

## NAQC Annual Survey of Quitlines - 2008

To log into the NAQC 2008 Annual Survey:

- Enter the abbreviated Organization ID created for your Quitline by NAQC.
- Enter the email address you provided NAQC as an authorized user.

If you have questions or problems logging in, send an email explaining the issue to [annualsurvey@naquitline.org](mailto:annualsurvey@naquitline.org) or call the NAQC office at 602-279-2719.

Organization ID:

Email Address:

Submit



**General Service Information and Description**

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**Save and Continue**

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**Survey Instructions**

For help, please email [annualsurvey@naquitline.org](mailto:annualsurvey@naquitline.org) or call the NAQC office at 602-279-2719.

## 2008 NAQC Survey of Quitlines

### GENERAL SERVICE INFORMATION AND DESCRIPTION

#### 1. Contact Information

Name:

Job Title:

Employer/Organization:

State/Province:

Email:

Phone:

Second Phone:

#### 2. Please provide contact information for your quitline:

State/Province:

Name of quitline:


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

	Toll-free phone numbers to call for service	Specify language/population
Main Phone Line	<input type="text"/>	<input type="text"/>
Phone number 2	<input type="text"/>	<input type="text"/>
Phone number 3	<input type="text"/>	<input type="text"/>
Phone number 4	<input type="text"/>	<input type="text"/>
Phone number 5	<input type="text"/>	<input type="text"/>
Phone number 6	<input type="text"/>	<input type="text"/>
TTY or TDD line	<input type="text"/>	Deaf or hearing impaired

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

Quitline-specific website:

#### 3. What is the quitline's FY 08?

Start Date  

End Date \_\_\_\_\_ 

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

	N/A	Days and hours of service
Counseling service available	<input type="checkbox"/>	
Live pick up of incoming calls (may or may not have counseling services available)	<input type="checkbox"/>	
Voicemail / answering service pick up of calls	<input type="checkbox"/>	

5. Is your quitline closed on holidays?

Yes

No

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

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

Phone counseling—indicate which type(s) **Select all that apply.**

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

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

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

Other services—indicate which type(s). **Select all that apply.**

- Voice mail with call backs
- Recorded messages for help with quitting (e.g., phone tree)

- Referral to other services (quit smoking group programs, face to face counseling, professional services)
- Fax referral for healthcare providers and other referral sources
- Mailed information or self-help resources
- Other (please describe):

7. In addition to the services funded by your state / province and provided as part of your quitline program, what OTHER cessation services (not related to the quitline) are funded by the same funder but NOT provided through your quitline? **Select all that apply.**

- Web based program (different from any quitline related web service outlined in question 6)

Are there medications offered in conjunction with this cessation service?

Yes

No

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

Are there medications offered in conjunction with this cessation service?

Yes

No

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

Are there medications offered in conjunction with this cessation service?

Yes

No

- Workplace cessation program (cessation services offered through workplace cessation programs)

Are there medications offered in conjunction with this cessation service?

Yes

No

- Other (please describe):
- 

Are there medications offered in conjunction with this cessation service?

Yes

No

None (No other cessation services)

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

English

Spanish

French

Cantonese

Mandarin

Korean

Vietnamese

Russian

Greek

Amharic (Ethiopian)

Punjabi

Other (please specify):

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9. Does your quitline use a **translation** service (e.g., AT&T) when providing counseling?

Yes

No

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

Yes

No (GO TO QUESTION 12)

11. If yes, in which of the following languages does your quitline offer counseling, **not translated through a third party**? **Select all that apply.**

Spanish

French

Cantonese

- Mandarin
- Korean
- Vietnamese
- Russian
- Greek
- Amharic (Ethiopian)
- Punjabi
- Deaf and Hard of Hearing (TTY)
- Deaf and Hard of Hearing with video relay
- Other (please specify): \_\_\_\_\_
- 

## Financing

### 12. Primary Funder Contact Information

Name	<input type="text"/>
Position Title	<input type="text"/>
Funder Organization	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

(There is no question 13.)

### 14. What types of **funders** support your quitline? **Select all that apply.**

**Note:** Only include funders that supply money, not those that supply "in-kind" funds only.

#### Public sector/government

- Local government funds
- State/Provincial general funds
- State/Provincial dedicated tobacco tax funds
- State Medicaid program

MSA funds Tobacco settlement funds (not MSA)**Federal funds** CDC Health Canada Other, please describe:  

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**Private sector/non-government** Third party reimbursement through health care institution Third party reimbursement through insurance company Charitable foundation For-profit company Non-governmental organization Employer organization

Please specify any other public or private funders for your quitline.

**15.** Please indicate the organization that was the **PRIMARY SERVICE PROVIDER** for the **counseling service** for the quitline at the **beginning** of FY 08. The primary service provider is the service provider who provides the main service provided by your quitline. **Select one.**

 American Cancer Society Quitline American Lung Association Avera McKennan beBetter Networks Canadian Cancer Society, Ontario Division Canadian Cancer Society and Conseil québécois sur le tabac et la santé Capital Health Authority Ceridian / Leade Health Clinidata



- Free and Clear, Inc.
- Information and Quality Healthcare
- JSI Research and Training Institute, Inc.
- Lung Association of Newfoundland and Labrador
- Maine Health
- Mayo Clinic Health Solutions
- National Jewish Medical and Research Center
- National Cancer Institute's Cancer Information Service
- Providence Healthcare of Alaska
- Roswell Park Cancer Institute
- Telemedik
- University of Arizona
- University of California, San Diego
- University of Iowa
- University of Nevada at Reno
- University of North Dakota, School of Medicine
- Wellplace
- Other (please specify):

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16. Does your quitline have a secondary service provider?

- Yes
- No (GO TO QUESTION 18)

17. If yes, please indicate the organization that was the **SECONDARY SERVICE PROVIDER** for the counseling service for the quitline at the **beginning** of FY 08. The secondary service provider is a service provider who provides supplementary service for the quitline (eg., handles "overflow" calls from the primary service provider) **Select one.**

- American Cancer Society Quitline
- American Lung Association
- Avera McKennan

- beBetter Networks
  - Canadian Cancer Society, Ontario Division
  - Canadian Cancer Society and Conseil québécois sur le tabac et la santé
  - Capital Health Authority
  - Ceridian / Leade Health
  - Clinidata
  - Free and Clear, Inc.
  - Information and Quality Healthcare
  - JSI Research and Training Institute, Inc.
  - Lung Association of Newfoundland and Labrador
  - Maine Health
  - Mayo Clinic Health Solutions
  - National Jewish Medical and Research Center
  - National Cancer Institute's Cancer Information Service
  - Providence Healthcare of Alaska
  - Roswell Park Cancer Institute
  - Telemedik
  - University of Arizona
  - University of California, San Diego
  - University of Iowa
  - University of Nevada at Reno
  - University of North Dakota, School of Medicine
  - Wellplace
  - Other (please specify):
- 

18. Was there a change of service provider (either primary or secondary) in FY 08?

- Yes

No (GO TO QUESTION 20)

19. If yes, please note the month of this service provider change and new provider name. If applicable, please include service provider changes to both primary and secondary service provider. For example - our primary service provider changed Nov 1, 2007 from ACS to Free and Clear.

20. Please complete the following table. Mark "unknown" when appropriate. Only report on funding specific to the quitline budget. Please include funds from all sources including state (e.g. settlement, excise tax, and other funds), provincial, federal (e.g., CDC, SAMHSA, Health Canada), and non-government (e.g., American Legacy Foundation, RWJF, AMA) sources. Do not include estimates for earned or free media.

Total FY 08 <u>quitline</u> budget	\$ _____
FY 08 <u>quitline</u> budget for <b>services</b>  (Services budget includes screening, counseling, providing consumer and provider materials, overhead and administration fees, fax referral operations. Services budget DOES NOT include outreach / detailing contracts, research grants, website costs and one time capital expenditures)	\$ _____
FY 08 <u>quitline</u> budget for <b>cessation medications</b> offered in conjunction with quitline services	\$ _____
FY 08 <u>quitline</u> budget for <b>evaluation</b>	\$ _____
FY 08 <u>quitline</u> budget for <b>media/promotion*</b> (Media / promotion budget does NOT include earned or free media)	\$ _____
FY 08 <u>quitline</u> budget for <b>outreach</b>  (Outreach is the act of providing quitline and referral information to specific quitline target populations and referral groups through activities including displays or booths at health fairs, meetings, workshops, or conferences; presentations at informational meetings; reference materials; academic detailing or face to face visits; training sessions, etc. Outreach is separate from media promotion activities.)	\$ _____
Please list any other major items/categories included in the total quitline budget not already outlined in the categories above	

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

Name	<input type="text"/>
Position Title	<input type="text"/>
Funder Organization	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

## Materials

22. Does your quitline send specialized tobacco cessation materials to any special populations (for example, pregnant smokers)?

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

Yes

No, this quitline does not send specialized materials - **GO TO QUESTION 25**

23. Please indicate the populations that your quitline sends specialized tobacco cessation materials to. **Select all that apply.**

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

Pregnant tobacco users

Large print for the visually impaired

Youth - under 18

Young adults, 18 – 25

Older tobacco users (e.g. 55+)

Smokeless tobacco users

Racial/Ethnic populations (please describe in question 24)

Lesbian, Gay, Bisexual, Transgendered

Chronic Mentally Ill or with Psychiatric Conditions

Multiple Addictions: Tobacco and Alcohol OR Other Drugs

Low SES / Medicaid

Tobacco users with chronic health conditions

Low literacy

Other (please specify):

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24. (Only answer question 24 if you selected "Racial/Ethnic populations" in question 23 above.) Please select the racial / ethnic populations that receive specialized tobacco cessation materials from your quitline.

Aboriginal / First Nations

African American

Hispanic / Latino

Other, (please specify):

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25. Many quitlines send materials to callers who are not tobacco users or recent quitters, such as those seeking help for others or professionals inquiring about the quitline as a resource. Does your quitline send materials to callers who are not tobacco users or recent quitters?

Yes

No, this quitline does not send specialized materials to non-tobacco users - **GO TO QUESTION 27**

26. Please identify the other callers you send information to. **Select all that apply.**

Health professionals

Those who want to help others quit (i.e., proxy callers)

Other (please specify):

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## Counseling Intervention Description

We are interested in understanding how quitlines operationalize the first counseling intervention / encounter with the quitline client. For proactive clients, the first counseling intervention / encounter occurs after a referred client is contacted by the quitline and accepts service.

To better understand this encounter, we have provided the following definitions for three distinct components that may be a part of, or occur in conjunction with the first counseling intervention / encounter:

**Intake / enrollment** for quitline clients is defined as the collection of demographic and contact information from clients.

**Assessment** is defined as the collection of information required to conduct counseling, such as amount smoked and stage of change, but does not include the provision of information, advice or counseling.

**Counseling** is defined as person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/ coach and caller.

27. Thinking only about the intake/enrollment of a client, how long is a typical intake/enrollment?

\_\_\_\_\_ minutes

N/A – intake / enrollment is always combined with assessment and cannot be reported separately

28. Thinking only about the assessment (the collection of information required to conduct counseling, such as amount smoked and stage of change, but not the provision of information, advice or counseling), how long is a typical assessment?

\_\_\_\_\_ minutes

N/A – assessment is always combined with intake / enrollment and cannot be reported separately

29. Thinking only about the first counseling intervention / encounter (separate from intake / enrollment and assessment), how long is a typical first counseling session? Please exclude time spent on intake / enrollment and on assessment.

\_\_\_\_\_ minutes

N/A – counseling is always combined with intake and /or assessment and cannot be reported separately

In the next question we will be asking you about the standard counseling process (number of calls and timing) and the content of counseling calls available to an adult smoker who is interested in quitting. If the quitline provides more than one counseling protocol, use the **most comprehensive** service to answer the following.

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

30. Does the protocol dictate a certain number of sessions?

- No, the protocol does not dictate a certain number of sessions. (GO TO QUESTION 34)
- Yes (CONTINUE WITH QUESTIONS 31, 32, AND 33)

31. How many sessions? \_\_\_\_\_

32. Does the counseling process allow additional calls if requested by the client above the standard number of sessions?

- Yes
- No

33. If yes, is there a limit? (AFTER ANSWERING, SKIP TO QUESTION 35)

- Yes: Please describe the limit:

\_\_\_\_\_

(AND SKIP TO QUESTION 35)

- No (SKIP TO QUESTION 35)

34. If no, (to question 30), please tell us the maximum number of outbound proactive calls available per enrollment to an adult smoker who is interested in quitting. **If no maximum, enter 0.**

**Note:** Outbound proactive calls are calls initiated by the quitline to the client as part of the counseling process.

\_\_\_\_\_ calls

35. If provided, how long are typical follow up sessions? Follow up sessions are the subsequent counseling calls made to the client as part of the counseling process after the initial counseling call.

**Note:** In this question "counseling follow up sessions" are counseling calls that are made to the client after the initial counseling session.

\_\_\_\_\_ minutes

36. What is the timing of the counseling sessions (e.g., weekly; negotiated with client; timed around the quit date as in 1, 3, 7, 14, 28 days post-quit)? **Select one only.**

Our quitline does not provide follow-up counseling sessions

Negotiated with client

Weekly

Timed around the quit date (please specify the sequence recommended in your counseling protocol): \_\_\_\_\_

Timed around the quit date as well as negotiated with the client (please specify the sequence recommended in your counseling protocol):

Other (please specify): \_\_\_\_\_

37. What are some of the **major** content areas covered by counseling? **Check all that apply.**

**Please note:** Specialized protocols you may provide will be addressed in question 38.

Motivation (Effects of nicotine, health risks of continued smoking, medical conditions and concerns)

Use of quitting medications (NRT, Zyban) including medication compliance

Planning—coping strategies for dealing with triggers (alternatives to smoking, conflict management, refusal skills, decision making)

Setting a quit date

Development of quit plan

Relapse prevention

Self-efficacy (including confidence level monitoring)

History of smoking/quitting behaviour (including barriers to quitting)

Withdrawal symptoms

Weight gain

Stress management (Relaxation, breathing)

Social support

- Second hand smoke / environmental tobacco smoke
- Culturally specific information
- Other (please specify):

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

**Please note:** A specialized counseling protocol varies from the standard adult protocol (described in questions 30-36). A specialized counseling protocol is adapted / revised for a specific audience (eg., pregnant women, low SES, a specific racial or ethnic group.). Specialized counseling protocols would include additional / different counseling information or processes or a counseling protocol that is presented in a unique way to serve the needs of a specialized population. Specialized counseling protocols are not simply translated versions of protocols produced for the main target population.

**38.** Does your quitline use specialized counseling protocols?

- Yes
- No, this quitline does not have specialized counseling protocols - **GO TO QUESTION 41**

**39.** For which of the following populations does your quitline have specialized counseling protocols? **Select all that apply.**

- Pregnant tobacco users
- Youth - under 18
- Young adults, 18 – 25
- Older tobacco users (e.g. 55+)
- Smokeless tobacco users
- Racial/Ethnic populations (please describe in question 40)
- Lesbian, Gay, Bisexual, Transgendered
- Chronic Mentally Ill or with Psychiatric Conditions
- Multiple Addictions: Tobacco and Alcohol OR Other Drugs
- Low SES / Medicaid
- Chronic health conditions
- Low literacy
- Other (please specify):
- 

**40.** (Only answer question 40 if you selected "Racial/Ethnic populations" in question 39 above). Please select the racial /



ethnic populations for which your quitline has specialized counseling protocols.

Aboriginal / First Nations

African American

Hispanic / Latino

Other, (please specify): \_\_\_\_\_

**41.** Many quitlines have eligibility criteria for receiving services based on state or province of residence, age, insurance status, being a member of a special population or readiness to quit. Are there **eligibility criteria** for receiving counseling through your quitline?

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

Yes

No, there are no restrictions on receiving counseling – **GO TO QUESTION 43**

**42.** If yes, the eligibility criteria include: **(Check all that apply)**

Resident of state / province

Age: (please specify required age for services): \_\_\_\_\_ years of age

No insurance

Underinsured

Medicaid

Medicare insured

Private insured or private insurance holders

Readiness to quit: (please provide your quitline's definition of readiness to quit): \_\_\_\_\_

Special population: (please specify which populations): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**43.** Do the different levels of quitline service you provide (e.g., single session counseling vs multi-session counseling) have

different eligibility criteria?

Yes: (please describe the services to which the various eligibility criteria apply): \_\_\_\_\_

No

**44. Quitlines address quitting medications in a variety of ways. Please report how your quitline provided medications in FY08. Select all that apply.**

	Patch	Gum	Lozenge	Zyban® (Bupropion)	Chantix® / Champix® (Varenicline)	Nasal Spray	Inhaler	Other n
Provided <b>free</b> medications	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ weeks	<input type="checkbox"/> Yes _____ w
Provided <b>discounted</b> product	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Referred to</b> organizations that provide free or discounted products	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Provided <b>voucher/coupon or certificate</b> to redeem product	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Provided <b>information</b> about using products	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Provided <b>information</b> about accessing free or reduced-cost products	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**Note:** Questions 45 - 47 pertain to FREE quitting medication only. If your quitline provides discounted medications, you can use the open text box in Q48 to provide additional information as needed. **IF YOUR QUITLINE DOES NOT PROVIDE FREE OR DISCOUNTED MEDICATIONS, SKIP TO QUESTION 49.**

**45. What criteria made a caller eligible to receive free quitting medications from the quitline in FY 08? Select all that apply.**

Resident of state / province

Age: (please specify required age for free quitting medications): \_\_\_\_\_ years of age

Uninsured

Underinsured

Medicaid

Medicare insured

- Private insured (or private insurance holders)
  - Enrollment in counseling
  - Special population (please specify which populations):
  
  - Other criteria (please specify):
- 

**46.** In addition to eligibility criteria, please select other criteria used to determine what clients receive free quitting medications. **Select all that apply.**

- Medical conditions / contraindications
  - Readiness to quit
  - Limited supply – orders filled on first come / first served basis
  - Geographic area (eg., specific to a county / city / region)
  - Research study criteria
  - Other (please specify):
- 

**47.** In FY 08, was there a limit to the number of times a caller could receive free quitting medications in one year?

- Yes
- No

**48.** If your quitline addressed quitting medications in other ways not reported in Question 44, please specify:

## Utilization

To get an estimate of quitline utilization, please answer the following questions about FY 08.

**49.** How many total calls came in to the quitline during FY 08?

	Answered live	Went to voice mail	Hung up or abandoned

Total calls:	N= _____ <input type="checkbox"/> Unable to report	N= _____ <input type="checkbox"/> Unable to report	N= _____ <input type="checkbox"/> Unable to report
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50. How many unique tobacco users called the quitline during FY 2008?

**Note:** Tobacco user can be smoker, chewer, etc. and can be current user or recent quitter interested in staying quit.

Total tobacco users calling for self (number) = \_\_\_\_\_  Unable to report

51. Of the total tobacco users reported in question 50, indicate below how many are first time callers who called for self, and how many are repeat callers (unique individuals) who called for self in FY 2008.

**Note:** Tobacco user can be smoker, chewer, etc. and can be current user or recent quitter interested in staying quit.

**Note:** First time callers refers to those calling for the first time in a 12 month period. Repeat callers refers to those who called for services more than once within a 12 month period, regardless of what service they received initially.

First time caller _____ N= _____ <input type="checkbox"/> Unable to report	Repeat caller _____ N= _____ <input type="checkbox"/> Unable to report
---	---

52. Indicate the total number of smokers (unique individuals) calling for self and the total number of other tobacco users (unique individuals) calling for self who used your quitline in FY 2008.

**Please note:** "Smokers" equals any user of cigarettes, regardless of whether they use other tobacco products or not. "Other tobacco users" equals any user of any non-cigarette tobacco product, regardless of whether they use cigarettes or not. The two categories are not mutually exclusive.

Smokers calling for self _____ N= _____ <input type="checkbox"/> Unable to report	Other tobacco users calling for self _____ N= _____ <input type="checkbox"/> Unable to report
--	--

53. How many tobacco users who called or were referred to the quitline received the services listed below in FY 08? Report only on received service, not intended service. For the purposes of this survey, we define "received" service as anyone who received quitline self-help materials and / or completed at least one counseling call with the quitline.

Self-help materials with no counseling. _____ N= _____ <input type="checkbox"/> Unable to report	Counseling provided [Minimal/brief intervention (<10 min), single session counseling (>10 min) or multiple session counseling]. _____ N= _____ <input type="checkbox"/> Unable to report
---	---

54. Indicate the number of calls the quitline received from proxy and other callers in FY 08.

**Please note:** Please report the total number of calls, not the total number of unique callers.

_____
-------

Proxy Calls (i.e., health professionals, family or friends) _____ N= _____ <input type="checkbox"/> Unable to report	Other calls (i.e. Pranks/wrong number, etc.) _____ N= _____ <input type="checkbox"/> Unable to report
---	--

55. How many referrals did the quitline receive during FY 08 from the following?

Proactive referrals are client referrals to the quitline from health professionals, other intermediaries or services (including websites) that trigger a proactive call to the client initiated by the quitline. These referrals may be "fax" referrals by a health provider or intermediary or referral via other services like a cessation website.

Total proactive referrals N= _____ <input type="checkbox"/> Unable to report	Proactive FAX Referrals N= _____ <input type="checkbox"/> Unable to report	Other referrals (web referrals, "click to call", etc.) N= _____ <input type="checkbox"/> Unable to report
--	--	---

56. Can your quitline report on calls that come into the quitline **after** operating hours?

Yes

No

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

Yes

No (SKIP TO QUESTION 59)

58. If yes, indicate below the number of tobacco users (unique callers) who used the quitline in FY 08, distinguishing between types of insurance status.

	No insurance	Gov't-provided insurance (Medicare, Medicaid, etc.)	Private insurance
Total tobacco users calling for self:	N= _____ <input type="checkbox"/> Unable to report	N= _____ <input type="checkbox"/> Unable to report	N= _____ <input type="checkbox"/> Unable to report

## Staffing

59. Please identify the **minimum required educational qualifications** for counseling staff.

Completion of high school

Completion of college / university

Professional designation (please describe):

Completion of graduate work (Masters / PhD)

Specific educational training (please name):

---

Other (please describe):

**60.** Are cessation specialist/counselors provided with training before they are allowed to counsel quitline clients?

Yes

No – **GO TO QUESTION 63**

**61.** Please indicate the types of training a cessation specialist/counselor/coach receives **prior** to counseling quitline callers, and enter the number of hours of training received. **Select all that apply.**

Classroom training/presentations  hours

Role playing (e.g., with veteran cessation specialist/counselors/coaches)  hours

Call shadowing (e.g., with veteran cessation specialist/counselors/coaches)  hours

Online training  hours

On their own (e.g., related reading, videos, tutorials)  hours

Other, please specify hours

and type of training:

**62.** Does your quitline have a formal **continuing education (CE)** program for cessation specialist/counselors? A formal CE program refers to a policy of providing educational opportunities to cessation specialist/counselors to improve cessation counseling skills. CE occurs outside the scope of regular supervision. CE can be provided in house by quitline staff or by outside presenters, or can be programs or workshops outside the quitline that are directly related to cessation counseling and behavioral change.

Yes

No – **GO TO QUESTION 64**

**63.** Indicate the **numbers of hours** of continuing education the **average** cessation specialist/counselor/coach received in FY 08.

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-10 hours
- 11-14 hours
- 15-20 hours
- 21-30 hours
- 31-40 hours
- 41-50 hours
- Over 50 hours
- Unable to report

64. Does your quitline have a procedure for supervising cessation specialist/counselors?

- Yes
- No – **GO TO QUESTION 66**

65. Indicate the type of supervision provided for cessation specialist/counselors/coaches. Indicate how often cessation specialist/counselors participate in these activities **on average**. **Select one response for each row.**

	N/A	Daily	Biweekly or weekly	Bimonthly or monthly	Quarterly	Semiannually or Yearly	As Needed
Group led by clinical supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual meeting with clinical supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviewing taped calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live monitoring of calls by supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Evaluation

66. During FY 08, did your quitline conduct **follow-up evaluations** by obtaining information/feedback from clients?

- Yes
- No – **GO TO QUESTION 69 IF US QUITLINE, GO TO QUESTION 74 IF CANADIAN QUITLINE.**

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

- Customer satisfaction
- Staff performance
- Quitting outcome (e.g., quit attempts, quit rates)
- None of the above
- Other (please specify):

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

- Internal evaluation, conducted by quitline staff
- Internal evaluation, conducted by staff other than quitline staff (eg., internal evaluation unit / team)
- Funding agency
- Outside evaluation firm (please specify):
  
- Other (please specify):

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**IF CANADIAN QUITLINE, PROCEED TO QUESTION 74.**

## US SPECIFIC QUESTIONS

69. In 2008, the CDC requested applications for supplemental funding to states through the National Tobacco Quitline Network Call for Proposals. Did your state apply for funding?

- Yes
- No - **GO TO QUESTION 73.**

70. How did your state use the funding received from CDC? **Select all that apply.**

- Establish and support core infrastructure for delivery of quitline services
- Develop or expand proactive telephone counseling capacity
- Expand marketing efforts



- Extend hours of service
- Expand outreach to specific populations, please describe in question 71
- Provide multiple language counseling services, please describe in question 72
- Increase collaboration with health care systems and providers
- Evaluation
- Other (please specify):

71. Please specify targeted populations now reached due to the funding received from the CDC. **Select all that apply.**

- African American
- American Indian/Alaska Native
- Hispanic/Latino
- Asian/Pacific Islander
- Individuals with chronic disease
- Chronic mentally ill or with psychiatric conditions
- Multiple addictions: tobacco and alcohol OR other drugs
- Other (please specify):

72. Please specify additional languages for service now provided due to the funding received from the CDC.

- Contract with a language line that provides services in multiple languages
- Spanish
- French
- Cantonese
- Mandarin
- Korean
- Vietnamese
- Russian

Other (please specify):

**Additional question for US quitlines only.**

**Purpose statement:** The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) has been funded by The Robert Wood Johnson Foundation to evaluate whether the new National Tobacco Quitline Network funding is related to changes in state quitlines and state tobacco control programs. Your response to this question, which will take less than 5 minutes, will help inform this evaluation.

**Confidentiality statement:** Results of this question will only be presented in the aggregate at the regional or national level. Individual responses will not be revealed. **Participation is voluntary and you may opt out at any time.** If you have questions about this question, please contact Paula Keller, University of Wisconsin Center for Tobacco Research and Intervention, at [pak@ctri.medicine.wisc.edu](mailto:pak@ctri.medicine.wisc.edu).

**73.** Indicate the level of influence you feel each of these factors has on state policymakers' decisions regarding quitline and other tobacco control funding.

	Extremely important		Neutral		Not at all important
	1	2	3	4	5
Increases in state tobacco excise tax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of tobacco agriculture in your state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy by tobacco industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of state tobacco control advocates who <b>ARE</b> elected officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of state tobacco control advocates who <b>ARE NOT</b> elected officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The current state fiscal environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The supplemental Quitline Network funding from CDC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please rank and describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## COMMENTS

**74.** Survey Comments: Please list any comments you have about survey items or content and the completion/submission process that you feel may be useful for subsequent versions of the survey.

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THANK YOU!!!!!!