about the population at follow-up.
- Provide leadership to guide how the data is collected and reported.
- Identify specific MDS questions for which assessing, rather than using direct and specific questions, is appropriate as long as response categories are consistent.
- Parse each question and response category to define which elements of each question and response category are essential to be consistent with MDS intent.
- Fully define the MDS response categories and ensure that they are consistent with current research on specific assessment items and survey methods.
- Refine the MDS to be consistent with respect to the use of “refused” and “not asked” response categories or determine how to account for the variability in their use.
- Provide clarification on the MDS regarding the use of response categories, using the minimum of the MDS response categories to ensure consistency, and how to “roll up” additional local response categories for consistency with the MDS.
• Place a greater emphasis on the clear definition and identification of overall populations who are asked the MDS questions at intake and follow-up.
• Define the specific population that is required to respond to each MDS intake and follow-up item.
• Review the MDS to determine whether all questions are essential (especially point-prevalence questions and the date of last cigarette question).
• Consider all revisions to the MDS in view of the impact on length of the intake and follow-up call and in particular on respondent burden.

5.3 Data Comparability

There is a tremendous desire among North American quitlines, funders, vendors and researchers to be able to compare data across provincial and state jurisdictions. These comparisons will shed considerable light on who is served, what services are received and what actions those services are able to take as a result of the quitline services. Ultimately, quitline stakeholders seek to better understand how to provide better services to tobacco users.

While individual quitlines may be able to review the results of the MDS assessment and define specific quitlines with whom they can compare data, wholesale data comparability across North America is not yet possible. The revisions and definitions outlined in this report will significantly improve the comparability of individual MDS questions and responses. However, this assessment illustrates a broader need to define a framework for the calculation of fundamental measurements for quitlines, specifically quit rates.

Quitlines have requested benchmarks for quit rates. In Part 1 of the MDS assessment, several quitlines identified the need for further structure and definition around calculating quit rates. Therefore, there is a need to develop standard measures for calculating quit rates.

However, the Part 2 assessment process has identified there is a significant variation in several elements critical to the development of a consistent quit rate calculation. Follow-up Questions 8, 9 and 10, which assess abstinence rates, are not asked consistently among quitlines. In addition, there are no standards around the populations that should be included in the follow-up sample. While these issues could be addressed through the recommendations on revisions to the MDS, there is a greater issue at hand. The complex interplay of various factors that impact the quit rate calculation, and the subsequent comparability of that calculation, are not yet fully understood.

The development of a framework for a standard quit rate calculation requires further effort. Such work is underway through NAQC’s Quality Initiative. This framework will include setting standards for the population included in the sample for follow-up surveys, how both the numerator and the denominator should be calculated to determine the quit rate and how the data should be presented so that it is fully understood by stakeholders.

Potential standards for the population included in the follow-up survey should focus on the specific goal of the quitline community and have considerable implications for use of quitline resources. In particular, simply by considering different populations to be included in the follow-up sample, a very different understanding of the quit rate calculation emerges. Consider the following three scenarios:

1. Follow-up survey sample (and denominator) includes all those who register for services. Registration could be defined in any number of ways:
   a. Expressed interest in quitline counseling and provided contact information for continued contact
b. Completed intake questions
c. Completed an assessment call
d. Completed a first counseling call

2. Follow-up survey sample (and denominator) includes all those who engaged in a minimum level of contact with the quitline. This could be defined as follows:
   a. Completed an intake call
   b. Completed a counseling call
   c. Completed a minimum number of minutes of counseling (5 minutes)

3. Follow-up survey sample (and denominator) includes all those who exhibited certain behaviors:
   a. Set a quit date
   b. Completed all counselling calls

While there is no one “right” scenario, each requires different levels of resources and each produces very different quit rates. A focused review of quit rate calculations with broad-based input and consultation is needed to understand how to build a quit rate framework that best reflects the needs and intents of NAQC members and is most appropriate to the quitline intervention.

**Recommendation 6: Build frameworks to encourage the use of comparable data.**

Work with the NAQC Quality Initiative to further develop the concept and understanding of a quit rate calculation framework. Engage members in a broad based consultation to gain consensus on a framework that best represents the needs of members and is most appropriate for quitline services.

This review has focussed on understanding the MDS implementation process, improving how NAQC can support members, refining the MDS intake and follow-up tools and building opportunities for data comparability across quitlines in North America. Tremendous strides have been made towards consistency and standardization in North American quitlines with significant contributions from all quitline stakeholders. While substantial gains have been made, there is still work to be done. Results from this assessment are of critical importance to NAQC in building evidence-based quitline services across North America. This discussion and recommendations outline a way forward for increasing the utility and comparability of the MDS to ultimately build a stronger and more effective quitline community.
Appendix A
MINIMAL DATA SET
INTAKE QUESTIONS

A. REASON FOR CALLING AND AWARENESS OF QUITLINE

1. How can I help you? (Reason for Calling)
   - [ ] Want help / information about quitting
   - [ ] Want help / information about staying quit
   - [ ] Want to refer someone for help
   - [ ] Want general information or materials about quitline service
   - [ ] Other ____________________________

2a. Are you:
   - [ ] Calling for yourself (SKIP TO Q3)
   - [ ] Calling on behalf of or to help someone else (CONTINUE TO Q2b)

2b. Are you:
   - [ ] A health professional
   - [ ] A friend or family member
   - [ ] A community organization, worksite, insurance
   - [ ] Other ____________________________

3. How did you hear about the Quitline? (Do NOT read. CHECK ALL RESPONSES)
   (Optional – specific types of promotion)
   - [ ] MEDIA
     - [ ] newspaper
     - [ ] radio
     - [ ] television
     *Other selections can be added by quitline

   - [ ] OTHER ADVERTISING
     - [ ] phone directory,
     - [ ] flyers, brochures
     *Other selections can be added by quitline

   - [ ] REFERRAL
     - [ ] health professional (doctor, dentist, etc.)
     - [ ] family/friends
     - [ ] workplace
     - [ ] health insurance
     - [ ] community organization
     - [ ] other

END MDS PART OF INTERVIEW IF RESPONDENT IS CALLING ON BEHALF OF OR TO HELP SOMEONE ELSE
4. Is this your first call to the quitline in the past year?
   □ Yes
   □ No  **Optional:** How many times did you call the quitline in the past year? _____
   (# of times)

B. TOBACCO BEHAVIOURS

5a. USA: Do you currently smoke cigarettes every day, some days, or not at all?
   (CHECK ONE)
   □ Everyday
   □ Some days (if less than 7 days per week or less than 1 cigarette per day)
     **Optional if respond “Some Days”:** How many days did you smoke in the last 30
days? _____
   □ Not at all
   
   When was the last time you smoked a cigarette, even a puff? -- / -- / ----
   (if day is unknown, code as 15th of month.) dd/mm/yyyy

   (IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)

(CANADA: Do you currently smoke cigarettes daily, occasionally, or not at all?
   (CHECK ONE)
   □ Daily
   □ Occasionally (if less than 7 days per week or less than 1 cigarette per day)
     **Optional if respond “Occasionally”:** How many days did you smoke in the last 30
days? _____
   □ Not at all
   
   When was the last time you smoked a cigarette, even a puff? -- / -- / ----
   (if day is unknown, code as 15th of month.) dd/mm/yyyy

   (IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)

5b. How many cigarettes do you smoke per day on the days that you smoke?
   Cigarettes per day __ __ __ (If caller says over 100, confirm. 100 cpd = 5 packs
   per day; If caller says less than one per day, code 5a as Some Days/Occasionally)

6. **Cigarette smokers only:**
   How soon after you wake up do you smoke your first cigarette? (DO NOT READ)
   □ within five minutes
   □ 6 to 30 minutes
   □ 31 to 60 minutes
   □ more than 60 minutes
   □ don’t know
   □ refused
7. Do you currently use other tobacco products such as… (check all that apply)
   □ Cigars
   □ Pipes
   □ Chewing Tobacco or Snuff
   □ Other Tobacco Products (e.g. Bidis) **Optional: (specify)**
   (IF Q5a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q7 = NO OTHER TOBACCO, SKIP TO Q9)
   (IF Q5a = NOT AT ALL AND Q7 = NO OTHER TOBACCO, SKIP TO Q10)

8. How much tobacco do you use per week?
   ___ cigars (number per week)
   ___ pipe bowls (number per week)
   ___ chewing tobacco or snuff (number of pouches / tins per week)
   ___ Other tobacco (amount per week)

All current tobacco users (smokers and other tobacco users)
9. Do you intend to quit within the next 30 days? (DO NOT READ)
   □ Yes
   □ No
   □ Don’t know
   □ Refused to answer

10. Optional  At what age did you start smoking regularly?  ______ age in years

C. CALLER CHARACTERISTICS (Ask of all eligible* callers)
    (* eligible is defined by each quitline and should be clearly described)

11. First I need to verify are you male or female?
    □ Male
    □ Female
    □ Refused

12. What year were you born?  _ _ _ _
    □ Refused
    Optional What is your date of birth?  _ / _ _ _
                         Mo./year

13. What is your zip code? (Canada = postal code)  _ _ _ _

14. Optional: Do you have any health insurance? USA only
    □ Yes
    □ No
    □ Don’t know
    □ Refused
15. What is the highest level of education you have completed? (DO NOT READ)

**USA**
- [ ] Less than grade 9
- [ ] Grade 9 to 11, no degree
- [ ] GED
- [ ] High school degree
- [ ] some college or university (includes any post-high school education, including technical or trade school, but not a degree.)
- [ ] college or university degree (includes AA, BA, Masters, Ph.D.)

**Canada**
- [ ] Less than high school
- [ ] High school diploma
- [ ] Technical or trade school
- [ ] College or university degree

16. USA  Are you Hispanic or Latino?
- [ ] Yes (Hispanic or Latino)
- [ ] No (Not Hispanic or Latino)
- [ ] Refused
- [ ] Not ascertained  (**OPTIONAL**)
  Reason: ______ (include “don’t know” here)

17. USA  Which of these groups would you say best describes you? (READ)
- [ ] White
- [ ] Black or African American
- [ ] Asian

  **Optional if respond Asian:** Which specific ethnicity or race do you identify with the most? (Do not read responses; code answer)
  - [ ] Asian Indian
  - [ ] Cambodian
  - [ ] Chinese (except Taiwanese)
  - [ ] Filipino
  - [ ] Hmong
  - [ ] Japanese
  - [ ] Korean
  - [ ] Laotian
  - [ ] Pakistani
  - [ ] Thai
  - [ ] Taiwanese
  - [ ] Vietnamese
  - [ ] Other Asian (specify): ______________________
  - [ ] don’t know/not sure
  - [ ] Refused

---

1 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
2 A person having origins in any of the black racial groups of Africa. Terms like Haitian or Negro can also be used.
3 A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodian, Chinese, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
Native Hawaiian or other Pacific Islander

Optional if respond Native Hawaiian or other Pacific Islander: Which specific ethnicity or race do you identify with the most? (Do not read responses; code answer)

- Native Hawaiian
- Samoan
- Tongan
- Tahitian
- Maori
- Guamanian or Chamorro
- Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)
- Fijian
- Other (specify): ____________________________
- Don’t know/not sure
- Refused

American Indian or Alaska Native

Do not read the rest:

- Other (specify) __________________________
- Don’t know
- Refused

Canada: To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) (READ; CAN CHECK MORE THAN ONE)

- Canadian (English or French Canadian)
- Aboriginal (Native Indian, Metis, Inuit)
- British (English, Irish, Scottish, Welsh)
- European (specify country __________________________)
- Asian (specify country __________________________)
- Other (specify) __________________________ (DON’T READ)
- None of the above (DON’T READ)
- Don’t know (DON’T READ)
- Refused (DON’T READ)

This is the end of the intake questions required by the minimal data set.

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4 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5 A person having origins in any of the original peoples of North, Central, or South America, and who maintain tribal affiliation or community attachment.
### INTAKE ADMINISTRATIVE DATA

**Counselor ID** *(Optional)*

**Caller ID**

**Date of First Contact with Quitline**  
_ / _ / _

day  mo  yr

**Intervention Provided to Caller** *(Check All That Apply)*

- [ ] Basic information
- [ ] Literature and/or self-help materials
- [ ] Reactive counseling (one counseling session)
- [ ] Proactive counseling (more than one counseling session)
- [ ] Medications
- [ ] Referral
- [ ] Other
MINIMAL DATA SET

SEVEN MONTH FOLLOW-UP QUESTIONS

7 MONTH FOLLOW-UP ADMINISTRATIVE DATA

Evaluator ID

Caller ID

Date of First Contact with Quitline

Date of Evaluation Interview: seven months after date of first contact with quitline

A. CALLER SATISFACTION

1. Overall, how satisfied were you with the service you received from the Quitline? (READ ALL, CHECK ONE ONLY)

☐ very satisfied
☐ mostly satisfied
☐ somewhat satisfied
☐ not at all satisfied
☐ don’t know
☐ refused

B. TOBACCO BEHAVIOURS

2a. USA: Do you currently smoke cigarettes every day, some days, or not at all? (CHECK ONE)

☐ Everyday
☐ Some days (if less than 7 days per week or less than 1 cigarette per day)

Optional if respond “Some Days”: How many days did you smoke in the last 30 days? _______

☐ Not at all

When was the last time you smoked cigarettes daily? -- / -- / ----

(if day is unknown, code as 15th of month.) dd/mm/yyyy

IF RESPONSE IS “NOT AT ALL” SKIP TO Q4
2b. How many cigarettes do you smoke per day on the days that you smoke?  
Cigarettes per day __ __ __ (If caller says over 100, confirm. 100 cpd = 5 packs per day; If caller says less than one per day, code as Some Days)

3. **Cigarette smokers only:**  
How soon after you wake up do you smoke your first cigarette? (DO NOT READ)  
☐ within five minutes  
☐ 6 to 30 minutes  
☐ 31 to 60 minutes  
☐ more than 60 minutes  
☐ don’t know  
☐ refused

4. Do you currently use other tobacco products such as… (check all that apply)  
☐ Cigars  
☐ Pipes  
☐ Chewing Tobacco or Snuff  
☐ Other Tobacco Products (e.g. Bidis)  
(IF Q2a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q4 = NO OTHER TOBACCO, SKIP TO Q6)  
(IF Q2a = NOT AT ALL AND Q4 = NO OTHER TOBACCO, SKIP TO Q8)

5. How much tobacco do you use per week?  
___ cigars (number per week)  
___ pipe bowls (number per week)  
___ chewing tobacco or snuff (number of pouches / tins per week)  
___ Other tobacco (amount per week) **Optional: (specify)___________________**
All current tobacco users (smokers and other tobacco users)
6. Do you intend to quit within the next 30 days? (DO NOT READ)
   - Yes
   - No
   - Don’t know
   - Refused to answer

7. Since you first called the Quitline on (Date of first contact), seven months ago, did you quit using tobacco for 24 hours or longer? (DO NOT READ, CHECK ONE ONLY) (Note: collect number of intentional quit attempts only)
   - Yes
   - No
   - Don’t know
   - Refused to answer

   Optional: How many times did you quit using tobacco for 24 hours or longer? _____
   (Note: collect number of intentional quit attempts only)

8. When was the last time you smoked a cigarette, even a puff? -- / -- / ----
   (if day unknown, code as 15th of month) dd/mm/yyyy
   - Don’t know
   - Refused to answer

9. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?
   - Yes
   - No
   - Don’t know
   - Refused

10. Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?
    - Yes
    - No
    - Don’t know
    - Refused

11. Since your call to the quitline on (Date of first contact), seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills (Zyban), group cessation, advice from a health professional, self-help materials?
    - Yes
    - No
    - Don’t know
    - Refused
12. **Optional** What kind of treatments or health professionals?

*(Check all that apply – do not read) (Quitlines can expand these categories as necessary)*

- [ ] Medication
  - [ ] Zyban
  - [ ] NRT patches
  - [ ] NRT gum
  - [ ] NRT lozenges
  - [ ] other medications as desired

- [ ] Advice from
  - [ ] Physician
  - [ ] Pharmacist
  - [ ] Nurse

- [ ] Group cessation program
- [ ] Self-help materials
- [ ] Other __________________

---

THIS IS THE END OF THE 7 MONTH FOLLOW-UP QUESTIONS REQUIRED BY THE MINIMAL DATA SET.
Appendix B
# NAQC Minimal Data Set Assessment
## Part 1: MDS Process and Impact Questionnaire

### Questionnaire Administrative Data

<table>
<thead>
<tr>
<th>Name of Quitline</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State / Province</td>
<td></td>
</tr>
<tr>
<td>Submitted by</td>
<td></td>
</tr>
<tr>
<td>(Name and contact email and phone number please)</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>(Please list names of all individuals who completed parts of this survey)</td>
<td></td>
</tr>
<tr>
<td>Date Survey Completed</td>
<td></td>
</tr>
</tbody>
</table>

### Purpose

The purpose of this assessment questionnaire is to assess the implementation of the intake and follow-up portion of the MDS, to understand the implementation process and to identify implementation challenges and facilitators. NAQC is conducting this review for three important reasons:

1. When the MDS was completed, NAQC agreed that it would assess implementation and review the MDS questions for any needed revisions
2. To understand how NAQC can improve support provided to quitlines for processes like the Minimal Data Set
3. To get feedback from quitlines on the process of implementation to improve similar projects for the future

### Timeline

Please complete the Assessment by July 27. Return this questionnaire and your quitline’s MDS intake and follow-up questions, to Annamaria Feltracco (afeltracco@NAQuitline.org). Throughout this assessment process, you may contact Annamaria Feltracco, NAQC Consultant for support and information. Contact Annamaria by email (afeltracco@NAQuitline.org) or at 519-443-6160 (EST).
Before You Begin:

To complete this assessment questionnaire, funders and providers will need to work together, and sometimes different individuals within those groups (e.g., clinical supervisor, database programmer) will need to complete different aspects of the questionnaire. **We suggest that you gather the information you will need to complete the questionnaire before you begin the questionnaire.** It will be helpful to have a copy of the NAQC MDS Intake and Follow-Up questions available for your reference. You can download them at [http://www.naquitline.org/pdfs/mds_intakequestions.pdf](http://www.naquitline.org/pdfs/mds_intakequestions.pdf) Funders will submit only one completed questionnaire per quitline for the MDS Process and Impact Questionnaire.

Below are outlined each section of the questionnaire with an outline of the material and information you will need to complete the section.

**Section A: MDS Implementation Capacity Assessment**
- Assessment of the quitline’s technological, human resource and financial capacity and the time required to implement the MDS
- Input needed from service provider / vendor, and state or provincial funder

**Section B: MDS Implementation Impact Assessment**
- Assessment of the impact that the implementation of MDS had on the quitline’s intake services, counseling / service protocols and on follow-up calls
- Input needed from service provider / vendor and evaluator

**Section C: MDS Implementation Process Assessment**
- Assessment of the level of difficulty that the quitline experienced implementing each aspect of the MDS
- Input needed from state or provincial funder, service provider / vendor, evaluator and others involved in implementing the MDS intake questions

**Section D: NAQC Support during MDS implementation**
- Assessment of support provided by NAQC during the MDS implementation
- Input needed from state or provincial funder, service provider / vendor, evaluator and others involved in implementing the MDS who utilized NAQC support during implementation

**Section E: MDS Instrument Assessment**
- Assessment of the actual MDS questions and response categories at both intake and follow-up including identification of items that were particularly difficult to implement, suggestions for improvements to the MDS intake and follow-up questions and response categories
- Input needed from state or provincial funder, service provider / vendor, evaluator and others involved in implementing the MDS
Limitations of Using MS Word Forms

This document is an MS Word Form. There are several limitations with using this form:

- When using an MS Word Form, you can only “click” in the fields or areas that are provided for this purpose. If you click elsewhere on the form, the document will “skip” to the next field or area.
- Spelling and grammar check functions do not work in MS Word Forms response fields. Use these functions on your draft responses before cutting and pasting into the document.
- Tables cannot be added to the response fields.
- There are limitations with document search functions.
- If you have a long response, a response that uses tables or another format that is not compatible with MS Word Forms, and would like to attach a separate document with your response, please clearly indicate the question number(s) for which you are attaching the response.

Confidentiality:

Your intake and follow-up survey tool, responses to the MDS Assessment questionnaire and all other information you share about your quitline will be analysed by NAQC to understand quitlines’ experiences with MDS implementation. Information about the questions asked by each quitline and when they are asked will not be shared.

The assessment of how your specific quitline has implemented MDS will be shared with the person submitting information on behalf of the quitline. That individual can share the information, as appropriate with other staff, partners and agents. The results of the MDS Assessment and analysis will be in aggregate format –no quitlines will be singled out or identified by name in any reporting on assessment unless specific permission is given by the quitline. For example, if your quitline has a particular lesson that other quitlines might benefit from learning also, NAQC may approach you to discuss how we can use this information for the benefit of quitlines in North America - for example, through a case study.
## Section A: MDS Implementation Capacity Assessment

Please check the statement that most accurately reflects your quitline’s capacity requirements experienced during the implementation of the MDS intake and follow-up tools.

<table>
<thead>
<tr>
<th>1.0</th>
<th>Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The technology (hardware and software) required to adopt the MDS <strong>intake tool</strong> was:</td>
</tr>
<tr>
<td></td>
<td>□ Already in place at the quitline; no adaptation required</td>
</tr>
<tr>
<td></td>
<td>□ Adapted slightly to accommodate the MDS</td>
</tr>
<tr>
<td></td>
<td>□ Adapted somewhat to accommodate the MDS</td>
</tr>
<tr>
<td></td>
<td>□ Modified significantly to accommodate the MDS</td>
</tr>
<tr>
<td></td>
<td>□ Did not exist and had to be acquired to accommodate the MDS</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know / can’t say</td>
</tr>
</tbody>
</table>

| 1.2 | The technology (hardware and software) required to adopt the MDS **follow-up tool** was: |
|     | □ Already in place at the quitline; no adaptation required |
|     | □ Adapted slightly to accommodate the MDS |
|     | □ Adapted somewhat to accommodate the MDS |
|     | □ Modified significantly to accommodate the MDS |
|     | □ Did not exist and had to be acquired to accommodate the MDS |
|     | □ Don’t know / can’t say |

<table>
<thead>
<tr>
<th>2.0</th>
<th>Human Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>During planning and implementation of the MDS <strong>intake tool</strong>, the quitline required:</td>
</tr>
<tr>
<td></td>
<td>□ New personnel for the exclusive purpose of conducting the MDS implementation process (if checked, please answer q 2.1a)</td>
</tr>
<tr>
<td></td>
<td>□ Already existing personnel be assigned additional tasks to conduct the MDS implementation process</td>
</tr>
<tr>
<td></td>
<td>□ Some personnel be re-assigned exclusively to conduct the MDS implementation process</td>
</tr>
<tr>
<td></td>
<td>□ Other, please specify:</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know / can’t say</td>
</tr>
</tbody>
</table>

| 2.1a | If the quitline required new personnel to implement the MDS intake tool please explain (i.e., contracted with experts, hired new employee(s), etc): |

<p>| 2.2 | During planning and implementation of the MDS <strong>intake tool</strong>, the quitline staff responsible for <em>conducting intake</em> required: |
|     | □ Significant additional training |
|     | □ Some additional training |
|     | □ No additional training |
|     | □ Don’t know / can’t say |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>During planning and implementation of the MDS <strong>intake and follow-up</strong> tools, the quitline staff responsible for <strong>counseling callers</strong> required:</td>
</tr>
<tr>
<td></td>
<td>- Significant additional training</td>
</tr>
<tr>
<td></td>
<td>- Some additional training</td>
</tr>
<tr>
<td></td>
<td>- No additional training</td>
</tr>
<tr>
<td></td>
<td>- Don’t know / can’t say</td>
</tr>
<tr>
<td>2.4</td>
<td>During planning and implementation of the MDS <strong>follow-up tool</strong>, the quitline <strong>evaluation staff</strong> (internal or external) required:</td>
</tr>
<tr>
<td></td>
<td>- Significant additional training</td>
</tr>
<tr>
<td></td>
<td>- Some additional training</td>
</tr>
<tr>
<td></td>
<td>- No additional training</td>
</tr>
<tr>
<td></td>
<td>- Don’t know / can’t say</td>
</tr>
<tr>
<td>3.0</td>
<td><strong>Financial Resources</strong></td>
</tr>
<tr>
<td>3.1</td>
<td>In order to implement the MDS, the quitline used financial resources from:</td>
</tr>
<tr>
<td></td>
<td>- Existing quitline budget</td>
</tr>
<tr>
<td></td>
<td>- Additional resources outside of the existing budget</td>
</tr>
<tr>
<td></td>
<td>- Did not require additional financial resources</td>
</tr>
<tr>
<td></td>
<td>- Don’t know / can’t say</td>
</tr>
<tr>
<td></td>
<td>- Did not implement MDS (in part or in full) due to financial constraints</td>
</tr>
<tr>
<td>3.2</td>
<td>The financial resources required to implement the MDS totaled <strong>%</strong> of the quitline’s total annual budget. <em>(Open ended response)</em></td>
</tr>
<tr>
<td></td>
<td>- Don’t know / can’t say</td>
</tr>
<tr>
<td>4.0</td>
<td><strong>Time Required for Implementation</strong></td>
</tr>
<tr>
<td>4.1</td>
<td>The process from initial planning to full implementation of the MDS at our quitline required <strong>months</strong>.</td>
</tr>
<tr>
<td></td>
<td>- Don’t know / can’t say</td>
</tr>
</tbody>
</table>
Section B: MDS Implementation Impact Assessment

Please check the statement that most accurately reflects the impact that the implementation of MDS had on your quitline’s intake services, counseling / service protocols and on follow-up calls.

<table>
<thead>
<tr>
<th>5.0</th>
<th>Impact on Intake Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>After the implementation of MDS intake questions, the time required to collect initial contact (intake) from the caller has:</td>
</tr>
<tr>
<td></td>
<td>□ Significantly increased</td>
</tr>
<tr>
<td></td>
<td>□ Slightly increased</td>
</tr>
<tr>
<td></td>
<td>□ Did not change</td>
</tr>
<tr>
<td></td>
<td>□ Slightly decreased</td>
</tr>
<tr>
<td></td>
<td>□ Significantly decreased</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know / can’t say</td>
</tr>
</tbody>
</table>

| 5.2 | After the implementation of MDS intake questions, the information collected from callers at intake (first contact) has: |
|     | □ Improved in quality |
|     | □ Slightly improved in quality |
|     | □ Not made a difference |
|     | □ Slightly decreased in quality |
|     | □ Significantly decreased |
|     | □ Don’t know / can’t say |

| 5.3 | Once the MDS intake questions were implemented, what was the most significant overall impact on the intake process / data? *(Open ended response)* |

<table>
<thead>
<tr>
<th>6.0</th>
<th>Impact on Counseling / Service Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>After the implementation of MDS intake questions, the changes to the counseling/service protocol to accommodate the new MDS data collection process were:</td>
</tr>
<tr>
<td></td>
<td>□ Significant</td>
</tr>
<tr>
<td></td>
<td>□ Moderate</td>
</tr>
<tr>
<td></td>
<td>□ Slight</td>
</tr>
<tr>
<td></td>
<td>□ Not required</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know / can’t say</td>
</tr>
</tbody>
</table>
### 6.2
After the implementation of MDS intake questions, the time the counselor spends collecting additional data from the caller outside of the intake process:

- ☐ Significantly increased
- ☐ Slightly increased
- ☐ Did not change
- ☐ Slightly decreased
- ☐ Significantly decreased
- ☐ Don’t know / can’t say

### 6.3
Once the MDS intake questions were implemented, what was the most significant overall impact on the quitline’s counseling process / data? *(Open ended response)*

### 7.0 Impact on Follow-Up (Evaluation) Call

#### 7.1
After implementing MDS follow-up (evaluation) questions, the time required to complete the follow-up with the caller has:

- ☐ Significantly increased
- ☐ Slightly increased
- ☐ Did not change
- ☐ Slightly decreased
- ☐ Significantly decreased
- ☐ Don’t know / can’t say

#### 7.2
After the implementation of MDS follow-up (evaluation) questions, information collected from callers at follow-up has:

*(Note: For the purposes of the MDS Assessment, changes in quality are defined as changes in the amount of missing data and the level of standardization in data that is achieved.)*

- ☐ Improved in quality
- ☐ Slightly improved in quality
- ☐ Did not make a difference
- ☐ Slightly decreased in quality
- ☐ Significantly decreased
- ☐ Don’t know / can’t say

#### 7.3
Once the MDS follow-up questions were implemented, what was the most significant overall impact on the follow-up process / data? *(Open ended response)*
### Additional Questions

<table>
<thead>
<tr>
<th>8.0</th>
<th><strong>8.1</strong> Once the MDS intake and follow-up questions were implemented, what was the most significant overall impact on the quitline as a whole? <em>(Open ended response)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>8.2</strong> Once the MDS intake and follow-up questions were implemented, what were the most significant impacts on other quitline stakeholders? <em>(Open ended response)</em></td>
</tr>
<tr>
<td></td>
<td><strong>8.3</strong> Were there any impacts on your intake or follow-up services that you could not report on using this form? If so, please list the items here. <em>(Open ended response)</em></td>
</tr>
</tbody>
</table>
Section C: MDS Implementation Process Assessment

For the questions below, please rate the level of difficulty you experienced in implementing the different aspects of the MDS using a scale from 1 to 4 with one being not difficult at all, and four being very difficult. Use 0 when the step was not applicable to your experience.

<table>
<thead>
<tr>
<th>9.0</th>
<th>Implementation Step</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>How difficult was it to implement the MDS intake questions?</td>
<td></td>
</tr>
<tr>
<td>9.2</td>
<td>How difficult was it to update / adapt your quitline’s database technology to implement MDS?</td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>How difficult was it to implement the MDS follow-up questions?</td>
<td></td>
</tr>
<tr>
<td>9.4</td>
<td>How difficult was it to test the new technology required to implement the revised intake tool with MDS questions?</td>
<td></td>
</tr>
<tr>
<td>9.5</td>
<td>Once the MDS was implemented, how difficult was it to revise / inform stakeholders of the MDS changes and its effect on quitline data reporting and evaluation to reflect MDS?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.0</th>
<th>Implementation Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>Describe any issues involved in the implementation of the MDS intake questions that were particularly difficult to address. <em>(Open ended response)</em></td>
</tr>
<tr>
<td>10.2</td>
<td>Describe any issues involved in the implementation of the MDS follow-up questions that were particularly difficult to address. <em>(Open ended response)</em></td>
</tr>
</tbody>
</table>
Section D: NAQC Support during MDS implementation

Listed below are the various supports provided by NAQC during MDS implementation. Please rate the usefulness and quality of each, using scale from 1 to 4, with 1 being poor and 4 excellent. Use 0 when the support was not used or you are unable to say.

<table>
<thead>
<tr>
<th>0</th>
<th>Not used / unable to say</th>
<th>1</th>
<th>Poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11.0</th>
<th>Support Provided</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1</td>
<td>MDS intake and follow-up questionnaire tools</td>
<td></td>
</tr>
<tr>
<td>11.2</td>
<td>MDS code books</td>
<td></td>
</tr>
<tr>
<td>11.3</td>
<td>MDS expert conference calls</td>
<td></td>
</tr>
<tr>
<td>11.4</td>
<td>Website bulletin-board</td>
<td></td>
</tr>
<tr>
<td>11.5</td>
<td>Access to NAQC consultants/experts</td>
<td></td>
</tr>
<tr>
<td>11.6</td>
<td>NAQC in-person meetings</td>
<td></td>
</tr>
<tr>
<td>11.7</td>
<td>Networking with other quitlines</td>
<td></td>
</tr>
<tr>
<td>11.8</td>
<td>NAQC E-bulletin</td>
<td></td>
</tr>
<tr>
<td>11.9</td>
<td>Drill Down sessions at NAQC’s 2005 annual meeting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.0</th>
<th>Unmet Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>Did the quitline have unmet needs/requests during the MDS implementation process?</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Yes → Please describe your unmet needs / requests:</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know / can’t say</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.0</th>
<th>Barriers / Facilitators: Quitline Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1</td>
<td>Quitline Funder:</td>
</tr>
<tr>
<td></td>
<td>What would you consider was the main barrier faced by the quitline during the implementation of MDS intake and follow-up tools? (Open ended response)</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know / can’t say</td>
</tr>
<tr>
<td>13.2</td>
<td>Quitline Funder:</td>
</tr>
<tr>
<td></td>
<td>What would you consider was the main facilitator during the implementation of MDS intake and follow-up tools? (Open ended response)</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know / can’t say</td>
</tr>
</tbody>
</table>
| 13.3 | **Quitline Funder**  
Was there anything NAQC staff could have done differently or better to make the process of implementing the MDS easier? *(Open ended response)* |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14.0</td>
<td><strong>Barriers / Facilitators: Quitline Service Provider / Vendor</strong></td>
</tr>
</tbody>
</table>
| 14.1 | **Quitline Service Provider / Vendor:**  
What would you consider was the main **barrier** faced by the quitline during the implementation of MDS intake tool? *(Open ended response)*  
☐ Don’t know / can’t say |
| 14.2 | **Quitline Service Provider / Vendor:**  
What would you consider was the main **facilitator** during the implementation of MDS intake tool? *(Open ended response)*  
☐ Don’t know / can’t say |
| 14.3 | **Quitline Service Provider / Vendor:**  
Was there anything NAQC staff could have done differently or better to make the process of implementing the MDS easier? *(Open ended response)* |
| 15.0 | **Barriers / Facilitators: Quitline Evaluator** |
| 15.1 | **Quitline Evaluator:**  
What would you consider was the main **barrier** faced by the quitline during the implementation of MDS follow-up tool? *(Open ended response)*  
☐ Don’t know / can’t say |
| 15.2 | **Quitline Evaluator:**
|      | What would you consider was the main **facilitator** during the implementation of MDS follow-up tool? *(Open ended response)*
|      | □ Don’t know / can’t say |

| 15.3 | **Quitline Evaluator:**
|      | Was there anything NAQC staff could have done differently or better to make the process of implementing the MDS easier? *(Open ended response)* |

| 16.0 | **Other** |
| 16.1 | Is there anything that NAQC should know about the implementation of the MDS? *(Open ended response)* |

| 16.2 | Is there anything you experienced that might be helpful for other quitlines to know? *(Open ended response)* |
## Section E: MDS Instrument Assessment

In this section, please identify any improvements that are required of the MDS intake and follow-up instruments.

<table>
<thead>
<tr>
<th>17.0</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1</td>
<td>Were the terms that required definitions clearly defined in the MDS intake and follow-up questionnaire documents?</td>
</tr>
<tr>
<td></td>
<td>Yes → Go to 18.0</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Don’t know / can’t say</td>
</tr>
</tbody>
</table>

| 17.2 | If no, please clarify the additional terms that required definition, or the terms that require further clarity. *(Open ended response)* |

<table>
<thead>
<tr>
<th>18.0</th>
<th>Intake Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>Were there any MDS intake questions / response categories that you had difficulty implementing?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No → Go to 18.2</td>
</tr>
<tr>
<td></td>
<td>Don’t know / can’t say</td>
</tr>
</tbody>
</table>

| 18.1a | If yes, please list them and a NAQC consultant will follow-up with you to obtain additional information. *(Open ended response)* |

| 18.2 | Did you have to translate any of the MDS intake questions into another language? |
|      | Yes |
|      | No → Go to 18.3 |
|      | Don’t know / can’t say |

<p>| 18.2a | If yes, into what languages did you have to translate MDS intake questions? Check all that apply: |
|       | English |
|       | Spanish |
|       | French |
|       | Cantonese |
|       | Mandarin |
|       | Korean |
|       | Vietnamese |
|       | Russian |
|       | Other (please specify): |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.2b If you did translate MDS Intake questions, were any of the questions challenging to translate?</td>
<td>Yes, No go to 18.3, Don’t know / can’t say</td>
</tr>
<tr>
<td>18.2c If yes, please describe the challenges you had in translating the MDS intake questions.</td>
<td><em>(Open ended response)</em></td>
</tr>
<tr>
<td>18.3 Do you have any remaining questions about any of the MDS Intake items? If so, please identify them here.</td>
<td><em>(Open ended response)</em></td>
</tr>
<tr>
<td>18.4 Were there any intake response categories that your quitline uses that MDS did not include?</td>
<td>Yes, No go to 18.5, Don’t know / can’t say</td>
</tr>
<tr>
<td>18.4a If yes, please identify the intake response category that your quitline uses that was not included in the MDS.</td>
<td><em>(Open ended response)</em></td>
</tr>
<tr>
<td>18.5 Are there any intake questions / response categories that are NOT included in the MDS that you would like to see included? If so, please list them here.</td>
<td><em>(Open ended response)</em></td>
</tr>
<tr>
<td>19.0 Follow-Up Questions</td>
<td></td>
</tr>
<tr>
<td>19.1 Were there any MDS follow-up questions / response categories that you had difficulty implementing?</td>
<td>Yes, No go to 19.2, Don’t know / can’t say</td>
</tr>
</tbody>
</table>
19.1a | If yes, please list them and a NAQC consultant will follow-up with you to obtain additional information. *(Open ended response)*

19.2 | Did you have to translate any of the MDS follow-up questions and response categories into another language?
- Yes
- No → Go to 19.3
- Don’t know / can’t say

19.2a | If yes, into what languages did you have to translate MDS follow-up questions and response categories? Check all that apply:
- English
- Spanish
- French
- Cantonese
- Mandarin
- Korean
- Vietnamese
- Russian
- Other (please specify):

19.2b | If you did translate MDS follow-up questions and response categories, were any of the questions challenging to translate?
- Yes
- No → Go to 19.3
- Don’t know / can’t say

19.2c | If yes, please describe the challenges you had in translating the MDS follow-up questions and response categories. *(Open ended response)*

19.3 | Do you have any remaining questions about any of the MDS Follow-Up items? If so, please identify them here. *(Open ended response)*
| 19.4 | Were there any follow-up response categories that your quitline uses that MDS did not include?  
☐ Yes  
☐ No → Go to 19.5  
☐ Don’t know / can’t say  

| 19.4a | If yes, please identify the follow-up response category that your quitline uses that was not included in the MDS. *(Open ended response)*  

| 19.5 | Are there any follow-up questions / response categories that are NOT included in the MDS that you would like to see included? If so, please list them here. *(Open ended response)*  

| 20.0 | **Additional Questions**  

| 20.1 | Does your quitline serve any other priority populations (e.g., GLBT, low Socio Economic, ethnic / minority population, American Indian / First Nations)?  
☐ Yes  
☐ No → Go to 20.2  
☐ Don’t know / can’t say  

| 20.1a | If yes, were there any challenges implementing MDS Intake or Follow-Up questions and response categories with any of these priority populations?  
☐ Yes  
☐ No → Go to 20.2  
☐ Don’t know / can’t say  

| 20.1b | If yes, please describe the challenges you encountered. Remember to specify with what population there were challenges and the question / response category that was challenging. *(Open ended response)*  

| 20.2 | Are there any other suggestions that you can make for improvements to NAQC’s Minimal Data Set? Please list / describe them below. *(Open ended response)*  

Thank You for Completing this Questionnaire!

Please check to see that you have answered all the questions, then submit your form to Annamaria Feltracco at afeltracco@NAQuitline.org!
Appendix C
Purpose:

In this part of the NAQC MDS Implementation Assessment, we want to understand how each MDS question and the corresponding response categories were implemented by your quitline. To do this, we need to understand the questions and response categories that you use to collect MDS data (e.g., MDS questions) at both intake and follow-up, as well who the questions are asked of (e.g., all callers to the quitline, first time callers only, all callers to the quitline who are use tobacco products), and when the questions are asked in the intake / intervention / follow. We will use this information to assess how fully the MDS questions were implemented by North American quitlines, to identify any problematic questions or response categories, and to determine how we can improve the MDS to best serve our members and the broader tobacco control community.

You can provide this data to us in one of three different ways. Choose the way that is best for you and your quitline:

Option 1: Quitline completes questionnaire

- Use the NAQC MDS Assessment: Intake and Follow-Up Questionnaire form provided below to identify each of your MDS intake and follow-up questions and response categories.
- Answer the questions to tell us when each of the questions is asked, and of whom the questions are asked.
- If your question and / or response categories are lengthy, please attach a separate Word document to your response with reference in the appropriate question response to the attachment.
- This questionnaire is an MS Word form. Please be aware of the following limitations with this form:
  - When using an MS Word Form, you can only "click" in the fields or areas that are provided for this purpose. If you click elsewhere on the form, the document will "skip" to the next field or area.
Spelling and grammar check functions do not work in MS Word Forms response fields. Use these functions on your draft responses before cutting and pasting into the document.

- Tables cannot be added to the response fields
- There are limitations with document search functions
- If you have a long response, a response that uses tables or another format that is not compatible with MS Word Forms, and would like to attach a separate document with your response, please clearly indicate the question number(s) for which you are attaching the response.

- Please make sure to provide us with the exact intake / follow-up question and responses that your quitline uses!

**Option 2: Quitline submits each specific MDS question and response category**

- Submit each of the MDS intake and follow-up questions (including response category) that your quitline uses to collect data exactly as the question is asked. Also include MDS Optional Intake questions that your quitline may use.
- Include information about when each of the questions is asked, of whom it is asked, and how the data is collected.
- We will follow-up with you if we have any questions about the material you have submitted.

**Option 3: Quitline submits intake and follow-up tools**

- Submit your intake and follow-up tools / questionnaires (questions and response categories) in their entirety to us. Also include MDS Optional Intake questions that your quitline may use.
- Include your quitline’s “flow chart” that identifies when in the intake / counselling / follow-up process the question is asked and of whom the questions are asked. (If the instruments include skip patterns, a flow chart is not necessary.)
- We will follow-up with you if we have any questions about the material you have submitted.

**Confidentiality:**

Your intake and follow-up survey tool, responses to the MDS Assessment questionnaire and all other information you share about your quitline will be analysed by NAQC to understand quitlines’ experiences with MDS implementation. Information about the questions asked by each quitline and when they are asked will not be shared.

The assessment of how your specific quitline has implemented MDS will be shared with the person submitting information on behalf of the quitline. That individual can share the information, as appropriate with other staff, partners and agents. The results of the MDS Assessment and analysis will be in aggregate format –no quitlines will be singled out or identified by name in any reporting on assessment unless specific permission is given by the quitline. For example, if your quitline has a particular lesson that other quitlines might benefit from learning also, NAQC may approach you to discuss how we can use this information for the benefit of quitlines in North America - for example, through a case study.
Timeline:

Please complete the Assessment by July 27, 2007. Return this questionnaire and your quitline’s MDS intake and follow-up questions to Annamaria Feltracco. Throughout this assessment process, you may contact Annamaria Feltracco (afeltracco@NAQuitline.org), NAQC Consultant for support and information. Contact Annamaria afeltracco@NAQuitline.org or at 519-443-6160 (EST).
Option 1 NAQC MDS Assessment: Intake and Follow-Up Questionnaire

Before you Begin:

To complete this assessment questionnaire, you will need a good understanding of the quitline's intake, intervention and follow-up tools and how they are asked during the quitline intervention, including understanding the quitline “flow chart” for calls. Section A of this tool focuses on intake questions, Section B on follow-up or evaluation questions. It will be helpful to have a copy of the NAQC MDS Intake and Follow-Up questions available for your reference. You can download them at http://www.naquitline.org/pdfs/mds_intakequestions.pdf

We suggest that you make sure that you have the quitline intake, intervention and follow-up tools available and a copy of the quitline’s “flow chart” for calls before you begin the questionnaire. Funders will submit only one completed questionnaire per quitline for the MDS Intake and Follow-Up Questionnaire.

Section A: MDS Intake Questions and Response Categories

In the space provided (section X.1 for every item), please write the exact MDS question and response categories that your quitline uses to implement the following MDS questions and response categories. You may copy and paste your intake questions from your intake questionnaire. For each MDS question, there are three questions about of whom you ask the question, when you ask the question, and any other information you can provide that will help us understand how you ask each of the MDS intake questions. Please answer each question fully.

<table>
<thead>
<tr>
<th>I. Overall Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.1 In general, who is administered the MDS Intake Questions? E.g. All callers who call the quitline and whose calls are answered / replied to, Callers who are calling for themselves for help with quitting, Callers who are eligible for quitline service etc. Please note: we will ask you to identify skip patterns specific to MDS Intake and Follow-Up questions below. (Open ended response)</td>
</tr>
<tr>
<td>O.2 Does your quitline have eligibility criteria?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>O.2a If yes, please define your quitline's eligibility criteria. (Open ended response)</td>
</tr>
</tbody>
</table>
### O.3
In general, who is administered the MDS Follow-Up Questions? E.g. All callers who called the quitline, who called for help with quitting and who agreed to evaluation for a specified period; all callers who called for help with quitting, who agreed to follow-up call. *(Open ended response)*

### O.4
Please tell us how frequently your quitline conducts 7 month follow-up surveys with callers to the service.

- Ongoing
- Once every year
- Once every three years
- Other timeframe, please provide:

### II. MDS Intake Questions and Response Categories
For each of the NAQC MDS Intake Questions below (blue text), please submit the intake questions that you ask that most closely resembles each MDS question OR that you use to report the related MDS data – even if it is exactly the same. Include ALL the response categories that are used for the question.

<table>
<thead>
<tr>
<th>1.0</th>
<th><strong>NAQC MDS Intake Question 1:</strong> How can I help you? (Reason for Calling)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Want help / information about quitting</td>
</tr>
<tr>
<td></td>
<td>- Want help / information about staying quit</td>
</tr>
<tr>
<td></td>
<td>- Want to refer someone for help</td>
</tr>
<tr>
<td></td>
<td>- Want general information or materials about quitline service</td>
</tr>
<tr>
<td></td>
<td>- Other: __________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.1</th>
<th><strong>Your Quitline’s MDS Intake Question 1 and Response Categories (please write in your exact question and response categories):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2</th>
<th><strong>Please tell us WHEN your quitline asks MDS Intake Question 1:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Not asked</td>
</tr>
<tr>
<td></td>
<td>- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>- Other, please describe:</td>
</tr>
</tbody>
</table>
1.3 Please list skip patterns used to determine WHO answers MDS Intake Question 1, if any. *(Open ended response)*

<table>
<thead>
<tr>
<th>2.0</th>
<th>NAQC MDS Intake Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Are you:</td>
<td></td>
</tr>
<tr>
<td>□ Calling for yourself <em>(SKIP TO Q3)</em></td>
<td></td>
</tr>
<tr>
<td>□ Calling on behalf of or to help someone else <em>(CONTINUE TO Q2b)</em></td>
<td></td>
</tr>
<tr>
<td>2b. Are you:</td>
<td></td>
</tr>
<tr>
<td>□ A health professional</td>
<td></td>
</tr>
<tr>
<td>□ A friend or family member</td>
<td></td>
</tr>
<tr>
<td>□ A community organization, worksite, insurance</td>
<td></td>
</tr>
<tr>
<td>□ Other: _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.1</th>
<th>Your Quitline’s MDS Intake Question 2 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not asked at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not asked</td>
<td></td>
</tr>
<tr>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
<td></td>
</tr>
<tr>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
<td></td>
</tr>
<tr>
<td>□ Other, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

| 2.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 2, if any. *(Open ended response)* |
### 3.0 NAQC MDS Intake Question 3:
How did you hear about the quitline? *(DO NOT READ; CHECK ALL RESPONSES)* *(Optional – specific types of promotion)*
- [ ] MEDIA
  - [ ] Newspaper
  - [ ] Radio
  - [ ] Television
- *Other selections can be added by quitline*
- [ ] OTHER ADVERTISING
  - [ ] Phone directory
  - [ ] Flyers, brochures
- *Other selections can be added by quitline*
- [ ] REFERRAL
  - [ ] Health professional (doctor, dentist, etc.)
  - [ ] Family / friends
  - [ ] Workplace
  - [ ] Health insurance
  - [ ] Community organization
  - [ ] Other: _______________________

### 3.1 Your Quitline’s MDS Intake Question 3 and Response Categories (please write in your exact question and response categories):
- [ ] Not asked at all

### 3.2 Please tell us WHEN your quitline asks MDS Intake Question 3:
- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

### 3.3 Please list skip patterns used to determine WHO answers MDS Intake Question 3, if any. *(Open ended response)*
| 4.0 | **NAQC MDS Intake Question 4:**  
Is this your first call to the quitline in the past year?  
☐ Yes  
☐ No → **Optional:** How many times did you call the quitline in the past year? ____ (# of times) |
| 4.1 | **Your Quitline’s MDS Intake Question 4 and Response Categories (please write in your exact question and response categories):**  
☐ Not asked at all |
| 4.2 | **Please tell us WHEN your quitline asks MDS Intake Question 4:**  
☐ Not asked  
☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
☐ Other, please describe: |
| 4.3 | **Please list skip patterns used to determine WHO answers MDS Intake Question 4, if any. (Open ended response)** |
### 5.0 NAQC MDS Intake Question 5:

**USA ONLY:**
5a. Do you currently smoke cigarettes every day, some days, or not at all? *(CHECK ONE)*
- Everyday
- Some days (if less than 7 days per week or less than 1 cigarette per day)
  → **Optional if respond “Some Days”**: How many days did you smoke in the last 30 days? ____
- Not at all

When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*?
*(if day is unknown, code as 15th of month)*
*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)*

**CANADA ONLY:**
Do you currently smoke cigarettes daily, occasionally, or not at all? *(CHECK ONE)*
- Daily
- Occasionally (if less than 7 days per week or less than 1 cigarette per day)
  → **Optional if respond “Occasionally”**: How many days did you smoke in the last 30 days? ____
- Not at all

When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*?
*(if day is unknown, code as 15th of month)*
*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)*

5b. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ____ *(If caller says over 100, confirm 100 cpd = 5 packs per day; If caller says less than one per day, code 5a as Some Days/Occasionally)*

### 5.1 Your Quitline’s MDS Intake Question 5a and b and Response Categories (please write in your exact question and response categories):

- Not asked at all
<table>
<thead>
<tr>
<th>5.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

| 5.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 5, if any. (Open ended response) |

<table>
<thead>
<tr>
<th>6.0</th>
<th>NAQC MDS Intake Question 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cigarette smokers only:</td>
</tr>
<tr>
<td></td>
<td>How soon after you wake up do you smoke your first cigarette? (DO NOT READ)</td>
</tr>
<tr>
<td></td>
<td>□ Within five minutes</td>
</tr>
<tr>
<td></td>
<td>□ 6 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>□ 31 to 60 minutes</td>
</tr>
<tr>
<td></td>
<td>□ More than 60 minutes</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.1</th>
<th>Your Quitline’s MDS Intake Question 6 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 6:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>
### 6.3
Please list skip patterns used to determine WHO answers MDS Intake Question 6, if any. *(Open ended response)*

### 7.0
**NAQC MDS Intake Question 7:**
Do you currently use other tobacco products such as: *(check all that apply)*
- [ ] Cigars
- [ ] Pipes
- [ ] Chewing Tobacco or Snuff
- [ ] Other Tobacco Products (e.g. Bidis) → **Optional** *(specify): _________________*

*(IF Q5a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q7 = NO OTHER TOBACCO, SKIP TO Q9)*
*(IF Q5a = NOT AT ALL AND Q7 = NO OTHER TOBACCO, SKIP TO Q10)*

### 7.1
**Your Quitline’s MDS Intake Question 7 and Response Categories (please write in your exact question and response categories):**

- [ ] Not asked at all

### 7.2
**Please tell us WHEN your quitline asks MDS Intake Question 7:**
- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

### 7.3
Please list skip patterns used to determine WHO answers MDS Intake Question 7, if any. *(Open ended response)*
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Response Categories</th>
</tr>
</thead>
</table>
| 8.0     | **NAQC MDS Intake Question 8:** How much tobacco do you use per week? | - Cigars (number per week)  
- Pipe bowls (number per week)  
- Chewing tobacco or snuff (number of pouches / tins per week)  
- Other tobacco (amount per week) |
| 8.1     | Your Quitline’s MDS Intake Question 8 and Response Categories (please write in your exact question and response categories): | ☐ Not asked at all |
| 8.2     | Please tell us WHEN your quitline asks MDS Intake Question 8: | ☐ Not asked  
☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
☐ Other, please describe: |
| 8.3     | Please list skip patterns used to determine WHO answers MDS Intake Question 8, if any. (Open ended response) |
| 9.0     | **NAQC MDS Intake Question 9:** All current tobacco users (smokers and other tobacco users) Do you intend to quit within the next 30 days? *(DO NOT READ)* | ☐ Yes  
☐ No  
☐ Don’t know  
☐ Refused |
<p>| 9.1     | Your Quitline’s MDS Intake Question 9 and Response Categories (please write in your exact question and response categories): | ☐ Not asked at all |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Question/Instructions</th>
</tr>
</thead>
</table>
| 9.2     | **Please tell us WHEN your quitline asks MDS Intake Question 9:**  
|         | □ Not asked  
|         | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
|         | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
|         | □ Other, please describe:  
| 9.3     | **Please list skip patterns used to determine WHO answers MDS Intake Question 9, if any.** *(Open ended response)*  
| 10.0    | **NAQC MDS Intake Question 10:**  
|         | Optional: At what age did you start smoking regularly? ________ *(age in years)*  
| 10.1    | **Your Quitline’s MDS Intake Question 10 and Response Categories (please write in your exact question and response categories):**  
|         | □ Not asked at all  
| 10.2    | **Please tell us WHEN your quitline asks MDS Intake Question 10:**  
|         | □ Not asked  
|         | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
|         | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
|         | □ Other, please describe:  
| 10.3    | **Please list skip patterns used to determine WHO answers MDS Intake Question 10, if any.** *(Open ended response)*  

| 11.0 | **NAQC MDS Intake Question 11:**  
C. CALLER CHARACTERISTICS (Ask of all eligible* callers)  
(*eligible is defined by each quitline and should be clearly described)  
First I need to verify are you male or female?  
☐ Male  
☐ Female  
☐ Refused |
|---|---|
| 11.1 | **Your Quitline’s MDS Intake Question 11 and Response Categories (please write in your exact question and response categories):**  
☐ Not asked at all |
| 11.2 | **Please tell us WHEN your quitline asks MDS Intake Question 11:**  
☐ Not asked  
☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
☐ Other, please describe: |
| 11.3 | **Please list skip patterns used to determine WHO answers MDS Intake Question 11, if any. (Open ended response)** |
| 12.0 | **NAQC MDS Intake Question 12:**  
What year were you born? _ _ _ _  
☐ Refused  

*Optional:* What is your date of birth? _ _ / _ _ _ _ (mm/yyyy) |
| 12.1 | **Your Quitline’s MDS Intake Question 12 and Response Categories (please write in your exact question and response categories):**  
☐ Not asked at all |
| 12.2 | **Please tell us WHEN your quitline asks MDS Intake Question 12:**  
|      | □ Not asked  
|      | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
|      | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
|      | □ Other, please describe: |
| 12.3 | **Please list skip patterns used to determine WHO answers MDS Intake Question 12, if any. (Open ended response)** |
| 13.0 | **NAQC MDS Intake Question 13:**  
|      | What is your zip code? (Canada = postal code) |
| 13.1 | **Your Quitline’s MDS Intake Question 13 (please write in your exact question and response categories):**  
|      | □ Not asked at all |
| 13.2 | **Please tell us WHEN your quitline asks MDS Intake Question 13:**  
|      | □ Not asked  
|      | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
|      | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
<p>|      | □ Other, please describe: |
| 13.3 | <strong>Please list skip patterns used to determine WHO answers MDS Intake Question 13, if any. (Open ended response)</strong> |</p>
<table>
<thead>
<tr>
<th></th>
<th><strong>NAQC MDS Intake Question 14</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Optional (USA only):</strong> Do you have any health insurance?</td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
</tbody>
</table>

|   | **Your Quitline’s MDS Intake Question 14 and Response Categories (please write in your exact question and response categories):** |
|   | ☐ Not asked at all |

|   | **Please tell us WHEN your quitline asks MDS Intake Question 14:** |
|   | ☐ Not asked |
|   | ☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff) |
|   | ☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls) |
|   | ☐ Other, please describe: |

|   | **Please list skip patterns used to determine WHO answers MDS Intake Question 14, if any. (Open ended response)** |
### 15.0 NAQC MDS Intake Question 15:
What is the highest level of education you have completed? *(DO NOT READ)*

**USA:**
- [ ] Less than grade 9
- [ ] Grade 9 to 11, no degree
- [ ] GED
- [ ] High school degree
- [ ] Some college or university
- [ ] College or university degree

**CANADA:**
- [ ] Less than high school
- [ ] High school diploma
- [ ] Technical or trade school (includes any post-high school education, including technical or trade school, but not a degree.)
- [ ] College or university degree (includes AA, BA, Masters, Ph.D.)

### 15.1 Your Quitline’s MDS Intake Question 15 and Response Categories (please write in your exact question and response categories):

- [ ] Not asked at all

### 15.2 Please tell us WHEN your quitline asks MDS Intake Question 15:

- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

### 15.3 Please list skip patterns used to determine WHO answers MDS Intake Question 15, if any. (Open ended response)
16.0 **NAQC MDS Intake Question 16:**
**USA only:**
Are you Hispanic or Latino?
- [ ] Yes (Hispanic or Latino)
- [ ] No (Not Hispanic or Latino)
- [ ] Refused
- [ ] Not ascertained → **Optional:** Reason: ____________ *(include “Don’t know” here)*

16.1 **Your Quitline’s MDS Intake Question 16 and Response Categories (please write in your exact question and response categories):**

- [ ] Not asked at all

16.2 **Please tell us WHEN your quitline asks MDS Intake Question 16:**
- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

16.3 **Please list skip patterns used to determine WHO answers MDS Intake Question 16, if any. (Open ended response)**
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAQC MDS Intake Question 17:</strong></td>
</tr>
<tr>
<td><strong>USA:</strong> Which of these groups would you say best describes you? <em>(READ)</em></td>
</tr>
<tr>
<td>- White</td>
</tr>
<tr>
<td>- Black or African American</td>
</tr>
<tr>
<td>- Asian</td>
</tr>
<tr>
<td>→ Optional if respond “Asian”: Which specific ethnicity or race do you identify with the most? <em>(Do not read responses; code answer)</em></td>
</tr>
<tr>
<td>- Asian Indian</td>
</tr>
<tr>
<td>- Cambodian</td>
</tr>
<tr>
<td>- Chinese (except Taiwanese)</td>
</tr>
<tr>
<td>- Filipino</td>
</tr>
<tr>
<td>- Hmong</td>
</tr>
<tr>
<td>- Japanese</td>
</tr>
<tr>
<td>- Korean</td>
</tr>
<tr>
<td>- Laotian</td>
</tr>
<tr>
<td>- Pakistani</td>
</tr>
<tr>
<td>- Thai</td>
</tr>
<tr>
<td>- Taiwanese</td>
</tr>
<tr>
<td>- Vietnamese</td>
</tr>
<tr>
<td>- Other Asian (specify): ____________________</td>
</tr>
<tr>
<td>- Don’t know / not sure</td>
</tr>
<tr>
<td>- Refused</td>
</tr>
</tbody>
</table>

| - Native Hawaiian or other pacific islander |
| → Optional if respond “Native Hawaiian or other pacific islander”: Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)* |
|   - Native Hawaiian |
|   - Samoan |
|   - Tongan |
|   - Tahitian |
|   - Maori |
|   - Guamanian or Chamorro |
|   - Other Micronesians (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean) |
|   - Fijian |
|   - Other (specify): ____________________ |
|   - Don’t know / not sure |
|   - Refused |

| - American Indian or Alaska native |
| **DO NOT READ THE REST:** |
1. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
2. A person having origins in any of the black racial groups of Africa. Terms like Haitian or Negro can also be used.
3. A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
4. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. A person having origins in any of the original peoples of North, Central, or South America, and who maintain tribal affiliation or community attachment.

**CANADA:** To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) *(READ; CAN CHECK MORE THAN ONE)*

- [ ] Canadian (English or French Canadian)
- [ ] Aboriginal (Native Indian, Métis, Inuit)
- [ ] British (English, Irish, Scottish, Welsh)
- [ ] European (specify country): __________________
- [ ] Asian (specify country): __________________
- [ ] Other (specify): __________________ *(DON’T READ)*
- [ ] None of the above *(DON’T READ)*
- [ ] Don’t know *(DON’T READ)*
- [ ] Refused *(DON’T READ)*

17.1 Your Quitline’s MDS Intake Question 17 and Response Categories (please write in your exact question and response categories):

- [ ] Not asked at all

17.2 Please tell us WHEN your quitline asks MDS Intake Question 17:

- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:
17.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 17, if any. *(Open ended response)*

| 18.0 | **NAQC MDS INTAKE ADMINISTRATIVE DATA**  
        Counselor ID *(Optional)*  
        Caller ID  
        Date of first contact with quitline *(dd/mm/yyyy)*: _ _/_ _/_ _/_ _  
        Intervention provided to caller *(Check all that apply)*:  
        ☐ Basic information  
        ☐ Literature and/or self-help materials  
        ☐ Reactive counseling (one counseling session)  
        ☐ Proactive counseling (more than one counseling session)  
        ☐ Medications  
        ☐ Referral  
        ☐ Other

| 18.1 | Your Quitline’s MDS Intake Administrative Data recorded (please write in your exact administrative data recorded):  
        ☐ Not recorded at all

| 18.2 | Please tell us WHEN your quitline asks records the MDS Administrative Data:  
        ☐ Not recorded  
        ☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
        ☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
        ☐ Other, please describe:
### III. MDS Optional Intake Questions and Response Categories

<table>
<thead>
<tr>
<th></th>
<th>NAQC MDS Intake Optional Question 1: Do you consider yourself to be:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Heterosexual or straight</td>
</tr>
<tr>
<td></td>
<td>b) Gay or Lesbian</td>
</tr>
<tr>
<td></td>
<td>c) Bisexual</td>
</tr>
<tr>
<td></td>
<td>DO NOT READ:</td>
</tr>
<tr>
<td></td>
<td>d) Don't know</td>
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<tr>
<td></td>
<td>e) Refused</td>
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</tbody>
</table>

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<thead>
<tr>
<th></th>
<th>Your Quitline’s MDS Intake Optional Question 1 and Response Categories (please write in your exact question and response categories):</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Please tell us WHEN your quitline asks MDS Intake Optional Question 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not asked</td>
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<tr>
<td></td>
<td>At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>Other, please describe:</td>
</tr>
</tbody>
</table>

|   | Please list skip patterns used to determine WHO answers MDS Intake Question 17, if any. (Open ended response) |

---

`appendix_c_redo.doc July 5, 2007`
### Section B: MDS Follow-Up Questions and Response Categories

For each of the NAQC MDS Follow-Up Questions below (blue text), please submit the follow-up questions that you ask that most closely resembles each MDS Follow-Up Question OR that you use to report the related MDS data – even if it is exactly the same. Include ALL the response categories that are used for callers to respond to the question.

<table>
<thead>
<tr>
<th></th>
<th>NAQC MDS Follow-Up Question 1: Overall, how satisfied were you with the service you received from the quitline? (READ ALL, CHECK ONE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
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<td>1.1</td>
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<td>1.2</td>
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<td>1.3</td>
<td></td>
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<tr>
<td></td>
<td><strong>2.0</strong></td>
</tr>
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<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
|   | 2a. **USA ONLY:** Do you currently smoke cigarettes every day, some days, or not at all?  
*CHECK ONE*  
☐ Everyday  
☐ Some days (if less than 7 days per week or less than 1 cigarette per day)  
→ *Optional if respond “Some Days”:* How many days did you smoke in the last 30 days? ______  
☐ Not at all  
When was the last time you smoked cigarettes daily *(dd/mm/yyyy)?* _ _ / _ / __  
*(if day is unknown, code as 15th of month)*  
*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)*  
**CANADA ONLY:** Do you currently smoke cigarettes daily, occasionally, or not at all?  
*CHECK ONE*  
☐ Daily  
☐ Occasionally (if less than 7 days per week or less than 1 cigarette per day)  
→ *Optional if respond “Occasionally”:* How many days did you smoke in the last 30 days? ______  
☐ Not at all  
When was the last time you smoked cigarettes daily *(dd/mm/yyyy)?* _ _ / _ / __  
*(if day is unknown, code as 15th of month)*  
*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)*  
2b. How many cigarettes do you smoke per day on the days that you smoke *(cigarettes per day)*? ______ *(If caller says over 100, confirm. 100 cpd = 5 packs per day; If caller says less than one per day, code as Some Days)*  
   | **2.1** | **Your Quitline’s MDS Follow-Up Question 2 and Response Categories (please write in your exact question and response categories):**  
|   | ☐ Not asked at all  
   | **2.2** | **Please tell us WHEN your quitline asks MDS Follow-Up Question 2:**  
|   | ☐ Not asked  
|   | ☐ At 7 month follow-up  
|   | ☐ Other, please describe:
2.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 2, if any. *(Open ended response)*

| 3.0 | **NAQC MDS Follow-Up Question 3:**  
| Cigarette smokers only: How soon after you wake up do you smoke your first cigarette? *(DO NOT READ)*  
| - | Within five minutes  
| - | 6 to 30 minutes  
| - | 31 to 60 minutes  
| - | More than 60 minutes  
| - | Don’t know  
| - | Refused |

| 3.1 | **Your Quitline’s MDS Follow-Up Question 3 and Response Categories (please write in your exact question and response categories):**  
| - | Not asked at all |

| 3.2 | Please tell us WHEN your quitline asks MDS Follow-Up Question 3:  
| - | Not asked  
| - | At 7 month follow-up  
| - | Other, please describe: |

| 3.3 | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 3, if any. *(Open ended response)*

| 4.0 | **NAQC MDS Follow-Up Question 4:**  
| Do you currently use other tobacco products such as: *(Check all that apply)*  
| - | Cigars  
| - | Pipes  
| - | Chewing Tobacco or Snuff  
| - | Other Tobacco Products (e.g. Bidis)  

*(IF Q2a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q4 = NO OTHER TOBACCO, SKIP TO Q6)  
*(IF Q2a = NOT AT ALL AND Q4 = NO OTHER TOBACCO, SKIP TO Q8)*

| 4.1 | **Your Quitline’s MDS Follow-Up Question 4 and Response Categories (please*
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| 4.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 4:    | □ Not asked  
□ At 7 month follow-up  
□ Other, please describe:                                                                                                                                 |
| 4.3 Please list skip patterns used to determine WHO answers MDS Follow-Up | (Open ended response)                                                                                                                                |
| Question 4, if any. (Open ended response)                                |                                                                                                                                                   |
| 5.0 NAQC MDS Follow-Up Question 5:                                      | How much tobacco do you use per week?  
□ Cigars (number per week)  
□ Pipe bowls (number per week)  
□ Chewing tobacco or snuff (number of pouches / tins per week)  
□ Other tobacco (amount per week) → Optional (specify): _____ |
| 5.1 Your Quitline's MDS Follow-Up Question 5 and Response Categories     | (please write in your exact question and response categories):                                                                                     |
| (please write in your exact question and response categories):           | □ Not asked at all                                                                                                                                 |
| 5.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 5:     | □ Not asked  
□ At 7 month follow-up  
□ Other, please describe:                                                                                                                                 |
| 5.3 Please list skip patterns used to determine WHO answers MDS Follow-Up | (Open ended response)                                                                                                                                |
| Question 5, if any. (Open ended response)                                |                                                                                                                                                   |
| 6.0 | **NAQC MDS Follow-Up Question 6:**
All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? *(DO NOT READ)*
- Yes
- No
- Don’t know
- Refused |
| 6.1 | **Your Quitline’s MDS Follow-Up Question 6 and Response Categories (please write in your exact question and response categories):**
- Not asked at all |
| 6.2 | **Please tell us WHEN your quitline asks MDS Follow-Up Question 6:**
- Not asked
- At 7 month follow-up
- Other, please describe: |
| 6.3 | **Please list skip patterns used to determine WHO answers MDS Follow-Up Question 6, if any. (Open ended response)** |
| 7.0 | **NAQC MDS Follow-Up Question 7:**
Since you first called the quitline on *(Date of first contact)*, seven months ago, did you quit using tobacco for 24 hours or longer? *(DO NOT READ, CHECK ONE ONLY)* Note: collect number of *intentional* quit attempts only
- Yes
  - → **Optional if responded “Yes”:** How many times did you quit using tobacco for 24 hours or longer? _____ *(Note: collect number of intentional quit attempts only)*
- No
- Don’t know
- Refused |
| 7.1 | **Your Quitline's MDS Follow-Up Question 7 and Response Categories (please write in your exact question and response categories):**
- Not asked at all |
<table>
<thead>
<tr>
<th>7.2</th>
<th>Please tell us WHEN your quitline asks MDS Follow-Up Question 7:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
<tr>
<td></td>
<td>☐ At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>☐ Other, please describe:</td>
</tr>
</tbody>
</table>

| 7.3 | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 7, if any. *(Open ended response)* |

| 8.0 | **NAQC MDS Follow-Up Question 8:**  
When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*?
_ _/ _/ _ _ _ _ _ _ (if day unknown, code as 15th of month) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.1</th>
<th>Your Quitline’s MDS Follow-Up Question 8 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.2</th>
<th>Please tell us WHEN your quitline asks MDS Follow-Up Question 8:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
<tr>
<td></td>
<td>☐ At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>☐ Other, please describe:</td>
</tr>
</tbody>
</table>

| 8.3 | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 8, if any. *(Open ended response)* |

| 9.0 | **NAQC MDS Follow-Up Question 9:**  
Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days? |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
</tr>
<tr>
<td></td>
<td>Your Quitline's MDS Follow-Up Question 9 and Response Categories (please write in your exact question and response categories):</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>□ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Please tell us WHEN your quitline asks MDS Follow-Up Question 9:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

|   | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 9, if any. (Open ended response) |

<table>
<thead>
<tr>
<th></th>
<th>NAQC MDS Follow-Up Question 10: Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Don’t know</td>
</tr>
<tr>
<td></td>
<td>□ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Your Quitline's MDS Follow-Up Question 10 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Please tell us WHEN your quitline asks MDS Follow-Up Question 10:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

|   | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 10, if any. (Open ended response) |

### 11.0 NAQC MDS Follow-Up Question 11:
Since your call to the quitline on *(Date of first contact)*, seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills *(Zyban)*, group cessation, advice from a health professional, self-help materials?
- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Refused

### 11.1 Your Quitline’s MDS Follow-Up Question 11 and Response Categories (please write in your exact question and response categories):

- [ ] Not asked at all

### 11.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 11:
- [ ] Not asked
- [ ] At 7 month follow-up
- [ ] Other, please describe:

### 11.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 11, if any. *(Open ended response)*
### 12.0 NAQC MDS Follow-Up Question 12:
**Optional:** What kind of treatments or health professionals?
*(Check all that apply – do not read) (Quitlines can expand these categories as necessary)*

- [ ] Medication:
  - [ ] Zyban
  - [ ] NRT patches
  - [ ] NRT gum
  - [ ] NRT lozenges
  - [ ] Other medications as desired
- [ ] Advice from:
  - [ ] Physician
  - [ ] Pharmacist
  - [ ] Nurse
  - [ ] Group cessation program
  - [ ] Self-help materials
  - [ ] Other: ______________________

### 12.1 Your Quitline’s MDS Follow-Up Question 12 and Response Categories (please write in your exact question and response categories):

- [ ] Not asked at all

### 12.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 12:

- [ ] Not asked
- [ ] At 7 month follow-up
- [ ] Other, please describe:

### 12.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 12, if any. *(Open ended response)*
### 13.0 7 MONTH FOLLOW-UP ADMINISTRATIVE DATA

<table>
<thead>
<tr>
<th>Evaluator ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller ID</td>
</tr>
</tbody>
</table>

Date of first contact with quitline (dd/mm/yyyy): _ _ _ _ _ _ _ _ _ _

Date of Evaluation Interview: seven months after date of first contact with quitline (dd/mm/yyyy): _ _ _ _ _ _ _ _ _ _

### 13.1 Your Quitline's MDS Intake Administrative Data recorded (please write in your exact administrative data recorded):

- [ ] Not recorded at all

### 13.2 Please tell us WHEN your quitline records MDS Follow-Up Administrative Data:

- [ ] Not asked
- [ ] At 7 month follow-up
- [ ] Other, please describe:

---

Thank You for Completing this Questionnaire!

Please check to see that you have answered all the questions, then submit your form to Annamaria Feltracco at afeltracco@NAQuitline.org!
Appendix D
Welcome to the NAQC Information e-Bulletin ... a special communication designed to provide important, time-sensitive information that may impact quitline operations and services.

NAQC’s Minimal Data Set (MDS) Implementation Assessment Begins!

NAQC’s long awaited MDS Implementation Assessment is now underway. Quitline funders, with support from service providers/vendors and evaluators, are asked to complete the MDS Implementation Assessment by July 27, 2007. Please find included in this email the following documents that quitline funders will need to complete (also found at MDS Technical Documents):

- Part 1: Process and Impact Questionnaire
- Part 2: Intake and Follow-up Questionnaire

Also attached is the Process Management Tool that has been developed to help funders manage the completion of the Assessment and an MDS Implementation Assessment Fact Sheet for more information.

Assessment Surveys Due July 27, 2007!
Results of the MDS Implementation Assessment will be presented in October at the NAQC Annual Meeting. Because of this deadline, we are asking all quitlines to complete the assessment surveys by July 27, 2007 to provide adequate time for analysis and preparation of the presentation and report.

Conference Calls to Learn More
Quitline funders, vendors and evaluators who piloted the MDS Assessment tools will provide insight on how to implement the MDS Assessment at your quitline. There will be time for Q&A, so please bring your questions and concerns.

Conference Calls Dates & Times
Option 1: Wednesday July 11, 3:30 – 5:00p.m. EST
Toll-Free Conference Number: 1-866-462-0164
Conference Meeting Number: *1949891*

Option 2: Friday July 13, 12:30 – 2:00p.m. EST
Toll-Free Conference Number: 1-866-462-0164
Conference Meeting Number: *1949891*

What You’ll Find in the Information e-Bulletin
In this Information e-Bulletin you will also find information to help you understand and complete these questionnaires. This assessment is a critical step in the successful implementation of the MDS. The assessment tools and processes were developed with input from the NAQC membership through the NAQC MDS Working Group. Every effort has been made to streamline and simplify this assessment process and to ensure the time and effort
required by quitlines is minimized. Below is a list of topics to provide more information to help you complete the assessment. Click on the topic you wish to view to go directly to that topic or simply scroll down.

Completing the Assessment -- What to Do First
How to Complete the MDS Assessment
Why Participate
How the MDS Assessment Results Will Be Shared
Where to Go for Help

Completing the Assessment -- What to do first
- Read this email.
- Review the two questionnaire documents, NAQC MDS Assessment Part 1 and NAQC MDS Assessment Part 2.
- Review the NAQC MDS Process Management Tool.
- Once you understand the information needs, work backwards from the deadline and assign roles to key players based on suggestions in the Process Management Tool.
- Read the fact sheet if you want or need more information.
- Participate in the conference calls on July 11th and/or July 13th, 2007 (see call-in details above).

How to Complete the MDS Assessment
- Quitline funders are asked to reply to the assessment, but we expect that responses will likely require input from the funders, service providers/vendors and evaluators.
- Quitline funders and service providers/vendors will receive a full MDS Implementation Assessment Package.

Assessment Tools and Process:
These assessment tools were developed with the MDS Assessment Working Group and piloted by three quitlines. There are two components of the Assessment:

Part 1: NAQC MDS Process and Impact Questionnaire
Purpose:
- Assess the process of implementing the MDS, including NAQC support.
- Understand the impact of the MDS on the quitlines and related parties (e.g., service provider/vendor and evaluation organization).

Who will need to be involved:
- All individuals/groups that have been involved in assessing and revising intake and follow-up tools for MDS, including information technology where appropriate, and groups that have used the intake and follow-up data. This will likely include the quitline funder, service provider/vendor and evaluator.
- You may need to contact other staff involved in the implementation process if staff assignments have changed since implementation.

Assessment topics:
- The quitline’s technological, human resource and financial capacity to implement the MDS.
- Time required to implement the MDS.
- Impact the implementation of MDS had on the quitline’s intake services, counselling and other protocols and on follow-up calls.
- Level of difficulty quitline experienced implementing each aspect of the MDS.
- Support provided by NAQC during the MDS implementation.
- The actual MDS questions and response categories at intake and follow-up, including identification of items that were particularly difficult to implement, suggestions for improvements to the MDS intake and follow-up-questions and response categories.

Part 2: NAQC MDS Intake and Follow-up Questionnaire

Purpose: 
- Understand how each quitline implemented each question and response category of the MDS intake and follow-up questions.

Who will need to be involved: 
- Someone with access to the exact question wording and response categories for all MDS questions as asked by your quitline.
- Someone with authority to determine which option for providing this information is best for your quitline (See the MDS Intake and Follow-up Questionnaire for more information on the 3 options for providing this data).

Assessment Topics: 
- Obtain the exact wording used for both the question and the response categories.
- Learn when the questions are asked and of whom they are asked.

DEADLINE: The deadline for BOTH Parts 1 & 2 of the questionnaire is July 27, 2007 (submit to AFeltracco@NAQuitline.org). This deadline is firm. We need to have adequate time to enter results, analyse data and develop a meaningful report and presentation for members.

We understand that completing this assessment and questionnaire will require time and effort on your behalf. We appreciate your commitment to the MDS, to improving quitline practice and to developing a common dataset among quitlines in North America.

Why Participate
This is your opportunity to:
- Review the MDS questions for any needed revisions.
- Identify parts of the MDS process or particular items that are/were especially difficult with which to work.
- Inform NAQC how it can improve support provided to quitlines for processes like the MDS.
- Identify additional questions that you would be interested in seeing added to the MDS.
- Report whether the MDS meets your needs.
How Will the MDS Assessment Results be Shared?
During NAQC’s Annual Meeting in Minneapolis, MN in October 2007, results of the MDS assessment will be reported through presentations and a hard copy report. All information will be in aggregate form – no quitline will be singled out or compared to other quitlines. Remember, the MDS Assessment is an assessment of the MDS not your quitline. Reports will also be shared via email with the NAQC membership.

- **Individual quitline reports**: An assessment report on your quitline’s MDS implementation will be shared with your quitline funder.
- **Case studies**: If your quitline has a particular lesson that other quitlines might benefit from learning about, NAQC may approach you to discuss how we can use this information for the benefit of quitlines in North America – for example through a case study. If you would like to volunteer to serve as a case study for MDS Assessment, please contact Annamaria Feltracco at afeltracco@NAQuitline.com or (519) 443-6160.
- **Presentations**: Additional presentations will be made at relevant conferences and workshops.
- **Next steps**: The data collected will be used to inform the next phase of MDS development – revision of the MDS and support for quitlines to implement MDS.

Where to Go for Help
- **Annamaria Feltracco, NAQC Consultant**: Annamaria is available to assist you throughout this assessment process. If you have questions or comments, please contact Annamaria at afeltracco@NAQuitline.com or (519) 443-6160.
- **MDS Assessment Fact Sheet**: NAQC has prepared an MDS Assessment Fact Sheet to help quitlines understand the importance of the MDS Assessment and the process and tools being used to conduct the assessment. The Fact Sheet is attached with this communication and can also be found at MDS Technical Documents 2007.
- **MDS Assessment Conference Calls**: NAQC will host two conference calls to provide more information about the process and answer your questions about the MDS Assessment (see call-in details listed on page 1). Calls will be on July 11 & 13, 2007.
NAQC MDS Implementation Assessment

“Guide for Questionnaire Completion”

The NAQC MDS Implementation Assessment is not a difficult process, but it will require time to complete, and likely the involvement of several different groups / organizations.

The following points are based on the experiences of three quitlines who piloted the MDS Implementation Assessment questionnaires and are intended to provide a general overview of “lessons learned” in conducting the assessment. The Conference Calls will include more specific information regarding how to implement the assessment at state and provincial quitlines.

Before You Begin:
- Designate one person at each organization who is the “point” person to complete the questionnaire / parts of the questionnaire relevant to your organization and contribution to the quitline.
- Review all the MDS Implementation Assessment Documents, especially the questionnaires and the Fact Sheet to understand the information needs for the MDS Implementation Assessment.
- Pay particular attention to the THREE options outlined in Part 2: Intake and Follow-up Questionnaire. Consult with quitline service providers regarding which option meets your needs.
- Determine which staff / organizations are required to complete which portions of the questionnaires. Send those individuals the required questionnaire components to be completed. (Please note: it was the pilot quitlines’ experiences completing these questionnaires that lead us to develop the MDS Process Management Tool. Use this tool to help you divide tasks and identify who is responsible for what portions, and when they will return materials to you for completion.
- A significant challenge for some quitlines in conducting this assessment will be if there has been a change in quitline service provider or evaluator, or significant turnover in staff.
MDS Questionnaire Part 1: Process and Impact

- In this section, you are asked to report on your quitline / organization’s experience in implementing the MDS, and the impact that the MDS has had on your service. There are no right or wrong answers. Some questions can be completed from several points of view. The person responsible for completion of the questionnaire will need to consolidate responses so that only one response per question is included in the final submission!

MDS Questionnaire Part 2: Intake and Follow-up

- This portion can be completed in three different ways. Please review these options in NAQC MDS Questionnaire Part 2. We have provided these three options to avoid potential proprietary concerns with submitting quitline intake and follow up tools to NAQC. Option 1 is the most labor intensive from the quitline’s perspective. It requires that you provide your quitline’s EXACT MDS question and response categories in the questionnaire, along with when the question is asked in the intervention / follow-up, and of whom it is asked (e.g., skip patterns). Option 3 is the least labor intensive but requires that the quitline submit the quitline’s intake and follow up tools. Option 2 requires that you “cut and paste” your MDS intake and follow-up questions and response categories into a separate document and provide information about when each question is asked and of whom it is asked (e.g., include skip patterns). Please be assured that if you elect to use Option 2 or 3 that your quitline’s submissions will be kept strictly confidential by NAQC, used only in the assessment process and not shared with anyone.
- NAQC needs the EXACT wording used for your MDS questions in order to understand if the questions need revision, and the extent to which the questions are being used as intended.
- If you elect to use Option1, be aware that there are limitations to formatting options in MS Word Forms. It may be easier to attach long questions, or those with many formatting applications (e.g., boxes or bullets may not translate into the MS Word Form as you would like them to appear.)
Fact Sheet: Assessment of the Minimal Data Set (MDS), 2007

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Introduction
The development of NAQC’s Minimal Data Set (MDS) was a significant early accomplishment for the Consortium in 2005. The MDS, which consists of 15 common intake questions and eight follow-up questions, offers a standard approach to evaluating smoking cessation quitlines, facilitates performance monitoring and makes possible comparisons between quitlines. To view the MDS intake and follow-up questions, please visit MDS Technical Documents.

Simply put, the “minimal data set” will give quitlines across North America an enhanced ability to understand quitline services, promotions and impacts. By collecting the same types of data, defined in the same way and collected using the same techniques, larger datasets will be available for investigation. This will allow for the examination of issues that no one quitline could sufficiently study independently. Moreover, it brings significant standardization to the field, which builds scientific rigour for the external scientific community. The MDS Implementation Assessment is an important way we can help to maximize quitlines’ investment in the MDS.

Please note that NAQC will not be conducting an Annual Survey in 2007. The MDS Assessment is the primary information gathering tool for 2007. The next NAQC Annual Survey will be conducted in Spring 2008.

When is the MDS Assessment Due?
Quitline funders have until July 27 to complete the assessment. NAQC staff will need the survey data by then in order to complete the analysis and prepare the report and presentation for the NAQC annual meeting in October.

Throughout the implementation period, NAQC staff will be available to help you with the assessment tool. For questions or help, Annamaria Feltracco can be reached at AFeltracco@NAQuitline.org or by phone at (519) 443-6160 EST.

What is the Purpose of the MDS Assessment?
The purpose of this project is to assess how quitlines implemented the MDS, to understand the process used by quitlines to implement the MDS and to identify implementation challenges and facilitators. We are doing this for several important reasons:

NAQC Fact Sheet, July 2007
Page 1 of 4
1. When the MDS was completed, NAQC agreed that it would assess implementation and review the MDS questions for any needed revisions.
2. To understand how NAQC can improve support provided to quitlines for processes like the MDS.
3. To determine additional questions that quitlines would be interested in seeing added to the MDS.

In 2006, the Research and Evaluation Working Group started the process of developing a survey tool to assess MDS. After work groups were reorganized, the MDS Assessment Working Group finalized a survey tool to assess MDS. The survey tool was piloted with three quitlines in Canada and the U.S. and revisions were made based on the input from quitline service providers/vendors, funders and stakeholders.

**How Will the MDS Assessment Benefit My Quitline?**

By participating in the MDS Assessment, you will help produce reports that will allow you to:

- Have confidence using the MDS, knowing how others have implemented the same tool.
- Understand how you can use MDS data to identify service benchmarks with similar quitlines, conduct performance monitoring or engage in research projects more easily.
- Help NAQC understand if the MDS needs revisions, such as additions, to work for your quitline.

**How Will the MDS Assessment Be Conducted?**

The assessment will be conducted confidentially by NAQC. Once quitlines submit the MDS Assessment information and questionnaire (see below), NAQC will analyze the data and information to understand how your quitline has implemented the MDS as well as its impact on your service. Remember, the MDS Assessment is an assessment of the MDS not your quitline. The MDS Assessment includes two components developed by the MDS Working Group, which are described below.

**Part 1: NAQC MDS Process and Impact Questionnaire**

The purpose of Part 1 of the MDS Implementation Assessment is to assess the process of implementing the MDS, including NAQC support along with understanding the impact of the MDS on the quitlines and related parties (e.g., service provider/vendor and evaluation organization). NAQC has developed a questionnaire for quitline funders to complete for this purpose. It is anticipated that completing the questionnaire will require participation of the quitline funder, service provider/vendor and evaluation organization. The questionnaire will include issues related to the MDS implementation like technology, resources, support from NAQC and the service delivery. Part 1 will also allow quitlines to identify MDS items that are problematic or require revision. It is also an opportunity to suggest additional items for consideration as part of the MDS or as optional questions.

NAQC consultants will analyze the results of the questionnaire to understand how quitlines implemented the MDS, the challenges they encountered in doing so, assess the support NAQC provided during implementation and the impact of the MDS on all aspects of quitline service. These results will be documented in the NAQC MDS Assessment Report and will be used to develop technical assistance for quitlines, future revisions of the MDS and to inform similar efforts in the future.

**Part 2: NAQC MDS Intake and Follow-Up Questionnaire**

The purpose of Part 2 of the MDS Implementation Assessment is to understand how the quitlines implemented each
question and response category of the MDS intake and follow-up questions. This means that exact wording used by the quitline for both the question and the response categories will be assessed against the wording in the NAQC MDS. NAQC will also need to understand when each question is asked and of whom it is asked.

Because of the complexity of this step and concerns regarding potential proprietary issues regarding intake and follow-up instruments, Part 2: NAQC MDS Intake and Follow-Up Questionnaire can be completed in one of three ways:

- Complete the Part 2 Questionnaire
- Submit your MDS Intake and Follow-up questions and response categories along with skip patterns
- Submit your MDS Intake and Follow-up tools which clearly indicate skip patterns

Each of these options is more fully explained in the assessment instrument at MDS Technical Documents 2007.

NAQC consultants will analyze the wording of the questions and response categories and the placement of the questions to understand how the MDS is being used. Each quitline will receive a summary of their responses that provides a comparison of their responses to the MDS.

*Remember, the MDS Assessment is an assessment of the MDS not your quitline.*

Please note: Completion of the MDS Assessment may require that different staff within the quitline, including the funder, service provider/vendor and evaluation organizations complete the questionnaire. While different organizations and staff may be involved in completing the assessment, it is the responsibility of the quitline funder to submit both Part 1 and Part 2 of the MDS Assessment to NAQC by July 27, 2007.

**How Will the MDS Assessment Data Be Used?**

- Results of the MDS Assessment will be reported at the 2007 NAQC Annual Meeting in Minneapolis, MN in October 2007.
- An abstract on the MDS has been accepted for presentation at both the U.S. National Conference on Tobacco OR Health (Minneapolis, MN, October 2007) and the Canadian National Conference on Tobacco OR Health (Edmonton, AB, October 2007).
- Each quitline funder who submits a response will receive a report of their quitline’s MDS assessment. This will report will help NAQC to assess how completely and accurately the quitline has implemented the MDS.
- It is anticipated that the MDS Assessment will identify problem areas where quitlines encountered challenges implementing the MDS. The assessment will identify potential changes and modifications to questions and response categories.
- NAQC will use data from the assessment to work with members and develop technical assistance to address ongoing challenges that members have encountered in implementing the MDS, support members’ implementation of the MDS and to develop consensus around revisions and/or additions to the MDS.
- As part of NAQC’s continued support for quitlines, NAQC may approach several quitlines to discuss how information shared in their MDS Assessment could be used to benefit quitlines in North America. For example, if your quitline has a particular lesson that other quitlines might benefit from also learning, NAQC may ask you to volunteer to serve as a case study for MDS Assessment. If you are interested in this opportunity, please contact Annamaria Feltracco at AFeltracco@NAQuitline.org or (519) 443-6160.

**Why Participate in the MDS Assessment?**

Participation in the MDS Assessment is voluntary, however NAQC is hopeful that most quitlines will participate in the assessment so that:

NAQC Fact Sheet, July 2007

Page 3 of 4
Quitlines will be able to capitalize on the benefits of the MDS. Without conducting an assessment of the MDS, quitlines will not know how fully it has been implemented and, thus, how it can compare services and data, improve services and participate in research using MDS data.

NAQC will understand changes required to the MDS. The assessment will help NAQC identify which MDS questions need to be further examined for potential changes to make the MDS more useful to quitlines.

NAQC can improve support provided to members and stakeholders. The assessment will give quitlines an opportunity to tell NAQC what issues were particularly challenging and the support they need to fully implement the MDS.

Quitline stakeholders, including researchers, can identify future research opportunities using MDS data. More research will help quitlines continue to develop effective services and build quitline knowledge of what works and what does not.

Will My Responses Be Confidential?
Absolutely. Your responses and how each quitline implemented the MDS individually will NOT be reported. Instead, if your quitline has reported difficulty in implementing MDS and has requested additional support, NAQC consultants will contact you to provide further support to your MDS implementation.

Will Quitlines Be “graded” Based on the MDS Assessment?
No. The purpose of the MDS Assessment is to assess the MDS, not the quitlines. NAQC will be reporting on how well the MDS is working for quitlines. That will include information on how well quitlines have been able to implement the tool and what accommodations, if any, have been made to implement the MDS. Information will be reported in aggregate (e.g. 20 quitlines implemented question 1 exactly, 17 implemented it partially, 5 did not implement it at all; 25 quitlines identified support from their vendors as a main facilitator for the MDS implementation, while 22 reported internal staff understanding of the MDS as the main facilitator) or without any identifying information (e.g., several quitlines used more than the MDS response categories for this specific question, with the intention of rolling up responses for MDS reporting; a few quitlines identified they needed additional financial resources to implement the MDS while the majority did not).

Can the Assessment Be Used By Funders to Determine Which Quitlines Offer “better” Services?
No. NAQC will ONLY share identifying MDS assessment information with each quitline in comparison to the aggregate results of all other quitlines. No one quitline will have access to the identifiable responses of any other quitline. For quitlines who have not fully implemented the MDS, we will offer support to more fully implement the MDS, if requested and as appropriate.

How Else Can I Be Involved in the MDS?
Other researchers are also using NAQC’s MDS for research projects. A small Research Working Group is exploring opportunities for grant funding to conduct a case study analysis of MDS implementation. Quitlines interested in participating as a case study should contact Annamaria Feltracco at AFeltracco@NAQuitline.org or (519) 443-6160.

How Can I Learn More?
Participate in the MDS Assessment Conference Call on Wednesday July 11, 2007 3:30 – 5:00p.m. EST or on Friday July 13, 2007, 12:30p.m.– 2:00p.m. EST. Visit NAQC’s website to learn more about the MDS process, documents and materials at MDS Technical Documents 2007.

NAQC Fact Sheet, July 2007
The North American Quitline Consortium is a 501(3)(c) organization.
We recognize that the MDS Assessment is a multi-step process that will include several different groups involved in delivering and evaluating quitting service in your state/province. To facilitate this process, NAQC has created this MDS Process Management Tool.

### Task Assigned

<table>
<thead>
<tr>
<th>Task</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Completed</th>
</tr>
</thead>
</table>

#### 1.0 QUITLINE FUNDER

- Review MDS Assessment Email, Fact Sheet and Questionnaires
- To: Review MDS Assessment Email, Fact Sheet and Questionnaires
- By: Quitline Contract Manager

Part 1: Impact and Process Questionnaire
- Send Part 1 to evaluator (Quitline Contract Manager)
- Send Part 1 to vendor (project manager, clinical manager, IT staff)

Part 2: Intake and Follow-up Questionnaire
- Send Part 2 to evaluator (Quitline Contract Manager)
- Send Part 2 to vendor (Project Manager, CT Staff)

Please note: If Option 2 or 3 are chosen, follow instructions in Part 2: Intake and Follow-up Questionnaire.

- Determine which response option is most appropriate (3 to choose from)

- If Option 1 is chosen:
  - Send Part 1 to vendor (Project Manager, IT Staff)
  - Send Part 1 to evaluator (Quitline Contract Manager)
- Specific tasks:
  - Review MDS Assessment Email, Fact Sheet and Questionnaires
  - Determine appropriate respondents
  - Review MDS Assessment Email, Fact Sheet and Questionnaires
- Specific tasks:
  - Review MDS Assessment Email, Fact Sheet and Questionnaires
  - Determine appropriate respondents

The assessment and task list can be used by those completing the assessment to understand the various groups required to complete the different aspects of the assessment and to assign tasks and timelines to specific individuals.
2.0 ALL QUITLINE STAKEHOLDERS IDENTIFIED ABOVE

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>2.0 ALL QUITLINE STAKEHOLDERS IDENTIFIED ABOVE</td>
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</tbody>
</table>

### Specific Tasks:

- **2.0 ALL QUITLINE STAKEHOLDERS IDENTIFIED ABOVE**

#### Vendor

- Complete Part 2 Option 1 (Vendor): Return to Vendor
- Complete Part 2 Option 1 (Evaluator): Return to Evaluator

#### Funder

- Complete Part 1 (Funder)
- Complete Part 2 Option 1 (Funder)
- Send final documents to NAQC for Part 1 Option 1

#### 3.0 QUITLINE FUNDER

- Send final documents to NAQC for Part 2 Option 1
- Complete Part 2 Option 1 (Vendor): Return to Vendor
- Complete Part 2 Option 1 (Evaluator): Return to Evaluator

#### 3.0 QUITLINE FUNDER (cont.)

- Discuss completion requirements with evaluator, vendor, and other stakeholders, as required.
- Participate in conference call July 11 or July 13, 2007
- Send questions to NAQCQuitline.org
- Review questionnaires and materials; identify any further clarification is required.
NAQC Minimal Data Set Assessment  
Part 2: NAQC MDS Assessment: Intake and Follow-Up Questionnaire

<table>
<thead>
<tr>
<th>Questionnaire Administrative Data</th>
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</thead>
<tbody>
<tr>
<td>Name of Quitline</td>
</tr>
<tr>
<td>State / Province</td>
</tr>
<tr>
<td>Submitted by</td>
</tr>
<tr>
<td>(Name and contact email and phone number please)</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>(Please list names of all individuals who completed parts of this survey)</td>
</tr>
<tr>
<td>Date Survey Completed</td>
</tr>
</tbody>
</table>

**Purpose:**

In this part of the NAQC MDS Implementation Assessment, we want to understand how each MDS question and the corresponding response categories were implemented by your quitline. To do this, we need to understand the questions and response categories that you use to collect MDS data (e.g., MDS questions) at both intake and follow-up, as well who the questions are asked of (e.g., all callers to the quitline, first time callers only, all callers to the quitline who are use tobacco products), and when the questions are asked in the intake / intervention / follow. We will use this information to assess how fully the MDS questions were implemented by North American quitlines, to identify any problematic questions or response categories, and to determine how we can improve the MDS to best serve our members and the broader tobacco control community.

You can provide this data to us in one of three different ways. Choose the way that is best for you and your quitline:

**Option 1: Quitline completes questionnaire**
- Use the NAQC MDS Assessment: Intake and Follow-Up Questionnaire form provided below to identify each of your MDS intake and follow-up questions and response categories.
- Answer the questions to tell us when each of the questions is asked, and of whom the questions are asked.
- If your question and / or response categories are lengthy, please attach a separate Word document to your response with reference in the appropriate question response to the attachment.
- This questionnaire is an MS Word form. Please be aware of the following limitations with this form:
  - When using an MS Word Form, you can only "click" in the fields or areas that are provided for this purpose. If you click elsewhere on the form, the document will "skip" to the next field or area.
Spelling and grammar check functions do not work in MS Word Forms response fields. Use these functions on your draft responses before cutting and pasting into the document.

- Tables cannot be added to the response fields
- There are limitations with document search functions
- If you have a long response, a response that uses tables or another format that is not compatible with MS Word Forms, and would like to attach a separate document with your response, please clearly indicate the question number(s) for which you are attaching the response.

Please make sure to provide us with the exact intake / follow-up question and responses that your quitline uses!

**Option 2: Quitline submits each specific MDS question and response category**

- Submit each of the MDS intake and follow-up questions (including response category) that your quitline uses to collect data exactly as the question is asked. Also include MDS Optional Intake questions that your quitline may use.
- Include information about when each of the questions is asked, of whom it is asked, and how the data is collected.
- We will follow-up with you if we have any questions about the material you have submitted.

**Option 3: Quitline submits intake and follow-up tools**

- Submit your intake and follow-up tools / questionnaires (questions and response categories) in their entirety to us. Also include MDS Optional Intake questions that your quitline may use.
- Include your quitline’s “flow chart” that identifies when in the intake / counselling / follow-up process the question is asked and of whom the questions are asked. (If the instruments include skip patterns, a flow chart is not necessary.)
- We will follow-up with you if we have any questions about the material you have submitted.

**Confidentiality:**

Your intake and follow-up survey tool, responses to the MDS Assessment questionnaire and all other information you share about your quitline will be analysed by NAQC to understand quitlines’ experiences with MDS implementation. Information about the questions asked by each quitline and when they are asked will not be shared.

The assessment of how your specific quitline has implemented MDS will be shared with the person submitting information on behalf of the quitline. That individual can share the information, as appropriate with other staff, partners and agents. The results of the MDS Assessment and analysis will be in aggregate format – no quitlines will be singled out or identified by name in any reporting on assessment unless specific permission is given by the quitline. For example, if your quitline has a particular lesson that other quitlines might benefit from learning also, NAQC may approach you to discuss how we can use this information for the benefit of quitlines in North America - for example, through a case study.
Timeline:

Please complete the Assessment by July 27, 2007. Return this questionnaire and your quitline’s MDS intake and follow-up questions to Annamaria Feltracco. Throughout this assessment process, you may contact Annamaria Feltracco (afeltracco@NAQuitline.org), NAQC Consultant for support and information. Contact Annamaria afeltracco@NAQuitline.org or at 519-443-6160 (EST).
Option 1 NAQC MDS Assessment: Intake and Follow-Up Questionnaire

Before you Begin:

To complete this assessment questionnaire, you will need a good understanding of the quitline's intake, intervention and follow-up tools and how they are asked during the quitline intervention, including understanding the quitline “flow chart” for calls. Section A of this tool focuses on intake questions, Section B on follow-up or evaluation questions. It will be helpful to have a copy of the NAQC MDS Intake and Follow-Up questions available for your reference. You can download them at http://www.naquitline.org/pdfs/mds_intakequestions.pdf

We suggest that you make sure that you have the quitline intake, intervention and follow-up tools available and a copy of the quitline’s “flow chart” for calls before you begin the questionnaire. Funders will submit only one completed questionnaire per quitline for the MDS Intake and Follow-Up Questionnaire.

Section A: MDS Intake Questions and Response Categories

In the space provided (section X.1 for every item), please write the exact MDS question and response categories that your quitline uses to implement the following MDS questions and response categories. You may copy and paste your intake questions from your intake questionnaire. For each MDS question, there are three questions about of whom you ask the question, when you ask the question, and any other information you can provide that will help us understand how you ask each of the MDS intake questions. Please answer each question fully.

<table>
<thead>
<tr>
<th>I. Overall Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.1 \ In general, who is administered the MDS Intake Questions? E.g. All callers who call the quitline and whose calls are answered / replied to, Callers who are calling for themselves for help with quitting, Callers who are eligible for quitline service etc. Please note: we will ask you to identify skip patterns specific to MDS Intake and Follow-Up questions below. (Open ended response)</td>
</tr>
<tr>
<td>O.2 \ Does your quitline have eligibility criteria?</td>
</tr>
<tr>
<td>O.2a \ If yes, please define your quitline's eligibility criteria. (Open ended response)</td>
</tr>
</tbody>
</table>
O.3 **In general, who is administered the MDS Follow-Up Questions?** E.g. All callers who called the quitline, who called for help with quitting and who agreed to evaluation for a specified period; all callers who called for help with quitting, who agreed to follow-up call. *(Open ended response)*

O.4 **Please tell us how frequently your quitline conducts 7 month follow-up surveys with callers to the service.**

- [ ] Ongoing
- [ ] Once every year
- [ ] Once every three years
- [ ] Other timeframe, please provide:

### II. MDS Intake Questions and Response Categories

For each of the NAQC MDS Intake Questions below (blue text), please submit the intake questions that you ask that most closely resembles each MDS question OR that you use to report the related MDS data – even if it is exactly the same. Include ALL the response categories that are used for the question.

#### 1.0 **NAQC MDS Intake Question 1:**

How can I help you? *(Reason for Calling)*

- [ ] Want help / information about quitting
- [ ] Want help / information about staying quit
- [ ] Want to refer someone for help
- [ ] Want general information or materials about quitline service
- [ ] Other: ___________________________________________

#### 1.1 **Your Quitline’s MDS Intake Question 1 and Response Categories (please write in your exact question and response categories):**

- [ ] Not asked at all

#### 1.2 **Please tell us WHEN your quitline asks MDS Intake Question 1:**

- [ ] Not asked
- [ ] At intake *(intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)*
- [ ] At first counselling contact *(first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)*
- [ ] Other, please describe:
1.3 Please list skip patterns used to determine WHO answers MDS Intake Question 1, if any. *(Open ended response)*

<table>
<thead>
<tr>
<th>2.0</th>
<th>NAQC MDS Intake Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Are you:</td>
<td></td>
</tr>
<tr>
<td>☐ Calling for yourself <em>(SKIP TO Q3)</em></td>
<td></td>
</tr>
<tr>
<td>☐ Calling on behalf of or to help someone else <em>(CONTINUE TO Q2b)</em></td>
<td></td>
</tr>
<tr>
<td>2b. Are you:</td>
<td></td>
</tr>
<tr>
<td>☐ A health professional</td>
<td></td>
</tr>
<tr>
<td>☐ A friend or family member</td>
<td></td>
</tr>
<tr>
<td>☐ A community organization, worksite, insurance</td>
<td></td>
</tr>
<tr>
<td>☐ Other: _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.1</th>
<th>Your Quitline’s MDS Intake Question 2 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not asked at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not asked</td>
<td></td>
</tr>
<tr>
<td>☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
<td></td>
</tr>
<tr>
<td>☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
<td></td>
</tr>
<tr>
<td>☐ Other, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

| 2.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 2, if any. *(Open ended response)* |
### 3.0 NAQC MDS Intake Question 3:
How did you hear about the quitline? *(DO NOT READ; CHECK ALL RESPONSES)*

*(Optional – specific types of promotion)*

- **MEDIA**
  - Newspaper
  - Radio
  - Television

*Other selections can be added by quitline*

- **OTHER ADVERTISING**
  - Phone directory
  - Flyers, brochures

*Other selections can be added by quitline*

- **REFERRAL**
  - Health professional (doctor, dentist, etc.)
  - Family / friends
  - Workplace
  - Health insurance
  - Community organization
  - Other: _________________________

### 3.1 Your Quitline’s MDS Intake Question 3 and Response Categories (please write in your exact question and response categories):

- Not asked at all

### 3.2 Please tell us WHEN your quitline asks MDS Intake Question 3:

- Not asked
- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- Other, please describe:

### 3.3 Please list skip patterns used to determine WHO answers MDS Intake Question 3, if any. *(Open ended response)*
|   | NAQC MDS Intake Question 4:  
|---|---|
|   | Is this your first call to the quitline in the past year?  
|   | □ Yes  
|   | □ No  → Optional: How many times did you call the quitline in the past year? ____ (# of times)  

|   | Your Quitline’s MDS Intake Question 4 and Response Categories (please write in your exact question and response categories):  
|   | □ Not asked at all  

|   | Please tell us WHEN your quitline asks MDS Intake Question 4:  
|   | □ Not asked  
|   | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
|   | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
|   | □ Other, please describe:  

|   | Please list skip patterns used to determine WHO answers MDS Intake Question 4, if any. (Open ended response)  

<table>
<thead>
<tr>
<th>5.0</th>
<th><strong>NAQC MDS Intake Question 5:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USA ONLY:</strong></td>
<td></td>
</tr>
<tr>
<td>5a. Do you currently smoke cigarettes every day, some days, or not at all? (CHECK ONE)</td>
<td></td>
</tr>
<tr>
<td>☐ Everyday</td>
<td></td>
</tr>
<tr>
<td>☐ Some days (if less than 7 days per week or less than 1 cigarette per day)</td>
<td></td>
</tr>
<tr>
<td>→ <strong>Optional if respond “Some Days”:</strong> How many days did you smoke in the last 30 days? ____</td>
<td></td>
</tr>
<tr>
<td>☐ Not at all</td>
<td></td>
</tr>
<tr>
<td>When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)? (if day is unknown, code as 15th of month)</td>
<td></td>
</tr>
<tr>
<td>(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)</td>
<td></td>
</tr>
<tr>
<td><strong>CANADA ONLY:</strong></td>
<td></td>
</tr>
<tr>
<td>Do you currently smoke cigarettes daily, occasionally, or not at all? (CHECK ONE)</td>
<td></td>
</tr>
<tr>
<td>☐ Daily</td>
<td></td>
</tr>
<tr>
<td>☐ Occasionally (if less than 7 days per week or less than 1 cigarette per day)</td>
<td></td>
</tr>
<tr>
<td>→ <strong>Optional if respond “Occasionally”:</strong> How many days did you smoke in the last 30 days? ____</td>
<td></td>
</tr>
<tr>
<td>☐ Not at all</td>
<td></td>
</tr>
<tr>
<td>When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)? (if day is unknown, code as 15th of month)</td>
<td></td>
</tr>
<tr>
<td>(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)</td>
<td></td>
</tr>
<tr>
<td>5b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? ____ (If caller says over 100, confirm 100 cpd = 5 packs per day; If caller says less than one per day, code 5a as Some Days/Occasionally)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td><strong>Your Quitline’s MDS Intake Question 5a and b and Response Categories (please write in your exact question and response categories):</strong></td>
</tr>
<tr>
<td></td>
<td>☐ Not asked at all</td>
</tr>
</tbody>
</table>
5.2 Please tell us WHEN your quitline asks MDS Intake Question 5:

- Not asked
- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- Other, please describe:

5.3 Please list skip patterns used to determine WHO answers MDS Intake Question 5, if any. (Open ended response)

6.0 NAQC MDS Intake Question 6
Cigarette smokers only:
How soon after you wake up do you smoke your first cigarette? (DO NOT READ)

- Within five minutes
- 6 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- Don’t know
- Refused

6.1 Your Quitline’s MDS Intake Question 6 and Response Categories (please write in your exact question and response categories):

- Not asked at all

6.2 Please tell us WHEN your quitline asks MDS Intake Question 6:

- Not asked
- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- Other, please describe:
### 6.3
Please list skip patterns used to determine WHO answers MDS Intake Question 6, if any. *(Open ended response)*

### 7.0
**NAQC MDS Intake Question 7:**
Do you currently use other tobacco products such as: *(check all that apply)*
- [ ] Cigars
- [ ] Pipes
- [ ] Chewing Tobacco or Snuff
- [ ] Other Tobacco Products (e.g. Bidis) → Optional *(specify): ____________________*

*(IF Q5a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q7 = NO OTHER TOBACCO, SKIP TO Q9)*
*(IF Q5a = NOT AT ALL AND Q7 = NO OTHER TOBACCO, SKIP TO Q10)*

### 7.1
Your Quitline’s MDS Intake Question 7 and Response Categories (please write in your exact question and response categories):

- [ ] Not asked at all

### 7.2
**Please tell us WHEN your quitline asks MDS Intake Question 7:**
- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

### 7.3
Please list skip patterns used to determine WHO answers MDS Intake Question 7, if any. *(Open ended response)*
| 8.0  | **NAQC MDS Intake Question 8:**
|      | How much tobacco do you use per week?
|      |   ___ Cigars *(number per week)*
|      |   ___ Pipe bowls *(number per week)*
|      |   ___ Chewing tobacco or snuff *(number of pouches / tins per week)*
|      |   ___ Other tobacco *(amount per week)*

| 8.1  | **Your Quitline’s MDS Intake Question 8 and Response Categories (please write in your exact question and response categories):**
|      | □ Not asked at all

| 8.2  | **Please tell us WHEN your quitline asks MDS Intake Question 8:**
|      | □ Not asked
|      | □ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
|      | □ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
|      | □ Other, please describe:

| 8.3  | **Please list skip patterns used to determine WHO answers MDS Intake Question 8, if any. (Open ended response)**

| 9.0  | **NAQC MDS Intake Question 9:**
|      | All current tobacco users *(smokers and other tobacco users)*
|      | Do you intend to quit within the next 30 days? *(DO NOT READ)*
|      | □ Yes
|      | □ No
|      | □ Don’t know
|      | □ Refused

| 9.1  | **Your Quitline’s MDS Intake Question 9 and Response Categories (please write in your exact question and response categories):**
|      | □ Not asked at all
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
</table>
| 9.2     | Please tell us WHEN your quitline asks MDS Intake Question 9:  
  - Not asked  
  - At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
  - At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
  - Other, please describe: |
| 9.3     | Please list skip patterns used to determine WHO answers MDS Intake Question 9, if any. *(Open ended response)* |
| 10.0    | NAQC MDS Intake Question 10:  
  Optional: At what age did you start smoking regularly? _________ *(age in years)* |
| 10.1    | Your Quitline’s MDS Intake Question 10 and Response Categories (please write in your exact question and response categories):  
  - Not asked at all |
| 10.2    | Please tell us WHEN your quitline asks MDS Intake Question 10:  
  - Not asked  
  - At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
  - At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
  - Other, please describe: |
| 10.3    | Please list skip patterns used to determine WHO answers MDS Intake Question 10, if any. *(Open ended response)* |
### C. CALLER CHARACTERISTICS (Ask of all eligible* callers)

(*eligible is defined by each quitline and should be clearly described)

First I need to verify are you male or female?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

#### 11.1 Your Quitline’s MDS Intake Question 11 and Response Categories (please write in your exact question and response categories):

- Not asked at all

#### 11.2 Please tell us WHEN your quitline asks MDS Intake Question 11:

- Not asked
- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- Other, please describe:

#### 11.3 Please list skip patterns used to determine WHO answers MDS Intake Question 11, if any. (Open ended response)

### 12.0 NAQC MDS Intake Question 12:

What year were you born? _ _ _ _

- Refused

**Optional:** What is your date of birth? _ _ / _ _ _ _ (mm/yyyy)

#### 12.1 Your Quitline’s MDS Intake Question 12 and Response Categories (please write in your exact question and response categories):

- Not asked at all
<table>
<thead>
<tr>
<th>12.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

| 12.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 12, if any. *(Open ended response)* |

<table>
<thead>
<tr>
<th>13.0</th>
<th><strong>NAQC MDS Intake Question 13:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is your zip code? (Canada = postal code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.1</th>
<th>Your Quitline’s MDS Intake Question 13 (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Question 13:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

| 13.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 13, if any. *(Open ended response)* |
| 14.0 | **NAQC MDS Intake Question 14**  
*Optional (USA only):* Do you have any health insurance?  
☐ Yes  
☐ No  
☐ Don’t know  
☐ Refused |
| 14.1 | **Your Quitline’s MDS Intake Question 14 and Response Categories (please write in your exact question and response categories):**  
☐ Not asked at all |
| 14.2 | **Please tell us WHEN your quitline asks MDS Intake Question 14:**  
☐ Not asked  
☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)  
☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)  
☐ Other, please describe: |
| 14.3 | **Please list skip patterns used to determine WHO answers MDS Intake Question 14, if any. (Open ended response)** |
| 15.0 | **NAQC MDS Intake Question 15:**
What is the highest level of education you have completed? *(DO NOT READ)*

**USA:**
- [ ] Less than grade 9
- [ ] Grade 9 to 11, no degree
- [ ] GED
- [ ] High school degree
- [ ] Some college or university
- [ ] College or university degree

**CANADA:**
- [ ] Less than high school
- [ ] High school diploma
- [ ] Technical or trade school (includes any post-high school education, including technical or trade school, but not a degree.)
- [ ] College or university degree (includes AA, BA, Masters, Ph.D.)

| 15.1 | **Your Quitline’s MDS Intake Question 15 and Response Categories (please write in your exact question and response categories):**
- [ ] Not asked at all

| 15.2 | **Please tell us WHEN your quitline asks MDS Intake Question 15:**
- [ ] Not asked
- [ ] At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- [ ] At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- [ ] Other, please describe:

| 15.3 | **Please list skip patterns used to determine WHO answers MDS Intake Question 15, if any.** *(Open ended response)*
16.0 **NAQC MDS Intake Question 16:**
**USA only:**
Are you Hispanic or Latino?
☐ Yes (Hispanic or Latino)
☐ No (Not Hispanic or Latino)
☐ Refused
☐ Not ascertained → **Optional:** Reason: ____________ (include “Don’t know” here)

16.1 **Your Quitline’s MDS Intake Question 16 and Response Categories (please write in your exact question and response categories):**

☐ Not asked at all

16.2 **Please tell us WHEN your quitline asks MDS Intake Question 16:**

☐ Not asked
☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
☐ Other, please describe:

16.3 **Please list skip patterns used to determine WHO answers MDS Intake Question 16, if any.** *(Open ended response)*
NAQC MDS Intake Question 17:
USA: Which of these groups would you say best describes you? *(READ)*

- White
- Black or African American
- Asian

⇒ Optional if respond “Asian”: Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)*

- Asian Indian
- Cambodian
- Chinese (except Taiwanese)
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Pakistani
- Thai
- Taiwanese
- Vietnamese
- Other Asian (specify): __________________
- Don’t know / not sure
- Refused

⇒ Native Hawaiian or other pacific islander

⇒ Optional if respond “Native Hawaiian or other pacific islander”: Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)*

- Native Hawaiian
- Samoan
- Tongan
- Tahitian
- Maori
- Guamanian or Chamorro
- Other Micronesians (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)
- Fijian
- Other (specify): __________________
- Don’t know / not sure
- Refused

⇒ American Indian or Alaska native

*DO NOT READ THE REST:*
| Other (specify): __________________ |
| Don’t know |
| Refused |

1. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
2. A person having origins in any of the black racial groups of Africa. Terms like Haitian or Negro can also be used.
3. A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
4. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. A person having origins in any of the original peoples of North, Central, or South America, and who maintain tribal affiliation or community attachment.

**CANADA:** To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) *(READ; CAN CHECK MORE THAN ONE)*

- Canadian (English or French Canadian)
- Aboriginal (Native Indian, Métis, Inuit)
- British (English, Irish, Scottish, Welsh)
- European (specify country): __________________
- Asian (specify country): __________________
- Other (specify): __________________ *(DON’T READ)*
- None of the above *(DON’T READ)*
- Don’t know *(DON’T READ)*
- Refused *(DON’T READ)*

### 17.1 Your Quitline’s MDS Intake Question 17 and Response Categories (please write in your exact question and response categories):

- Not asked at all

### 17.2 Please tell us WHEN your quitline asks MDS Intake Question 17:

- Not asked
- At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)
- At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)
- Other, please describe:
<table>
<thead>
<tr>
<th>17.3</th>
<th>Please list skip patterns used to determine WHO answers MDS Intake Question 17, if any. <em>(Open ended response)</em></th>
</tr>
</thead>
</table>

| 18.0 | **NAQC MDS INTAKE ADMINISTRATIVE DATA**<br>Counselor ID *(Optional)*<br>Caller ID<br>Date of first contact with quitline *(dd/mm/yyyy)*: _ _/_ _/_ _ _ _<br>Intervention provided to caller *(Check all that apply)*:<br>☐ Basic information<br>☐ Literature and/or self-help materials<br>☐ Reactive counseling (one counseling session)<br>☐ Proactive counseling (more than one counseling session)<br>☐ Medications<br>☐ Referral<br>☐ Other |

| 18.1 | Your Quitline’s MDS Intake Administrative Data recorded *(please write in your exact administrative data recorded)*:<br>☐ Not recorded at all |

| 18.2 | Please tell us WHEN your quitline asks records the MDS Administrative Data:<br>☐ Not recorded<br>☐ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)<br>☐ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)<br>☐ Other, please describe: |
### III. MDS Optional Intake Questions and Response Categories

<table>
<thead>
<tr>
<th>19.0</th>
<th>NAQC MDS Intake Optional Question 1: Do you consider yourself to be:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ a) Heterosexual or straight</td>
</tr>
<tr>
<td></td>
<td>□ b) Gay or Lesbian</td>
</tr>
<tr>
<td></td>
<td>□ c) Bisexual</td>
</tr>
<tr>
<td></td>
<td><strong>DO NOT READ:</strong></td>
</tr>
<tr>
<td></td>
<td>□ d) Don't know</td>
</tr>
<tr>
<td></td>
<td>□ e) Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19.1</th>
<th>Your Quitline’s MDS Intake Optional Question 1 and Response Categories (please write in your exact question and response categories):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19.2</th>
<th>Please tell us WHEN your quitline asks MDS Intake Optional Question 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Not asked</td>
</tr>
<tr>
<td></td>
<td>□ At intake (intake is defined as the first person-to-person contact with the caller, regardless of whether the quitline staff person is a counsellor intake staff)</td>
</tr>
<tr>
<td></td>
<td>□ At first counselling contact (first counselling contact is defined as the first contact with the caller by a quitline “counsellor” AFTER intake contact. This is only relevant for quitlines that use intake staff who are not counsellors to answer quitline calls.)</td>
</tr>
<tr>
<td></td>
<td>□ Other, please describe:</td>
</tr>
</tbody>
</table>

| 19.3 | Please list skip patterns used to determine WHO answers MDS Intake Question 17, if any. *(Open ended response)* |
## Section B: MDS Follow-Up Questions and Response Categories

For each of the NAQC MDS Follow-Up Questions below (blue text), please submit the follow-up questions that you ask that most closely resembles each MDS Follow-Up Question OR that you use to report the related MDS data – even if it is exactly the same. Include ALL the response categories that are used for callers to respond to the question.

<table>
<thead>
<tr>
<th>1.0</th>
<th><strong>NAQC MDS Follow-Up Question 1:</strong> Overall, how satisfied were you with the service you received from the quitline? <em>(READ ALL, CHECK ONE ONLY)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Very satisfied</td>
</tr>
<tr>
<td></td>
<td>☐ Mostly satisfied</td>
</tr>
<tr>
<td></td>
<td>☐ Somewhat satisfied</td>
</tr>
<tr>
<td></td>
<td>☐ Not at all satisfied</td>
</tr>
<tr>
<td></td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td></td>
<td>☐ Refused</td>
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</table>

<table>
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<tr>
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<th><strong>Your Quitline’s MDS Follow-Up Question 1 and Response Categories (please write in your exact question and response categories):</strong></th>
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<td>☐ Not asked at all</td>
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<th>1.2</th>
<th><strong>Please tell us WHEN your quitline asks MDS Follow-Up Question 1:</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>☐ Not asked</td>
</tr>
<tr>
<td></td>
<td>☐ At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>☐ Other, please describe:</td>
</tr>
</tbody>
</table>

| 1.3 | **Please list skip patterns used to determine WHO answers MDS Follow-Up Question 1, if any. *(Open ended response)* |
### 2.0 NAQC MDS Follow-Up Question 2:

#### 2a. USA ONLY:
Do you currently smoke cigarettes every day, some days, or not at all?

*CHECK ONE*

- Everyday
- Some days (if less than 7 days per week or less than 1 cigarette per day)
  
  → Optional if respond “Some Days”: How many days did you smoke in the last 30 days? _____
- Not at all

When was the last time you smoked cigarettes daily (dd/mm/yyyy)? _ _ / _ / _ _ _

(if day is unknown, code as 15th of month)

*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)*

#### CANADA ONLY:
Do you currently smoke cigarettes daily, occasionally, or not at all?

*CHECK ONE*

- Daily
- Occasionally (if less than 7 days per week or less than 1 cigarette per day)
  
  → Optional if respond “Occasionally”: How many days did you smoke in the last 30 days? _____
- Not at all

When was the last time you smoked cigarettes daily (dd/mm/yyyy)? _ _ / _ / _ _ _

(if day is unknown, code as 15th of month)

*(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)*

#### 2b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? _____ (If caller says over 100, confirm. 100 cpd = 5 packs per day; If caller says less than one per day, code as Some Days)

### 2.1 Your Quitline’s MDS Follow-Up Question 2 and Response Categories (please write in your exact question and response categories):

- Not asked at all

### 2.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 2:

- Not asked
- At 7 month follow-up
- Other, please describe:
2.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 2, if any. *(Open ended response)*

3.0 **NAQC MDS Follow-Up Question 3:**
Cigarette smokers only: How soon after you wake up do you smoke your first cigarette? *(DO NOT READ)*
- [ ] Within five minutes
- [ ] 6 to 30 minutes
- [ ] 31 to 60 minutes
- [ ] More than 60 minutes
- [ ] Don’t know
- [ ] Refused

3.1 Your Quitline’s MDS Follow-Up Question 3 and Response Categories (please write in your exact question and response categories):
- [ ] Not asked at all

3.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 3:
- [ ] Not asked
- [ ] At 7 month follow-up
- [ ] Other, please describe:

3.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 3, if any. *(Open ended response)*

4.0 **NAQC MDS Follow-Up Question 4:**
Do you currently use other tobacco products such as: *(Check all that apply)*
- [ ] Cigars
- [ ] Pipes
- [ ] Chewing Tobacco or Snuff
- [ ] Other Tobacco Products (e.g. Bidis)

*(IF Q2a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q4 = NO OTHER TOBACCO, SKIP TO Q6)*
*(IF Q2a = NOT AT ALL AND Q4 = NO OTHER TOBACCO, SKIP TO Q8)*

4.1 Your Quitline’s MDS Follow-Up Question 4 and Response Categories (please
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<th>Please tell us WHEN your quitline asks MDS Follow-Up Question 4:</th>
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<tbody>
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<td>At 7 month follow-up</td>
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</table>

<table>
<thead>
<tr>
<th><strong>4.3</strong></th>
<th>Please list skip patterns used to determine WHO answers MDS Follow-Up Question 4, if any. <em>(Open ended response)</em></th>
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<table>
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<tr>
<th><strong>5.0</strong></th>
<th><strong>NAQC MDS Follow-Up Question 5:</strong></th>
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<tbody>
<tr>
<td>How much tobacco do you use per week?</td>
<td></td>
</tr>
<tr>
<td>□ Cigars <em>(number per week)</em></td>
<td></td>
</tr>
<tr>
<td>□ Pipe bowls <em>(number per week)</em></td>
<td></td>
</tr>
<tr>
<td>□ Chewing tobacco or snuff <em>(number of pouches / tins per week)</em></td>
<td></td>
</tr>
<tr>
<td>□ Other tobacco <em>(amount per week)</em> ➔ <strong>Optional</strong> <em>(specify): _____</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>5.1</strong></th>
<th>Your Quitline's MDS Follow-Up Question 5 and Response Categories (please write in your exact question and response categories):</th>
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</thead>
<tbody>
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<tr>
<td>□ Not asked</td>
<td>At 7 month follow-up</td>
</tr>
<tr>
<td>□ Other, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

| **5.3** | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 5, if any. *(Open ended response)* |
### 6.0 NAQC MDS Follow-Up Question 6:
All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? *(DO NOT READ)*
- □ Yes
- □ No
- □ Don’t know
- □ Refused

### 6.1 Your Quitline’s MDS Follow-Up Question 6 and Response Categories (please write in your exact question and response categories):
- □ Not asked at all

### 6.2 Please tell us WHEN your quitline asks MDS Follow-Up Question 6:
- □ Not asked
- □ At 7 month follow-up
- □ Other, please describe:

### 6.3 Please list skip patterns used to determine WHO answers MDS Follow-Up Question 6, if any. *(Open ended response)*

### 7.0 NAQC MDS Follow-Up Question 7:
Since you first called the quitline on *(Date of first contact)*, seven months ago, did you quit using tobacco for 24 hours or longer? *(DO NOT READ, CHECK ONE ONLY)* Note: collect number of intentional quit attempts only
- □ Yes
  → *Optional if responded “Yes”*: How many times did you quit using tobacco for 24 hours or longer? _____ *(Note: collect number of intentional quit attempts only)*
  - □ No
  - □ Don’t know
  - □ Refused

### 7.1 Your Quitline’s MDS Follow-Up Question 7 and Response Categories (please write in your exact question and response categories):
- □ Not asked at all
| 7.2 | Please tell us WHEN your quitline asks MDS Follow-Up Question 7:  
☐ Not asked  
☐ At 7 month follow-up  
☐ Other, please describe: |
| 7.3 | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 7, if any. *(Open ended response)* |
| 8.0 | **NAQC MDS Follow-Up Question 8:**  
When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*?  
_ / _ / _ / _ / _ (if day unknown, code as 15<sup>th</sup> of month)  
☐ Don’t know  
☐ Refused |
| 8.1 | **Your Quitline’s MDS Follow-Up Question 8 and Response Categories (please write in your exact question and response categories):**  
☐ Not asked at all |
| 8.2 | Please tell us WHEN your quitline asks MDS Follow-Up Question 8:  
☐ Not asked  
☐ At 7 month follow-up  
☐ Other, please describe: |
| 8.3 | Please list skip patterns used to determine WHO answers MDS Follow-Up Question 8, if any. *(Open ended response)* |
| 9.0 | **NAQC MDS Follow-Up Question 9:**  
Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?  
☐ Yes  
☐ No  
☐ Don’t know  
☐ Refused |
<table>
<thead>
<tr>
<th>Section</th>
<th>Question and Response Categories</th>
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<td>9.2</td>
<td>Please tell us WHEN your quitline asks MDS Follow-Up Question 9:</td>
</tr>
<tr>
<td></td>
<td>Not asked</td>
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<tr>
<td></td>
<td>At 7 month follow-up</td>
</tr>
<tr>
<td></td>
<td>Other, please describe:</td>
</tr>
<tr>
<td>9.3</td>
<td>Please list skip patterns used to determine WHO answers MDS Follow-Up Question 9, if any. (Open ended response)</td>
</tr>
<tr>
<td>10.0</td>
<td>NAQC MDS Follow-Up Question 10: Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td>10.1</td>
<td>Your Quitline's MDS Follow-Up Question 10 and Response Categories (please write in your exact question and response categories):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not asked at all</td>
</tr>
<tr>
<td>10.2</td>
<td>Please tell us WHEN your quitline asks MDS Follow-Up Question 10:</td>
</tr>
<tr>
<td></td>
<td>Not asked</td>
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<tr>
<td></td>
<td>At 7 month follow-up</td>
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<tr>
<td></td>
<td>Other, please describe:</td>
</tr>
<tr>
<td>10.3</td>
<td>Please list skip patterns used to determine WHO answers MDS Follow-Up Question 10, if any. (Open ended response)</td>
</tr>
</tbody>
</table>
11.0 **NAQC MDS Follow-Up Question 11:**  
Since your call to the quitline on *(Date of first contact)*, seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills *(Zyban)*, group cessation, advice from a health professional, self-help materials?  
☐ Yes  
☐ No  
☐ Don’t know  
☐ Refused

11.1 **Your Quitline's MDS Follow-Up Question 11 and Response Categories (please write in your exact question and response categories):**

☐ Not asked at all

11.2 **Please tell us WHEN your quitline asks MDS Follow-Up Question 11:**  
☐ Not asked  
☐ At 7 month follow-up  
☐ Other, please describe:

11.3 **Please list skip patterns used to determine WHO answers MDS Follow-Up Question 11, if any. *(Open ended response)*
### 12.0 **NAQC MDS Follow-Up Question 12:**

**Optional:** What kind of treatments or health professionals?

*(Check all that apply – do not read) (Quitlines can expand these categories as necessary)*

- [ ] Medication:
  - [ ] Zyban
  - [ ] NRT patches
  - [ ] NRT gum
  - [ ] NRT lozenges
  - [ ] Other medications as desired
- [ ] Advice from:
  - [ ] Physician
  - [ ] Pharmacist
  - [ ] Nurse
  - [ ] Group cessation program
  - [ ] Self-help materials
  - [ ] Other: ______________________

### 12.1 **Your Quitline's MDS Follow-Up Question 12 and Response Categories (please write in your exact question and response categories):**

- [ ] Not asked at all

### 12.2 **Please tell us WHEN your quitline asks MDS Follow-Up Question 12:**

- [ ] Not asked
- [ ] At 7 month follow-up
- [ ] Other, please describe:

### 12.3 **Please list skip patterns used to determine WHO answers MDS Follow-Up Question 12, if any. (Open ended response)**
13.0  **7 MONTH FOLLOW-UP ADMINISTRATIVE DATA**  
Evaluator ID  
Caller ID  
Date of first contact with quitline (*dd/mm/yyyy*): _ _/_ _/_ _ _ _  
Date of Evaluation Interview: seven months after date of first contact with quitline (*dd/mm/yyyy*): _ _/_ _/_ _ _ _  

13.1  **Your Quitline's MDS Intake Administrative Data recorded (please write in your exact administrative data recorded):**  

☐ Not recorded at all  

13.2  **Please tell us WHEN your quitline records MDS Follow-Up Administrative Data:**  

☐ Not asked  
☐ At 7 month follow-up  
☐ Other, please describe:  

---  

**Thank You for Completing this Questionnaire!**  

Please check to see that you have answered all the questions, then submit your form to Annamaria Feltracco at afeltracco@NAQuitline.org!
### Appendix E: Assessment Rating Form

<table>
<thead>
<tr>
<th>Name of Quitline:</th>
<th>Quitline Service Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### General Quitline Information:

1. **Who is administered the MDS Intake Questions?**

2. **Does the quitline have eligibility criteria:**

   - **Define criteria:**

3. **Who is administered the MDS Follow-up Questions?**

4. **How frequently does the quitline conduct follow-up evaluation:**

5. **Additional Comments:**

---

**NAQC MDS Intake Question 1:**

How can I help you? (Reason for Calling)

- [ ] Want help / information about quitting
- [ ] Want help / information about staying quit
- [ ] Want to refer someone for help
- [ ] Want general information or materials about quitline service
- [ ] Other: ___________________________

<table>
<thead>
<tr>
<th>Assessment Components</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>/3</td>
</tr>
<tr>
<td>Response Categories</td>
<td>/4</td>
</tr>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
</tr>
</tbody>
</table>

**Additional Comments:**

---

**NAQC MDS Intake Question 2a:**

2a. Are you:

- [ ] Calling for yourself (*SKIP TO Q3*)
- [ ] Calling on behalf of or to help someone else (*CONTINUE TO Q2b*)

---

### Rating Schedule Assessment Items 1, 3:

- **Not at all asked:** 0  **Significant variation:** 1  **Slight variation:** 2  **Exactly as intended:** 3  **Not applicable:** NA

### Rating Schedule Assessment Item 2:

- **Not at all asked:** 0  **Significant variation:** 1  **Response Categories are Different but can be rolled up:** 2  **Slight variation in wording:** 3  **Exactly as intended:** 4  **Not applicable:** NA
### NAQC MDS Intake Question 2b:

2b. Are you:
- A health professional
- A friend or family member
- A community organization, worksite, insurance
- Other: ________________________________

### NAQC MDS Intake Question 3:

How did you hear about the quitline? *(DO NOT READ; CHECK ALL RESPONSES)*

*(Optional – specific types of promotion)*

- MEDIA
  - Newspaper
  - Radio
  - Television

*Other selections can be added by quitline*

- OTHER ADVERTISING
  - Phone directory
  - Flyers, brochures

*Other selections can be added by quitline*

- REFERRAL
  - Health professional (doctor, dentist, etc.)
  - Family / friends
  - Workplace
  - Health insurance
  - Community organization
  - Other: ________________________________

---

**Rating Schedule Assessment Items 1, 3:**

<table>
<thead>
<tr>
<th>Rating Schedule Assessment Item 1</th>
<th>Rating</th>
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<td>Slight variation: 2</td>
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<tr>
<td>Exactly as intended: 3</td>
<td></td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>Rating Schedule Assessment Item 2</th>
<th>Rating</th>
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<tr>
<td>Significant variation: 1</td>
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<tr>
<td>Response Categories are Different</td>
<td></td>
</tr>
<tr>
<td>but can be rolled up: 2</td>
<td></td>
</tr>
<tr>
<td>Slight variation in wording: 3</td>
<td></td>
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<tr>
<td>Exactly as intended: 4</td>
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Not applicable: NA
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<th>Response Categories</th>
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<tbody>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
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</table>

### Additional Comments:

#### NAQC MDS Intake Question 4:
Is this your first call to the quitline in the past year?
- ☐ Yes
- ☐ No → Optional: How many times did you call the quitline in the past year? ____ (# of times)

### Assessment Components

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>/3</td>
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<th>Response Categories</th>
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<th>Of whom the question is being asked</th>
<th>Rating</th>
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<tbody>
<tr>
<td>/3</td>
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</table>

### Additional Comments:

#### NAQC MDS Intake Question 5:

**USA ONLY:**
5a. Do you currently smoke cigarettes every day, some days, or not at all? *(CHECK ONE)*
- ☐ Everyday
- ☐ Some days (if less than 7 days per week or less than 1 cigarette per day)
  → Optional if respond “Some Days”: How many days did you smoke in the last 30 days? ____
- ☐ Not at all

When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*? *(if day is unknown, code as 15th of month)* *(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)*

**CANADA ONLY:**
Do you currently smoke cigarettes daily, occasionally, or not at all? *(CHECK ONE)*
- ☐ Daily
- ☐ Occasionally (if less than 7 days per week or less than 1 cigarette per day)
  → Optional if respond “Occasionally”: How many days did you smoke in the last 30 days? ____
- ☐ Not at all

When was the last time you smoked a cigarette, even a puff *(dd/mm/yyyy)*? *(if day is unknown, code as 15th of month)* *(IF RESPONSE IS “NOT AT ALL” SKIP TO Q7)*
NAQC MDS Intake Question 5b
5b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? ______ (If caller says over 100)

Assessment Components | Rating
--- | ---
Question | 3
Response Categories | 4
Of whom the question is being asked | 3
Additional Comments:

NAQC MDS Intake Question 6
Cigarette smokers only:
How soon after you wake up do you smoke your first cigarette? (DO NOT READ)
☐ Within five minutes
☐ 6 to 30 minutes
☐ More than 60 minutes
☐ Don’t know
☐ Refused

Assessment Components | Rating
--- | ---
Question | 3
Response Categories | 4
Of whom the question is being asked | 3
Additional Comments:

NAQC MDS Intake Question 7:
Do you currently use other tobacco products such as: (check all that apply)
☐ Cigars
☐ Pipes
☐ Chewing Tobacco or Snuff
☐ Other Tobacco Products (e.g. Bidis) → Optional (specify): ________________

(IF Q5a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q7 = NO OTHER TOBACCO, SKIP TO Q9)
(IF Q5a = NOT AT ALL AND Q7 = NO OTHER TOBACCO, SKIP TO Q10)

Assessment Components | Rating
--- | ---
Question | 3
Additional Comments:

Rating Schedule Assessment Items 1, 3:
Not at all asked: 0
Significant variation: 1
Slight variation: 2
Exactly as intended: 3
Not applicable: NA

Rating Schedule Assessment Item 2:
Not at all asked: 0
Significant variation: 1
Response Categories are Different but can be rolled up: 2
Slight variation in wording: 3
Exactly as intended: 4
Not applicable: NA
**NAQC MDS Intake Question 8:**
How much tobacco do you use per week?
- ____ Cigars (number per week)
- ____ Pipe bowls (number per week)
- ____ Chewing tobacco or snuff (number of pouches / tins per week)
- ____ Other tobacco (amount per week)

<table>
<thead>
<tr>
<th>Assessment Components</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
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<td>Response Categories</td>
<td>/4</td>
</tr>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
</tr>
</tbody>
</table>

**NAQC MDS Intake Question 9:**
All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? (DO NOT READ)
- □ Yes
- □ No
- □ Don’t know
- □ Refused

<table>
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<tr>
<th>Assessment Components</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
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<tr>
<td>Response Categories</td>
<td>/4</td>
</tr>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
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</table>

**NAQC MDS Intake Question 10:**
*Optional:* At what age did you start smoking regularly? _________ (age in years)

<table>
<thead>
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<tr>
<td>Of whom the question is being asked</td>
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</table>

**NAQC MDS Intake Question 11:**
C. CALLER CHARACTERISTICS (Ask of all eligible* callers)
(*eligible is defined by each quitline and should be clearly described)
First I need to verify are you male or female?
☐ Male
☐ Female
☐ Refused

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<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
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</tbody>
</table>

**Additional Comments:**

**NAQC MDS Intake Question 12:**
What year were you born? _ _ _ _
☐ Refused

Optional: What is your date of birth? _ _ _ _ / _ _ _ _ (mm/yyyy)

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<td>/4</td>
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<tr>
<td>Of whom the question is being asked</td>
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</table>

**Additional Comments:**

**NAQC MDS Intake Question 13:**
What is your zip code? (Canada = postal code)

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<tr>
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**Additional Comments:**

**NAQC MDS Intake Question 14**
Optional (USA only): Do you have any health insurance?
☐ Yes
☐ No
☐ Don’t know
☐ Refused

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**Rating Schedule Assessment Items 1, 3:**
Not at all asked: 0  Significant variation: 1  Slight variation: 2  Exactly as intended: 3  Not applicable: NA
**Rating Schedule Assessment Item 2:**
Not at all asked: 0  Significant variation: 1  Response Categories are Different but can be rolled up: 2  Slight variation in wording: 3  Exactly as intended: 4
Not applicable: NA
**Additional Comments:**

**NAQC MDS Intake Question 15:**  
What is the highest level of education you have completed? *(DO NOT READ)*  
**USA:**  
☐ Less than grade 9  
☐ Grade 9 to 11, no degree  
☐ GED  
☐ High school degree  
☐ Some college or university  
☐ College or university degree  

**CANADA:**  
☐ Less than high school  
☐ High school diploma  
☐ Technical or trade school (includes any post-high school education, including technical or trade school, but not a degree.)  
☐ College or university degree (includes AA, BA, Masters, Ph.D.)

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<td>/4</td>
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<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
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</table>

**NAQC MDS Intake Question 16:**  
**USA only:**  
Are you Hispanic or Latino?  
☐ Yes (Hispanic or Latino)  
☐ No (Not Hispanic or Latino)  
☐ Refused  
☐ Not ascertained → Optional: Reason: ______________ (include “Don’t know” here)

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<td>Question</td>
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<td>Response Categories</td>
<td>/4</td>
</tr>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
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</tbody>
</table>

**NAQC MDS Intake Question 17:**  
**USA:** Which of these groups would you say best describes you? *(READ)*  
☐ White1  
☐ Black or African American2

Rating Schedule Assessment Items 1, 3:  
Not at all asked: 0  
Significant variation: 1  
Slight variation: 2  
Exactly as intended: 3  
Not applicable: NA

Rating Schedule Assessment Item 2:  
Not at all asked: 0  
Significant variation: 1  
Response Categories are Different but can be rolled up: 2  
Slight variation in wording: 3  
Exactly as intended: 4  
Not applicable: NA
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<td>Slight variation: 2</td>
<td>Response Categories are Different but</td>
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<td>can be rolled up: 2</td>
</tr>
<tr>
<td>Not applicable: NA</td>
<td>Slight variation in wording: 3</td>
</tr>
<tr>
<td></td>
<td>Exactly as intended: 4</td>
</tr>
</tbody>
</table>

Not applicable: NA

→ Optional if respond “Asian”: Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)*

- Asian Indian
- Cambodian
- Chinese (except Taiwanese)
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Pakistani
- Thai
- Taiwanese
- Vietnamese
- Other Asian (specify): __________________
- Don’t know / not sure
- Refused

→ Optional if respond “Native Hawaiian or other pacific islander”: Which specific ethnicity or race do you identify with the most? *(Do not read responses; code answer)*

- Native Hawaiian
- Samoan
- Tongan
- Tahitian
- Maori
- Guamanian or Chamorro
- Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)
- Fijian
- Other (specify): __________________
- Don’t know / not sure
- Refused

DO NOT READ THE REST:

- American Indian or Alaska native

- Other (specify): __________________
- Don’t know
- Refused
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
A person having origins in any of the black racial groups of Africa. Terms like Haitian or Negro can also be used.
A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
A person having origins in any of the original peoples of North, Central, or South America, and who maintain tribal affiliation or community attachment.

**CANADA:** To which of the following ethnic or cultural groups did your ancestors belong? (ancestor = great grandparents or further back) *(READ; CAN CHECK MORE THAN ONE)*
- [ ] Canadian (English or French Canadian)
- [ ] Aboriginal (Native Indian, Métis, Inuit)
- [ ] British (English, Irish, Scottish, Welsh)
- [ ] European (specify country): __________________
- [ ] Asian (specify country): __________________
- [ ] Other (specify): __________________ *(DON’T READ)*
- [ ] None of the above *(DON’T READ)*
- [ ] Don’t know *(DON’T READ)*
- [ ] Refused *(DON’T READ)*

<table>
<thead>
<tr>
<th>Assessment Components</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>/3</td>
</tr>
<tr>
<td>Response Categories</td>
<td>/4</td>
</tr>
<tr>
<td>Of whom the question is being asked</td>
<td>/3</td>
</tr>
</tbody>
</table>

**Additional Comments:**

**NAQC MDS INTAKE ADMINISTRATIVE DATA**

- Counselor ID *(Optional)*
- Caller ID
- Date of first contact with quitline *(dd/mm/yyyy)*: _ _/_ _/_ _ _ _
- Intervention provided to caller *(Check all that apply)*:
  - [ ] Basic information
  - [ ] Literature and/or self-help materials
  - [ ] Reactive counseling (one counseling session)
  - [ ] Proactive counseling (more than one counseling session)
  - [ ] Medications
  - [ ] Referral
  - [ ] Other

<table>
<thead>
<tr>
<th>Assessment Components</th>
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<tbody>
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<td>Information Collected</td>
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Rating Schedule Assessment Items 1, 3:
Not at all asked: 0  Significant variation: 1  Slight variation: 2  Exactly as intended: 3  Not applicable: NA
Rating Schedule Assessment Item 2:
Not at all asked: 0  Significant variation: 1  Response Categories are Different but can be rolled up: 2  Slight variation in wording: 3  Exactly as intended: 4
Not applicable: NA

**NAQC MDS Intake Optional Question 1:**
Do you consider yourself to be:

- [ ] a) Heterosexual or straight
- [ ] b) Gay or Lesbian
- [ ] c) Bisexual

**DO NOT READ:**
- [ ] d) Don't know
- [ ] e) Refused

<table>
<thead>
<tr>
<th>Assessment Components</th>
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<tbody>
<tr>
<td>Question</td>
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<tr>
<td>Additional Comments:</td>
<td></td>
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</table>
MDS Follow-up Assessment

NAQC MDS Follow-Up Question 1:
Overall, how satisfied were you with the service you received from the quitline?
(READ ALL, CHECK ONE ONLY)

- Very satisfied
- Mostly satisfied
- Somewhat satisfied
- Not at all satisfied
- Don’t know
- Refused

Assessment Components | Rating
--- | ---
Question | /3
Response Categories | /4
Of whom the question is being asked | /3

Additional Comments:

NAQC MDS Follow-Up Question 2a:
2a. USA ONLY: Do you currently smoke cigarettes every day, some days, or not at all?
(CHECK ONE)

- Everyday
- Some days (if less than 7 days per week or less than 1 cigarette per day)
  → Optional if respond “Some Days”: How many days did you smoke in the last 30 days?
    ______
- Not at all

When was the last time you smoked cigarettes daily (dd/mm/yyyy)? _ _/ _/ _ _ _ _
(if day is unknown, code as 15th of month)
(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)

CANADA ONLY: Do you currently smoke cigarettes daily, occasionally, or not at all?
(CHECK ONE)

- Daily
- Occasionally (if less than 7 days per week or less than 1 cigarette per day)
  → Optional if respond “Occasionally”: How many days did you smoke in the last 30 days?
    ______
- Not at all

When was the last time you smoked cigarettes daily (dd/mm/yyyy)? _ _/ _/ _ _ _ _
(if day is unknown, code as 15th of month)
(IF RESPONSE IS “NOT AT ALL” SKIP TO Q4)
### NAQC MDS Follow-Up Question 2b:

2b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? ____ (If caller says over 100, confirm. 100 cpd = 5 packs per day; If caller says less than one per day, code as Some Days)

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<tr>
<td>Of whom the question is being asked</td>
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</table>

### NAQC MDS Follow-Up Question 3:

Cigarette smokers only: How soon after you wake up do you smoke your first cigarette? (DO NOT READ)

- [ ] Within five minutes
- [ ] 6 to 30 minutes
- [ ] 31 to 60 minutes
- [ ] More than 60 minutes
- [ ] Don’t know
- [ ] Refused

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</table>

### NAQC MDS Follow-Up Question 4:

Do you currently use other tobacco products such as: (Check all that apply)

- [ ] Cigars
- [ ] Pipes
- [ ] Chewing Tobacco or Snuff
- [ ] Other Tobacco Products (e.g. Bidis)

(If Q2a = EVERYDAY/DAILY OR SOME DAYS/OCCASIONALLY AND Q4 =

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</table>
**NAQC MDS Follow-Up Question 5:**
How much tobacco do you use per week?
- ____ Cigars (number per week)
- ____ Pipe bowls (number per week)
- ____ Chewing tobacco or snuff (number of pouches / tins per week)
- ____ Other tobacco (amount per week) → Optional (specify): ______

**NAQC MDS Follow-Up Question 6:**
All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? (DO NOT READ)
- ☐ Yes
- ☐ No
- ☐ Don’t know
- ☐ Refused

**NAQC MDS Follow-Up Question 7:**
Since you first called the quitline on (Date of first contact), seven months ago, did you quit using tobacco for 24 hours or longer? (DO NOT READ, CHECK ONE ONLY) Note: collect number of intentional quit attempts only
- ☐ Yes → Optional if responded “Yes”: How many times did you quit using tobacco for 24 hours or longer? ______ (Note: collect number of intentional quit attempts only)
- ☐ No
- ☐ Don’t know

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<tr>
<td>How much tobacco do you use per week?</td>
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</table>
- ____ Cigars (number per week) |   |
- ____ Pipe bowls (number per week) |   |
- ____ Chewing tobacco or snuff (number of pouches / tins per week) |   |
- ____ Other tobacco (amount per week) → Optional (specify): ______ |

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<td>All current tobacco users (smokers and other tobacco users)</td>
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<tr>
<td>Do you intend to quit within the next 30 days? (DO NOT READ)</td>
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</table>
- ☐ Yes | |
- ☐ No | |
- ☐ Don’t know | |
- ☐ Refused | |

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<tr>
<td>Since you first called the quitline on (Date of first contact), seven months ago, did you quit using tobacco for 24 hours or longer? (DO NOT READ, CHECK ONE ONLY) Note: collect number of intentional quit attempts only</td>
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</tbody>
</table>
- ☐ Yes → Optional if responded “Yes”: How many times did you quit using tobacco for 24 hours or longer? ______ (Note: collect number of intentional quit attempts only) | |
- ☐ No | |
- ☐ Don’t know | |

Rating Schedule Assessment Items 1, 3:
Not at all asked: 0  Significant variation: 1  Slight variation: 2  Exactly as intended: 3  Not applicable: NA
Rating Schedule Assessment Item 2:
Not at all asked: 0  Significant variation: 1  Response Categories are Different but can be rolled up: 2  Slight variation in wording: 3  Exactly as intended: 4  Not applicable: NA
### NAQC MDS Follow-Up Question 8:
When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
_ _/_ _/_ _ _ _ (if day unknown, code as 15th of month)
- [ ] Don’t know
- [ ] Refused

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<td>Response Categories</td>
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<tr>
<td>Of whom the question is being asked</td>
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</table>

### NAQC MDS Follow-Up Question 9:
Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?
- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Refused

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</table>

### NAQC MDS Follow-Up Question 10:
Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?
- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Refused

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<tr>
<td>Of whom the question is being asked</td>
<td>1/3</td>
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</table>
### NAQC MDS Follow-Up Question 11:
Since your call to the quitline on *(Date of first contact)*, seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills (Zyban), group cessation, advice from a health professional, self-help materials?

- Yes
- No
- Don’t know
- Refused

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<tr>
<td>Of whom the question is being asked</td>
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### NAQC MDS Follow-Up Question 12:
*Optional:* What kind of treatments or health professionals? *(Check all that apply – do not read) (Quitlines can expand these categories as necessary)*

- Medication:
  - Zyban
  - NRT patches
  - NRT gum
  - NRT lozenges
  - Other medications as desired
- Advice from:
  - Physician
  - Pharmacist
  - Nurse
- Group cessation program
- Self-help materials
- Other: ______________________

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<td>Response Categories</td>
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<tr>
<td>Of whom the question is being asked</td>
<td>3</td>
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**Rating Schedule Assessment Items 1, 3:**
- Not at all asked: 0
- Significant variation: 1
- Slight variation: 2
- Exactly as intended: 3
- Not applicable: NA

**Rating Schedule Assessment Item 2:**
- Not at all asked: 0
- Significant variation: 1
- Response Categories are Different but can be rolled up: 2
- Slight variation in wording: 3
- Exactly as intended: 4

Not applicable: NA
### 7 MONTH FOLLOW-UP ADMINISTRATIVE DATA

| Evaluator ID |  
| Caller ID |  
| Date of first contact with quitline (dd/mm/yyyy): _ _/_ _/_ _/_ _ |  
| Date of Evaluation Interview: seven months after date of first contact with quitline (dd/mm/yyyy): _ _/_ _/_ _/_ _ |  
| **Assessment Components** | **Rating** |  
| Information Collected | /2 |  
| Response Categories | /4 |  
| **Additional Comments:** |  |
Appendix F
## Appendix F MDS Assessment Part 2 Rating System

<table>
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<th>Assessment Component: Question Phrasing</th>
<th>Rating</th>
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<td>Question is phrased exactly as identified in the MDS documents; minor phrasing differences allowed</td>
<td>3</td>
</tr>
<tr>
<td>Question has same intent as MDS document, but uses different phrasing</td>
<td>2</td>
</tr>
<tr>
<td>Question is asked in a completely different way using significantly different language; counsellor completes response based on information</td>
<td>1</td>
</tr>
<tr>
<td>Question is not asked at all</td>
<td>0</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Assessment Component: Response Categories</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response categories are provided exactly or with minor differences as identified in the MDS documents.</td>
<td>4</td>
</tr>
<tr>
<td>Response categories have different wording but same intent as MDS documents</td>
<td>3</td>
</tr>
<tr>
<td>Response categories are different than those provided in MDS documents, most cover the same content areas but different words/terms are used. Additional response categories are provided but can be “rolled up” to be MDS compliant.</td>
<td>2</td>
</tr>
<tr>
<td>Response categories are significantly different / some are the same but not all. Additional response categories are provided and cannot be “rolled up” to be MDS compliant.</td>
<td>1</td>
</tr>
<tr>
<td>Response categories are not asked at all</td>
<td>0</td>
</tr>
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<th>Rating</th>
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<tr>
<td>Question is not asked at all</td>
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Appendix G
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

MDS Intake Question 1: Reason for Calling and Awareness of Quitline

How can I help you? (Reason for Calling)
☐ Want help / information about quitting
☐ Want help / information about staying quit
☐ Want to refer someone for help
☐ Want general information or materials about quitline service
☐ Other: __________________________________________

Assessment Results

Question Phrasing:

The vast majority of quitlines (43 or 75.4%) used this question exactly as intended by the MDS and another two (3.5%) used it with slight variation from the intent of the MDS. Twelve quitlines (21.1%) either used a very different question or assessed the information based on the conversation with the caller.

Response Categories:

When response categories were considered, intake question 1 did not capture the information as intended by the MDS. A few quitlines (3 or 5.3%) used the MDS categories as intended, but the vast majority (54 or 94.7%) did not use the response categories at all (16 or 28.1%) or used response categories that were significantly different from what was intended by the MDS and cannot be rolled up (30 or 52.6%). Specifically, the categories used by quitlines to help determine types of services for callers did not match those outlined by the MDS. It might be more accurately stated that the response categories provided by the MDS do not appear to reflect closely enough how quitline services identify callers’ reasons for calling. For this question, changes to the MDS might be the most appropriate solution for greater clarity and standardization.
Of Whom the Question is Asked:

Despite the specific challenges with response categories, a vast majority of quitlines (54 or 94.7%) use the question with the populations intended by the MDS. One quitline (1.8%) uses the question with populations that were slightly different from what was intended by the MDS and another quitline (1.8%) did not ask the question of the intended population at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 2a: Reason for Calling and Awareness of Quitline**

2a. Are you:
- □ Calling for yourself *(SKIP TO Q3)*
- □ Calling on behalf of or to help someone else *(CONTINUE TO Q2b)*

**Assessment Results**

**Question Phrasing:**

Question phrasing for question 2a was implemented as intended for over one third (21 or 36.8%) of quitlines and another 17 (29.8%) used it with slight phrasing differences. However, the question was not asked at all by almost one quarter (14 or 24.6%) of quitlines and a further 5 (8.8%) did not use the question in a way that was intended by the MDS, or the question was assessed but not asked directly.

**Response Categories:**

Fourteen quitlines (24.6%), did not ask MDS question 2a at all. There was further divergence from the MDS when response categories were considered. Of the 43 quitlines that used the question, only one-quarter (10 quitlines) used the response categories as intended by the MDS. Another 4 quitlines used response categories significantly different but that could be reported in the MDS categories. However, nearly three-quarters of the quitlines that used the question (29) used categories for question 2a that could not be reported as intended by the MDS.

When added to the number of quitlines not asking question 2a, a total of 43 quitlines could not provide responses according to the MDS standardized categories for Question 2a. As currently implemented, the quitline community would not be able to provide information about whether the caller was calling for self or on behalf of someone else on an aggregate basis using the MDS questions.
Of Whom the Question is Asked:

When question 2a was used, it was asked of the appropriate population. Almost one quarter of quitlines (24.6%) did not use the question at all. Of those who did use it, nearly all (39 of 43) reported using the question with the population as intended by the MDS and another three used the question with a slightly dissimilar population than intended by the MDS.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 2b: Reason for Calling and Awareness of Quitline

2b. Are you:
- [ ] A health professional
- [ ] A friend or family member
- [ ] A community organization, worksite, insurance
- [ ] Other: ________________________________

Assessment Results

Question Phrasing:

Question 2b was not asked by one third (19 or 33.3%) of quitlines and a similar number (20 or 35.1%) implemented the question exactly as intended. Almost 30% (17 or 29.8%) used the question with some differences but the same intent as the MDS.

Response Categories:

Question 2b was not used by 19 quitlines. Of the 38 quitlines who used question 2b, only 10 used the response categories as they were intended by the MDS. Almost three-quarters (28) used response categories not consistent with the MDS.

When added to the number of quitlines not asking question 2b, a total of 47 quitlines could not provide responses according to MDS standardized categories for Question 2b. As currently implemented, the quitline community would not be able to provide information about the reason for calling on an aggregate basis using the MDS questions.
Of Whom the Question is Asked:

One third of quitlines (19 or 33.3%) did not implement question 2b at all. Of those that did, nearly all (35 of 38) asked the question of the population as intended by the MDS. Two quitlines implemented the question with populations only slightly dissimilar from the intent of the MDS. One quitline did not provide enough information for assessment.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 3: Reason for Calling and Awareness of Quitline

How did you hear about the quitline? (DO NOT READ; CHECK ALL RESPONSES)
(Optional – specific types of promotion)

☐ MEDIA:
  ☐ Newspaper
  ☐ Radio
  ☐ Television

Other selections can be added by quitline

☐ OTHER ADVERTISING
  ☐ Phone directory
  ☐ Flyers, brochures

Other selections can be added by quitline

☐ REFERRAL
  ☐ Health professional (doctor, dentist, etc.)
  ☐ Family / friends
  ☐ Workplace
  ☐ Health insurance
  ☐ Community organization
  ☐ Other: _________________________

Assessment Results

Question Phrasing:

Almost all quitlines (54 or 94.7%) used the MDS question 3 exactly as it was intended. Two quitlines (3.5%) used the question with slight differences in phrasing but with the same intent and only one quitline used the MDS with significant differences in question phrasing so that it was not consistent with the MDS intent.
Response Categories:

Almost all quitlines used response categories that could be rolled up to be consistent with the MDS. The majority (35 or 61.4%) used them exactly as intended by the MDS, 1 used them with only slight variation and 12 (21.1%) used them with more variation but so they could still be rolled up to be consistent with the MDS categories. Nine quitlines (15.8%) used response categories not consistent with the MDS. Most of these (6) included additional response categories such as “don’t know” and “refused.”

Of Whom the Question is Asked:

The vast majority of quitlines (48 or 84.2%) used question 3 with the population as intended by the MDS. Seven quitlines (12.3%) used the MDS question 3 with populations slightly different from what was intended by the MDS. Only 1 quitline (1.8%) used the question with a population not at all as intended by the MDS and another quitline did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 4: Reason for Calling and Awareness of Quitline**

Is this your first call to the quitline in the past year?

- Yes
- No → **Optional**: How many times did you call the quitline in the past year? ____ (# of times)

**Assessment Results**

**Question Phrasing:**

Almost three quarters (73.7%) of quitlines implemented MDS intake question 4 as intended. Five quitlines (8.8%) implemented the question with some different phrasing but with the same MDS intent. Six quitlines implemented the question with significant variation from the MDS. Four quitlines did not use the question at all.

**Response Categories:**

Just over 60 percent (35 or 61.4%) of quitlines implemented the MDS response categories exactly as intended. Three (5.3%) used different response categories but could still report results in the MDS categories. Over one quarter (15 or 26.3%) used response categories not consistent with the MDS. Most of these included “don’t know” (12), “refused” (12), “other” (9) or “not asked” (1) as response categories, making it impossible to roll up responses to the MDS categories. Four quitlines did not ask the question at all.
Of Whom the Question is Asked:

The vast majority of quitlines (48 or 84.2%) used the MDS intake question 4 with the intended population. Two quitlines used the question with a slightly different population and 2 quitlines used it with populations not at all consistent with the MDS. Four quitlines did not use the MDS question at all and 1 quitline did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 5a: Tobacco Behaviours**

**USA ONLY:** Do you currently smoke cigarettes every day, some days, or not at all?
- Everyday
- Some days (if less than 7 days per week or less than 1 cigarette per day)
  → **Optional if respond “Some Days”**: How many days did you smoke in the last 30 days? ____
- Not at all

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
*(if day is unknown, code as 15th of month)*

**5a. CANADA ONLY:**
Do you currently smoke cigarettes daily, occasionally, or not at all?
- Daily
- Occasionally (if less than 7 days per week or less than 1 cigarette per day)
  → **Optional if respond “Occasionally”**: How many days did you smoke in the last 30 days? ____
- Not at all

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
*(if day is unknown, code as 15th of month)*

**Assessment Results**

**Question Phrasing:**

Most quitlines (41 or 71.9%) implemented question 5a as intended by the MDS, and another 7% (4) used a slightly different phrasing for question 5a which has the same intent. Ten quitlines (17.5%) used a question not consistent with the MDS and 2 quitlines (3.5%) did not use the question at all. A few quitlines assessed current smoking status through conversations with the caller, but not through the use of a direct question. More quitlines used the first portion of the question to assess current smoking status, but did not follow up to determine last time smoked or did not use the specific terminology critical to the question intent (e.g. “currently smoke cigarettes” or “even a puff”) so the information collected would not be considered compatible with the MDS intent.
Response Categories:

A little more than half (32 or 56.1%) of quitlines used the MDS response categories exactly as intended and another 4 (7%) used them with significant variation but still consistent with the MDS categories. However, one-third of quitlines (19 or 33.3%) used response categories not at all consistent with MDS intent. Two quitlines (3.5%) did not ask the question at all. Quitlines scoring less than a 4 frequently included “refused” or “don’t know” as response categories or additional categories like “social/ weekend” to assess current cigarette use, making it impossible to report responses in the MDS categories.

Of Whom the Question is Asked:

The vast majority of quitlines (49 or 86%) used question 5a with the appropriate populations as intended by the MDS. Four quitlines (7.0%) used the question with a slightly different population than intended. One quitline (1.8%) used the question with a significantly different population than intended, and 1 quitline (1.8%) did not provide enough information to be assessed. Two quitlines (3.5%) did not use the question at all.
NAQC MDS Intake Question 5b: Tobacco Behaviours

. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? _____
(If caller says over 100

Assessment Results

Question Phrasing:

A majority of quitlines (41, or 71.9%) used the MDS question 5b exactly as it intended and another 10 (17.5%) used it with some variation but with the same intent as the MDS. Five quitlines (8.8%) used the question with significant variation from what was intended by the MDS. One quitline (1.8%) did not use the MDS question 5b at all.

Response Categories:

Response categories for the MDS question 5b were implemented exactly as intended by 45 (75%) of quitlines. Eleven quitlines (19.3%) used response categories significantly different and could not be rolled up to MDS Categories. Three of these record responses in ranges rather than as a specific number of cigarettes. One quitline (1.8%) did not use the MDS question 5b at all.
Of whom the Question is Asked:

The majority of quitlines used the MDS question 5b with the appropriate population. Over 80% (47 or 82.5%) used the question with the appropriate population and another 7 (12.3%) used it with some slight variance in population. One quitline (1.8%) used the question with a population significantly different from what was intended by the MDS. One quitline (1.8%) did not use the MDS question 5b at all. One quitline (1.8%) did not provide enough information to assess their information.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 6: Tobacco Behaviours**

How soon after you wake up do you smoke your first cigarette? *(DO NOT READ)*

- [ ] Within five minutes
- [ ] 6 to 30 minutes
- [ ] 31 to 60 minutes
- [ ] More than 60 minutes
- [ ] Don’t know
- [ ] Refused

**Assessment Results**

**Question Phrasing:**

A majority of quitlines (35 or 61.4%) implemented question 6 exactly as intended by the MDS. Another 6 quitlines (10.5%) used a question that was different but had the same intent as the MDS question. However, 16 quitlines (28.1%) used a question not consistent with the MDS. Most of these quitlines used the question to assess for all tobacco use, not just smoking. With this phrasing, level of cigarette smoking dependence cannot be disaggregated if the caller used more than one type of tobacco, and thus, the question is not consistent with the intent of the MDS and will not provide the information needed for the MDS.

**Response Categories:**

The vast majority of quitlines (47 or 82.5%) used response categories consistent with the MDS. Another 4 quitlines (7%) used response categories with significant variation from the MDS intent but they could still be rolled up for consistent reporting. Six quitlines (10.5%) used response categories that could not be rolled up for consistency with the MDS. Most of those scoring less than a 4 either did not include “don’t know” and “refused” as response options or asked the question about
tobacco products other than just cigarettes.

Of Whom the Question is Asked:

Most quitlines (35 or 61.4%) implemented the MDS question 6 with the populations as intended by the MDS. Another 19 (33.3%) used the questions with a similar population from what was intended by the MDS. Two quitlines (3.5%) used the question with a very different population than was intended by the MDS. One quitline did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 7: Tobacco Behaviours**

Do you currently use other tobacco products such as: (check all that apply)

- Cigars
- Pipes
- Chewing Tobacco or Snuff
- Other Tobacco Products (e.g. Bidis) → **Optional** (specify): _________________

**Assessment Results**

**Question Phrasing:**

Less than one-third of quitlines (18, or 31.6%) used the MDS intake question 7 exactly as intended. Most quitlines (30 or 52.6%) implemented the question with some differences but the same intent as the MDS. Nine quitlines (15.8%) used the question with significant variation from what was intended by the MDS.

**Response Categories:**

Most quitlines (44 or 77.2%) used response categories exactly as intended by the MDS. Another 2 quitlines (3.5%) used the response categories with minor variation and 5 (8.8%) with more variation, but still with the same MDS intent. Six quitlines (10.5%) did not use response categories that could be rolled up to be reported in the MDS categories.
Of Whom the Question is Asked:

Almost all (51 or 89.5%) quitlines used the MDS question 7 with the appropriate populations. Four quitlines (7.0%) used the MDS question with a slightly different population, 1 (1.8%) used it with a significantly variant population and 1 (1.8%) did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 8: Tobacco Behaviours**

How much tobacco do you use per week?
- ____ Cigars *(number per week)*
- ____ Pipe bowls *(number per week)*
- ____ Chewing tobacco or snuff *(number of pouches / tins per week)*
- ____ Other tobacco *(amount per week)*

**Assessment Results**

**Question Phrasing:**

Almost equal numbers of quitlines implemented the MDS question 8 exactly as intended (24 or 42.1%) or with some variation but the same intent (26 or 45.6%). Five quitlines (8.8%) implemented the question with significant variation from what was intended by MDS and 2 quitlines (3.5%) did not use the MDS question 8 at all.

**Response Categories:**

Three quarters of quitlines (43 or 75.4%) used the MDS response categories for question 8 exactly as intended. Another 2 (3.5%) used them with slight variation and 4 (7%) used them with more significant variation but the same intent. Six quitlines (10.5%) did not use the MDS response categories at all as intended and 2 quitlines (3.5%) did not use the MDS response categories at all.
Of Whom the Question is Asked:

The vast majority of quitlines (50 or 87.8%) used the MDS question 8 with the appropriate population, and 3 quitlines (5.3%) used the question with mostly the same population as intended by the MDS. Only 1 quitline (1.8%) implemented the question with a population not at all as intended by the MDS. Two quitlines (3.5%) did not use the MDS question 8 at all and 1 quitline (1.8%) did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 9: Tobacco Behaviours

All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? (DO NOT READ)
☑ Yes
☑ No
☑ Don’t know
☑ Refused

Assessment Results

Question Phrasing:

Fifty quitlines implemented MDS question 9 exactly (46 or 80.7%) or with minor variation than what had been intended (4 or 7%). Seven quitlines (12.3%) used the question with significant variation from what was intended by the MDS.

![Intake Question 9: Question Phrasing, n=57](image)

Response Categories:

Most quitlines (32 or 56.1%) used response categories for question 9 that were not consistent with the intent of the MDS. Most of these (28) did not include either “don’t know” or “refused” or both. Just 21 quitlines (36.8%) used the response categories as intended by the MDS and another 4 (7%) used the response categories with significant variation from what was intended by the MDS but could still be rolled up to be reported in the MDS categories.

![Intake Question 9: Response Categories, n=57](image)
Of Whom the Question is Asked:

The vast majority of quitlines (54 or 94.7%) implemented MDS question 9 with the population exactly as intended by the MDS. One quitline (1.8%) each reported implementing the MDS question with a somewhat different population, a population not at all consistent with the MDS and did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

### NAQC MDS Optional Intake Question 10: Caller Characteristics

At what age did you start smoking regularly? _________ (age in years)

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### Assessment Results

#### Question Phrasing:

Most quitlines (40 or 70.2%) used question phrasing not consistent with the intentions of the MDS and only 11 quitlines (19.3%) used the question exactly as intended by the MDS. One quitline (1.8%) used question phrasing similar to what was intended by the MDS and 5 quitlines (8.8%) did not use the question at all. Most quitlines scoring less than a 3 either did not include the word “regularly” in the question (19), asked about all tobacco use rather than just smoking (18) or assessed the information through conversation rather than with a specific question (4). These issues may indicate a need to consider revisions to the MDS wording of the question.

#### Response Categories:

Over eighty percent of quitlines (47 or 82.5%) used the MDS response categories exactly as intended for question 10. Four quitlines (7%) used response categories that could not be rolled up to be reported in the MDS categories and 5 quitlines (8.8%) did not use the response categories at all. One quitline (1.8%) did not provide enough information to be assessed.
Of Whom the Question is Asked:

Almost equal numbers of quitlines implemented the MDS question 10 with entirely appropriate (26 or 45.6%) or slightly different (24 or 42.1%) populations as intended by the MDS. One quitline (1.8%) used the question with a very different population and five quitlines (8.8%) did not use the question at all with populations. One quitline (1.8%) did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 11: Caller Characteristics

First I need to verify are you male or female?
- Male
- Female
- Refused

Assessment Results

Question Phrasing:

Just over half (32 or 56.1%) of quitlines used phrasing for question 11 that was exactly as intended by the MDS and 1 quitline (1.8%) used phrasing that was slightly variant but that had the same intent as the MDS. Twenty-four quitlines (42.1%) used phrasing that was very different and not as intended by the MDS. Most quitlines that scored less than a 3 assessed the information through conversation with the caller rather than by asking a specific question (22).

Response Categories:

A strong majority, 46 or 80.7%, of quitlines used response categories not at all consistent with the intent of the MDS and 11 quitlines (19.3%) used the response categories exactly as intended by the MDS. Of those not scoring a 4, 39 quitlines did not include “refused” as a response category, and 9 quitlines included “transgendered” as a response category (a few did both).
Of Whom the Question is Asked:

The vast majority of quitlines (54 or 94.7%) implemented the MDS question with the population exactly as intended. One quitline (1.8%) each used the question with a population varied slightly from what was intended by the MDS, varied significantly from what was intended or did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 12: Caller Characteristics**

What year were you born? _ _ _ _

☐ Refused

*Optional:* What is your date of birth? _ _ / _ _ _ _ (mm/yyy)

---

**Assessment Results**

**Question Phrasing:**

The majority of quitlines (36 or 63.2%) implemented the MDS question 12 exactly as it was intended by the MDS and the remainder (21 or 36.8%) implemented the question not at all consistent with MDS intent. Of those scoring less than a 3, most (20 quitlines) assess the information through conversation, but do not ask a specific question.

**Response Categories:**

Almost all quitlines (55 or 96.5%) used the MDS response categories exactly as intended. Only 2 quitlines (3.5%) used response categories that could not be rolled up to be reported in categories consistent with the MDS. Both quitlines did not include a “refused” option as part of the response options.
Of Whom the Question is Asked:

The vast majority of quitlines (53 or 93%) implemented the MDS question 12 with the population exactly as intended by the MDS and 3 quitlines (5.3%) implemented the question with a slightly different population. One quitline (1.8%) did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 13: Caller Characteristics**

What is your zip code? (Canada = postal code)

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**Assessment Results**

**Question Phrasing:**

The majority of quitlines (31 or 54.4%) used the MDS question phrasing with significant variation from what was intended. The remainder, 26 quitlines (45.6%) used the MDS question 13 exactly as intended. Most quitlines scoring less than a 3 (28 quitlines) collected zip or postal code information, but did not have a specific scripted question to do so.

**Response Categories:**

The vast majority of quitlines (54 or 94.7%) used the MDS response categories exactly as intended by the MDS. Three quitlines used response categories that were not consistent with MDS. All 3 include a “refused” option as part of the question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Two thirds of quitlines (38 or 66.7%) implemented the MDS question 13 with the population exactly as intended by the MDS. Seventeen quitlines (29.8%) implemented the question with a slightly variant population than intended by the MDS and 1 quitline (1.8%) implemented the question with a population not at all as intended by the MDS. One quitline (1.8%) did not provide enough information to be assessed.

The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population that is asked question 13 did so because they did not include “proxy callers” as part of the intended population for this question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Optional Intake Question 14 (USA Only): Caller Characteristics

Do you have any health insurance?
- Yes
- No
- Don’t know
- Refused

Assessment Results

Question Phrasing:

MDS Question 14 is optional and was only applicable to U.S. quitlines, thus 9 quitlines (15.8%) reported the question was “not applicable” to them. Of the remaining 48 quitlines, just over half (28 or 58.3%) used the MDS question phrasing exactly as intended and 18 (37.5%) used phrasing that was only slightly different. One quitline (2.1%) used phrasing not at all consistent with the MDS and another quitline (2.1%) did not use the question at all.

Response Categories:

Of the quitlines for whom this question was applicable (n=48), the vast majority, (37 or 77.1%) used response categories not at all consistent with the MDS. Eight quitlines (16.7%) used the response categories exactly as intended by the MDS. One quitline (2.1%) each reported using the response categories with slight variation and significant variation, but could still be rolled up to be consistent with MDS. One quitline (2.1%) did not use the response categories at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Among quitlines for whom question 14 was applicable (n=48), half (24 or 50%) used the question with the populations exactly as intended by the MDS, and slightly fewer (22 or 45.8%) used the question with a slightly different population than intended by the MDS. One quitline (2.1%) did not use the question with populations at all and another did not provide enough information to be assessed.

The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population asked intake optional question 14 did so because they did not include “proxy callers” as part of the intended population for this question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 15: Caller Characteristics

What is the highest level of education you have completed? *(DO NOT READ)*
USA:
☐ Less than grade 9
☐ Grade 9 to 11, no degree
☐ GED
☐ High school degree
☐ Some college or university
☐ College or university degree

CANADA:
☐ Less than high school
☐ High school diploma
☐ Technical or trade school
☐ College or university degree

Assessment Results

Question Phrasing:

The majority of quitlines (49 or 86.0%) used question 15 with phrasing that was exactly as intended by the MDS. Three quitlines (5.3%) each reported using phrasing slightly different and not at all consistent. The 3 scoring a 1 all asked about the highest level of education *attempted* rather than *completed*. Two quitlines (3.5%) did not use the question at all.

Response Categories:

Twenty-three quitlines (40.4%) used response categories for question 15 that were exactly as intended by the MDS. Yet the majority of quitlines (32 or 56.1%) used response categories not at all consistent with the MDS. Most of these included additional response categories that made it impossible to report data in the MDS categories. Many included “refused” or “not asked” and
some included additional educational levels or collapsed MDS categories. Two quitlines (3.5%) did not use the question at all.

**Of Whom the Question is Asked:**

Twenty-four quitlines (42.1%) used question 15 with the population intended by the MDS. Just over 50% (29 or 50.9%) of quitlines used question 15 with a slightly variant population than was intended by the MDS. Two quitlines (3.5%) did not use the question at all and 2 quitlines (3.5%) did not provide enough information to be assessed.

The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population asked intake question 15 did so because they did not include “proxy callers” as part of the intended population for this question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Question 16 (USA Only): Caller Characteristics

Are you Hispanic or Latino?
- Yes (Hispanic or Latino)
- No (Not Hispanic or Latino)
- Refused
- Not ascertained → Optional: Reason: __________ (include “Don’t know” here)

Assessment Results

Question Phrasing:

Only U.S. quitlines used question 16, thus 9 quitlines (15.8%) reported that the question was not applicable. Of the 48 remaining quitlines, 37 or 77.1% used the MDS question exactly as intended by the MDS and 6 (12.5%) used it with slight variation. Five quitlines (10.4%) did not use the question at all.

Response Categories:

Of the 48 quitlines for which this question was applicable, nearly half of quitlines (22, or 45.8%) used the response categories for question 16 as intended by the MDS. Twenty-one quitlines (43.8%) did not use the response categories as intended by the MDS and cannot report data in the MDS categories. Most of these (16) did not include response categories “refused,” “not ascertained” or both. Five quitlines (10.4%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Of the 48 quitlines for which this question was applicable, 21 (43.8%) used the MDS question with exactly the population as intended by MDS and 22 (45.8%) used it with a population slightly different than what was intended. Five quitlines (10.4%) did not use this question with the populations at all.

The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population that is asked intake question 16 did so because they did not include “proxy callers” as part of the intended population for this question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 17: Caller Characteristics**

**USA:** Which of these groups would you say best describes you? *(READ)*
- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or other pacific islander
- [ ] American Indian or Alaska native

*DO NOT READ THE REST:*
- [ ] Other (specify): __________________
- [ ] Don’t know
- [ ] Refused

**CANADA:** To which of the following ethnic or cultural groups did your ancestors belong? *(ancestor = great grandparents or further back)* *(READ: CAN CHECK MORE THAN ONE)*
- [ ] Canadian (English or French Canadian)
- [ ] Aboriginal (Native Indian, Métis, Inuit)
- [ ] British (English, Irish, Scottish, Welsh)
- [ ] European (specify country): __________________
- [ ] Asian (specify country): __________________

*DO NOT READ:*
- [ ] Other (specify): __________________ *(DON’T READ)*
- [ ] None of the above *(DON’T READ)*
- [ ] Don’t know *(DON’T READ)*
- [ ] Refused *(DON’T READ)*

---

**Assessment Results**

**Question Phrasing:**

More than three quarters of quitlines (44 or 77.2%) used the MDS question 17 exactly as intended by the MDS and 7 (12.3%) used it with slight variations. Five quitlines (8.8%) implemented the question with significant variation from what was intended by the MDS and 1 quitline (1.8%) did not use the question at all.
Response Categories:

Just under half of quitlines (28 or 49.1%) used response categories for MDS question 17 exactly as was intended by the MDS and another 4 quitlines (7%) implemented the response categories with slight variation. Twenty-four quitlines (42.1%) did not use the response categories at all as intended by the MDS and 1 quitline (1.8%) did not use the response categories at all. Quitlines scoring less than 4 included “none of the above” when it was not supposed to be included (U.S.) or did not include it when it was part of the MDS question (Canada) (14 quitlines total). In addition, 7 quitlines included “not asked/not applicable” as a response category, and 6 quitlines included “Hispanic/Latino” as a response category, making it impossible to report responses using the MDS response categories.

Of Whom the Question is Asked:

Most quitlines (31 or 54.4%) used MDS question 17 with a population slightly different than intended by the MDS and 23 quitlines (40.4%) used it with populations that were exactly as intended by the MDS. One quitline (1.8%) each used the question with populations that were not at all as intended by the MDS, did not use the question with populations at all or did not provide enough information to be assessed.

The vast majority of quitlines that scored a “2” of possible “3” on the assessment for the population that is asked intake question 17 did so because they did not include “proxy callers” as part of the intended population for this question.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

### NAQC MDS Optional Intake Question 1: Caller Characteristics

Do you consider yourself to be:

- [ ] a) Heterosexual or straight
- [ ] b) Gay or Lesbian
- [ ] c) Bisexual

**DO NOT READ:**
- [ ] d) Don't know
- [ ] e) Refused

### Assessment Results

#### Question Phrasing:

Almost three quarters of quitlines (42 or 73.7%) did not use the MDS optional question 1 at all. Eleven quitlines (19.3%) used the question exactly as intended by the MDS and 4 (7%) used it with slight variations.

![Optional Question 1: Question Phrasing, n=57](image)

#### Response Categories:

Almost three quarters of quitlines (42 or 73.7%) did not use the MDS optional question 1 response categories at all and 10 quitlines (17.5%) used response categories that were not at all MDS consistent. Only 5 (8.8%) used the response categories as intended by the MDS.

![Optional Intake Question 1: Response Categories, n=57](image)
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Almost three quarters of quitlines (42 or 73.7%) did not use the MDS optional question 1 at all with populations. Eight quitlines (14%) used the question with the appropriate populations and 7 (12.3%) used it with slightly different populations than intended by the MDS.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Intake Administrative Data

Counselor ID (Optional)
Caller ID
Date of first contact with quitline (dd/mm/yyyy): __/__/___

Intervention provided to caller (Check all that apply):
☐ Basic information
☐ Literature and/or self-help materials
☐ Reactive counseling (one counseling session)
☐ Proactive counseling (more than one counseling session)
☐ Medications
☐ Referral
☐ Other

Assessment Results

Information Collected:

An equal number (28 or 49.1%) of quitlines collected the intake administrative data exactly as intended by the MDS or with some differences. One quitline (1.8%) did not provide enough information to be assessed.

Response Categories:

Most quitlines (41 or 71.9%) did not use response categories for the intake administrative data that were consistent with the MDS. Eleven quitlines (19.3%) used response categories exactly as intended by the MDs and 7 (12.3%) used response categories which were consistent, but with a significant level of deviation. One quitline (1.8%) did not provide enough information to be assessed.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Follow-up Question 1: Satisfaction

Overall, how satisfied were you with the service you received from the quitline? (READ ALL, CHECK ONE ONLY)

☐ Very satisfied
☐ Mostly satisfied
☐ Somewhat satisfied
☐ Not at all satisfied
☐ Don’t know
☐ Refused

Assessment Results

Question Phrasing:

More than three quarters of quitlines (44 or 77.2%) implemented the follow-up MDS question 1 exactly as intended by the MDS and 4 (7%) implemented it with slight variance. Five quitlines (8.8%) implemented it with significant variance and 4 quitlines (7%) did not use it at all.

Response Categories:

More than three quarters of quitlines (45 or 79%) used the response categories for question 1 exactly as intended by the MDS but 8 (14%) did not use response categories that were consistent with the MDS. Four quitlines (7%) did not use response categories for question 1 at all.
Of Whom the Question is Asked:

The vast majority of quitlines (53 or 93%) implemented question 1 with exactly the population the MDS intended. Four quitlines (7%) did not use question 1 at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Follow-up Question 2a: Tobacco Behaviours**

**USA ONLY**: Do you currently smoke cigarettes every day, some days, or not at all?
- Everyday
- Some days (if less than 7 days per week or less than 1 cigarette per day)
  → Optional if respond “Some Days”: How many days did you smoke in the last 30 days? ____
- Not at all

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
(if day is unknown, code as 15th of month)

**5a. CANADA ONLY**:  
Do you currently smoke cigarettes daily, occasionally, or not at all?  
- Daily  
- Occasionally (if less than 7 days per week or less than 1 cigarette per day)  
  → Optional if respond “Occasionally”: How many days did you smoke in the last 30 days? ____  
- Not at all

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
(if day is unknown, code as 15th of month)

---

**Assessment Results**

**Question Phrasing:**

Just half of quitlines (29 or 50.9%) implemented the MDS question 2a as intended by the MDS and another 4 (7%) implemented it with slight variation in phrasing. Over one quarter of quitlines (15 or 26.3%) implemented the question with significant variation from what was intended by the MDS, and 9 quitlines (15.8%) did not use it at all. For many quitlines, question 2a was the same question asked to assess current smoking status at intake (intake question 5a). Challenges experienced by quitlines implementing intake question 5a were repeated at follow-up with question 2a. Significantly, when implemented at follow-up, the second portion of the question (“When was the last time you smoked a cigarette, even a puff?”) was frequently not included.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**Response Categories:**

More than half of quitlines (32 or 56.1%) implemented the MDS response categories for question 2a exactly as intended by the MDS. Sixteen quitlines (28.1%) used response categories that could not be rolled up to be consistent with the MDS. Nine quitlines (15.8%) did not use the MDS response categories at all.

**Of Whom the Question is Asked:**

The majority of quitlines (47 or 82.5%) implemented the MDS question 2a with exactly the population intended by the MDS and 1 quitline (1.8%) implemented it with a slightly different population. Nine quitlines (15.8%) did not implement the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Follow-up Question 2b: Tobacco Behaviours**

2b. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? _____ (If caller says over 100, confirm. 100 cpd = 5 packs per day; If caller says less than one per day, code as Some Days)

**Assessment Results**

**Question Phrasing:**

A majority of quitlines (33 or 57.9%) implemented the MDS question 2b with the same phrasing and intent as the MDS and another 10 quitlines (17.5%) used phrasing similar and with the same intent as the MDS. One quitline (1.8%) used phrasing not consistent with the MDS and 13 quitlines (22.8%) did not use the question at all.

**Response Categories:**

Almost one quarter (42 or 73.7%) of quitlines used response categories exactly as intended by the MDS, and 2 quitlines (3.5%) used response categories that could not be rolled up to the MDS response categories. Thirteen quitlines (22.8%) did not use the response categories at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

More than three quarters of quitlines (44 or 77.2%) implemented question 2b with the populations exactly as intended by the MDS. Thirteen quitlines (22.8%) did not use the question at all.
**NAQC MDS Follow-up Question 3: Tobacco Behaviours**

Cigarette smokers only: How soon after you wake up do you smoke your first cigarette? *(DO NOT READ)*

- [ ] Within five minutes
- [ ] 6 to 30 minutes
- [ ] 31 to 60 minutes
- [ ] More than 60 minutes
- [ ] Don’t know
- [ ] Refused

### Assessment Results

**Question Phrasing:**

Almost eighty percent of quitlines (45 or 79%) used question phrasing that was exactly as the MDS intended. Twelve quitlines (21.1%) did not use the question at all.

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**Response Categories:**

Just over three quarters of quitlines (44 or 77.2%) used the MDS response categories exactly as intended. One quitline (1.8%) used response categories that could not be rolled up to be reported as the MDS response categories. Twelve quitlines (21.1%) did not use the response categories at all.

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**Of Whom the Question is Asked:**

Almost eighty percent of quitlines (45 or 79%) implemented MDS question 3 with the populations exactly as intended by the MDS. Twelve quitlines (21.1%) did not use the question at all.

---

**Follow-Up Question 3: Of Whom the Question is Asked, n=57**

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Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Follow-up Question 4: Tobacco Behaviours**

Do you currently use other tobacco products such as: *(Check all that apply)*

- Cigars
- Pipes
- Chewing Tobacco or Snuff
- Other Tobacco Products (e.g. Bidis)

**Assessment Results**

**Question Phrasing:**

Just over half of quitlines (30 or 52.6%) used the MDS question 4 with the phrasing exactly as intended by the MDS, and almost one quarter (14 or 24.65) used the question with slight variation. Thirteen (22.8%) did not use the question at all.

**Response Categories:**

Just over half of quitlines (30 or 52.6%) implemented the MDS response categories exactly as intended. One quitline (1.8%) used the response categories with slight variation and 4 (7%) with significant variation, but they could still be rolled up to be reported as the MDS categories. Nine quitlines (15.8%) used response categories not at all consistent with the MDS. Most of these (8) included “don’t know” and “refused” as response categories. Thirteen (22.8%) did not use the question at all.
Of Whom the Question is Asked:

More than three quarters of quitlines (44 or 77.2%) used the MDS question 4 with the population exactly as intended by the MDS. Thirteen (22.8%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Follow-up Question 5: Tobacco Behaviours

How much tobacco do you use per week?
_____ Cigars (number per week)
_____ Pipe bowls (number per week)
_____ Chewing tobacco or snuff (number of pouches / tins per week)
_____ Other tobacco (amount per week) → Optional (specify): _____

Assessment Results

Question Phrasing:

Most quitlines (33 or 57.9%) implemented the MDS question 5 with the exact wording as intended by the MDS and 14 quitlines (24.6%) used it with slight differences but the same intent as the MDS. Ten quitlines (17.5%) did not use the question at all.

Response Categories:

Most quitlines (33 or 57.9%) used the MDS response categories exactly as intended by the MDS and 1 other quitline (1.8%) used response categories with slight variation. Thirteen quitlines (22.8%) used response categories that could not be rolled up to be consistent with the MDS. Response categories could not be rolled up because they include additional categories (e.g., “don’t know,” “refused” or “not applicable”), provide ranges for reporting amount smoked or because they do not include “other” tobacco use as an option for response. Ten quitlines (17.5%) did not use the MDS response categories at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

A strong majority (46 or 80.7%) implemented the MDS question 5 with exactly the population intended by the MDS. One quitline (1.8%) implemented the question with a very different population than intended by the MDS. Ten quitlines (17.5%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Intake Question 6: Tobacco Behaviours**

All current tobacco users (smokers and other tobacco users)
Do you intend to quit within the next 30 days? *(DO NOT READ)*
- Yes
- No
- Don’t know
- Refused

**Assessment Results**

**Question Phrasing:**

Almost an equal number of quitlines used question 6 with phrasing exactly as intended by the MDS (22 or 38.6%) as those who did not use the question at all (21 or 36.8%). Eleven quitlines (19.3%) used the question with phrasing slightly different but still consistent with the MDS and 3 quitlines (5.3%) used phrasing not at all consistent with the MDS.

**Response Categories:**

An equal number of quitlines used the MDS response categories for question 6 exactly as intended by the MDS as those who did not use the response categories at all (21 or 36.8%). One quitline (1.8%) used response categories with slight variation from the MDS and 9 quitlines (15.8%) used response categories that were significantly variant, but could still be reported in the MDS categories. Five quitlines (8.8%) used categories that were not at all consistent with the MDS response categories and could not be rolled up.
Of Whom the Question is Asked:

Almost half (28 or 49.1%) of quitlines implemented question 6 with the appropriate population consistent with the MDS. Eight quitlines (14%) used the question with populations slightly different from what was intended by the MDS. More than a third of quitlines (21 or 36.8%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Follow-up Question 7: Tobacco Behaviours

Since you first called the quitline on (Date of first contact), seven months ago, did you quit using tobacco for 24 hours or longer? (DO NOT READ, CHECK ONE ONLY) Note: collect number of intentional quit attempts only

☐ Yes

⇒ Optional if responded “Yes”: How many times did you quit using tobacco for 24 hours or longer? _____ (Note: collect number of intentional quit attempts only)

☐ No

☐ Don’t know

☐ Refused

Assessment Results

Question Phrasing:

Almost 60% (34 of 59.7%) of quitlines used follow-up question 7 exactly as the MDS intended and another 12 (21.1%) used it with slight variation in words, but with the same intent as the MDS. Six quitlines (10.5%) used the question with significantly different wording than intended by the MDS. Five quitlines (8.8%) did not use the question at all. Many quitlines who made significant changes to the MDS question 7 did not ask the question for all tobacco use (they only asked about cigarette smoking).

Response Categories:

A majority of quitlines (33 or 57.9%) used the MDS response categories exactly as intended in question 7, 1 quitline (1.8%) used the response categories with slight differences, and 9 (15.8%) with a greater degree of variance, but still consistent with the intent of the MDS. Nine quitlines (15.8%) used response categories that could not be rolled up and reported within the MDS categories. Five quitlines (8.8%) did not use the question at all.
**Of Whom the Question is Asked:**

One quarter (43 or 75.4%) of quitlines used the follow-up question 7 with exactly the population as intended by the MDS and another 2 quitlines (3.5%) used the question with a slightly different population. Twelve quitlines (21%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Follow-up Question 8: Tobacco Behaviours

When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?
_ _/_ _/_ _ _ _ (if day unknown, code as 15th of month)

☐ Don’t know
☐ Refused

Assessment Results

Question Phrasing:

40% of quitlines (23 or 40.4%) did not use the MDS question 8 at all. Just over one third of quitlines (21 or 36.8%) used the question with phrasing exactly as intended and 1 quitline (1.8%) used phrasing slightly different but still consistent with the MDS. Twelve quitlines (21.1%) used phrasing not at all consistent with the MDS.

Response Categories:

40% of quitlines (23 or 40.4%) did not implement the MDS response categories for question 8 at all. Just over one third of quitlines (21 or 36.8%) implemented response categories exactly as intended by the MDS and 2 quitlines (3.5%) implemented response categories that were slightly different but still consistent with the MDS. Eleven quitlines (19.3%) did not use response categories that could be rolled up to be consistent with the MDS.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

40% of quitlines (23 or 40.4%) did not use the MDS question 8 with the populations at all. Just over one quarter of quitlines (15 or 26.3%) used the question with exactly the population intended by the MDS and another 18 (31.6%) used the question with populations slightly dissimilar than intended by the MDS. One quitline (1.8%) used the question with a population very different from what was intended by the MDS.
NAQC MDS Follow-up Question 9: Tobacco Behaviours

Have you smoked any cigarettes or used other tobacco, even a puff, in the last 7 days?

☐ Yes
☐ No
☐ Don’t know
☐ Refused

Assessment Results

Question Phrasing:

MDS follow-up question 9 is used to assess seven day point-prevalence abstinence from tobacco at seven months. A majority of quitlines (33 or 57.9%) implemented the MDS question 9 exactly as intended by the MDS and another quitline (1.8%) implemented the question with phrasing that was similar and still consistent with the MDS. Thirteen quitlines (22.8%) used phrasing not at all consistent with the MDS. Ten quitlines (17.5%) did not use the question at all. Most of the differences in phrasing came from the exclusion of the phrase “or used other tobacco” as part of the question. Some quitlines did not use the phrase “not even a puff” as part of the question.

Response Categories:

More than three quarters of quitlines (44 or 77.2%) used response categories exactly as intended by the MDS. Three quitlines (5.3%) used response categories with significant variation and that could not be rolled up to be consistent with the MDS. Ten quitlines (17.5%) did not use the MDS response categories at all.
Of Whom the Question is Asked:

Almost two thirds (37 or 64.9%) used the MDS question 9 with the population exactly as intended by the MDS and 10 (17.5%) used it with a slightly variant population. Ten quitlines (17.5%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Follow-up Question 10: Tobacco Behaviours

Have you smoked any cigarettes or used other tobacco, even a puff, in the last 30 days?
- Yes
- No
- Don’t know
- Refused

Assessment Results

Question Phrasing:

An equal number of quitlines (22 or 38.6%) used the MDS question phrasing exactly as intended as did not use the question at all. One quitline used the MDS question phrasing with slight variation but 12 quitlines (21.1%) used the question with significant variation from what was intended by the MDS. Most differences in phrasing stem from the omission of “or used other tobacco” or “even a puff” from the question.

Response Categories:

A majority of quitlines (35 or 61.4%) implemented the MDS response categories exactly as intended by the MDS. Twenty-two quitlines (38.6%) did not use the response categories at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Less than half (25 or 43.9%) of quitlines used the MDS follow-up question 10 with the population exactly as intended by the MDS and another 9 (15.8%) used the question with a population similar to that intended by the MDS. One quitline (1.8%) used the question with a population significantly different from what was intended by the MDS. Twenty-two quitlines (38.6%) did not implement the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

**NAQC MDS Follow-up Question 11: Quit Supports**

Since your call to the quitline on (Date of first contact), seven months ago, have you used anything to help you quit? For example, nicotine replacement (gum or patch), pills (Zyban), group cessation, advice from a health professional, self-help materials?

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Refused

**Assessment Results**

**Question Phrasing:**

Most quitlines (37 or 64.9%) implemented question 11 with the phrasing intended by the MDS and 7 quitlines (12.3%) did not use the question at all as intended. Thirteen quitlines (22.8%) did not use the question at all.

**Response Categories:**

Less than half of quitlines (26 or 45.6%) used response categories that were exactly as the MDS intended. Eighteen quitlines (31.6%) did not use response categories that could be rolled up to be consistent with the MDS. Many of these (6) did not include “don’t know” or “refused” as response categories. Thirteen quitlines (22.8%) did not ask the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

Of Whom the Question is Asked:

Just over half of quitlines (32 or 56.1%) implemented MDS question 11 with the appropriate population as intended by the MDS and 8 quitlines (14%) used the question with a slightly different population than intended by the MDS. Four quitlines (7%) used the question with a population significantly different than intended by the MDS. Thirteen quitlines (22.8%) did not use MDS question 11 at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

NAQC MDS Optional Follow-up Question 12: Quit Supports

**Optional:** What kind of treatments or health professionals?
*(Check all that apply – do not read) (Quitlines can expand these categories as necessary)*

- Medication:
  - Zyban
  - NRT patches
  - NRT gum
  - NRT lozenges
  - Other medications as desired
- Advice from:
  - Physician
  - Pharmacist
  - Nurse
- Group cessation program
- Self-help materials
- Other: ______________________

Assessment Results

**Question Phrasing:**

An even number of quitlines, 22 (38.6%) implemented MDS question 12 with question phrasing exactly as intended as those that implemented the question not at all as intended by the MDS. Three quitlines (5.3%) implemented the questions with slight variation from the question intended MDS phrasing. Ten quitlines (17.5%) did not implement the MDS follow-up question at all. There was significant variability in how this question was asked. Frequently it was asked in different parts or asked vis-à-vis specific quit events. It was also sometimes combined with other questions.
Response Categories:

Only 13 quitlines (22.8%) used the MDS question response categories exactly as intended by the MDS, 1 quitline (1.8%) used the MDS response categories with slight variation from the intent of the MDS and 15 quitlines (26.3%) used the response categories with significant variation but still consistent with the MDS categories. Eighteen quitlines (31.6%) used response categories not consistent with the MDS. Ten of these included additional response categories such as “don’t know” and “refused” that were not able to be rolled up to the MDS categories. Ten quitlines (17.5%) did not implement the MDS response categories at all.

Of Whom the Question is Asked:

Most quitlines (35 or 61.4%) used the follow-up question 12 with exactly the appropriate population as intended by the MDS and 8 quitlines (14%) used the question with a population slightly different from intended by the MDS. Four quitlines (7%) implemented the question with populations significantly different from what was intended by the MDS. Ten quitlines (17.5%) did not use the question at all.
Appendix G: MDS Assessment Results by Individual Intake and Follow-up Questions

### NAQC MDS Follow-up Administrative Data (7 Months)

Evaluator ID
Caller ID
Date of first contact with quitline (dd/mm/yyyy): _ _/ _/ _/ _/ _/ 
Date of Evaluation Interview: seven months after date of first contact with quitline (dd/mm/yyyy): _ _/ _/ _/ _/ _/ 

### Assessment Results

#### Information Collected:
Most quitlines (39 or 68.4%) collected the MDS follow-up administration data information exactly as intended by the MDS and 2 quitlines (3.5%) collected the information with some variance than what was intended by the MDS. Sixteen quitlines (28.1%) did not collect the follow-up administrative data at all.

#### Response Categories:
Most quitlines (39 or 68.4%) used response categories exactly as intended by the MDS and 1 quitline used response categories significantly different but that could still be rolled up to the MDS response categories. Another quitline (1.8%) used response categories not at all consistent with MDS. Sixteen quitlines (28.1%) did not collect the follow-up administrative data in response categories at all.