



FY2012 ANNUAL SURVEY OF QUITLINES

The PDF and Word versions of the survey are available at <http://www.naquitline.org/?page=2012Survey>.

KEY INSTRUCTIONS FOR THE NAQC FY2012 ANNUAL SURVEY:

COMPLETING THE WORD VERSION:

The Word version has fields inserted to help you complete your survey. For easiest use, “lock” your survey from the “Forms” menu or “restrict editing” to filling in forms on the “Developer” tab (depending on which version of Word you’re using). However, this will not allow you to insert comments or other text, which may help you communicate with other survey respondents for your quitline. If you have questions or need help with any version of the survey, please contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

ENTERING DATA IN SURVEY MONKEY:

To access the Survey Monkey data collection tool, go to <https://www.surveymonkey.com/s/FY2012NAQCANNUALSURVEY>.

IMPORTANT TEST BEFORE YOU BEGIN:

PLEASE ENTER YOUR CONTACT INFORMATION, THEN LEAVE THE SURVEY (CLOSE YOUR BROWSER), AND COME BACK USING THE SAME URL.

If your contact information is still there, you can leave the survey at any time and come back to complete it later. If it is not there, Survey Monkey does not recognize your computer due to issues with firewalls or cookies. You will need to gather all the information using the PDF or Word versions of the survey, and then enter all the data at one time to avoid losing information and having to re- enter it multiple times.

The PDF and Word versions of the survey are available at <http://www.naquitline.org/?page=2012Survey>. You can also send your completed paper or electronic version of the survey to Jessie Saul at jsaul@naquitline.org if you have trouble entering your data into Survey Monkey. THANK YOU FOR YOUR PATIENCE.

If you have questions about **technical issues**, contact Natalia Gromov at ngromov@naquitline.org or 800.398.5489 ext. 701.
If you have questions about **survey content**, contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

Thank you for taking the time to complete this sixty-eight (68) question survey to collect information about your quitline's service offerings, utilization, and outcomes. The information from this survey will be used by NAQC and its advocacy partners to:

- A. Report on the state of quitlines and trends over time,
- B. Compile quitline benchmarks for key metrics, and
- C. Continue to make the case for maintaining and increasing quitline funding.

Key data elements will be posted on the quitline profile page for each quitline on NAQC's website (see <http://map.naquitline.org>)

You may exit the survey at any time and come back later to finish, as long as Survey Monkey recognizes your computer (see bold text above to test whether this holds for your computer system).

Required questions are indicated with an asterisk (*).

If you have any questions about **technical issues**, please contact Natalia Gromov at ngromov@naquitline.org or 800.398.5489 ext. 701.

If you have questions about **survey content**, contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

CONTACT INFORMATION

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

Tip: *This question is required; please type in "N/A" for fields that do not apply rather than leaving them blank.*

Name:	
Job Title:	
Employer/Organization:	
State/Province (of your organization):	
Email:	
Phone:	
Second phone:	
Brief description of your quitline-related responsibilities	

QUITLINE INFORMATION

- *2. Please check your quitline's profile on the NAQC website and indicate below whether all information is up-to-date as of January 1, 2013.** To reduce reporting burden on quitlines, we will be using your quitline's profile information to track and report on quitline trends along with the limited Annual Survey questions asked here. To view your quitline's profile, go to <http://www.naquitline.org/?page=mappage> and click on your state or province.

IF YOUR PROFILE IS NOT UP TO DATE please see <http://www.naquitline.org/?page=mapta> for information on how to make changes to your quitline's profile. You may also contact NAQC at profiles@naquitline.org for instructions or assistance with updating your quitline's profile. You do NOT need to update your profile before you complete the rest of this survey.

- Yes, our quitline's profile information is all up-to-date as of January 1, 2013
- No, our quitline's profile contains information that is out of date

- *3a. What was the start and end date of your quitline's Fiscal Year 2012 (FY12)?**
(Note: 85% of US quitlines' FY12 was July 1, 2011 to June 30, 2012; Most Canadian quitlines' FY12 was April 1, 2011 to March 31, 2012.) Throughout the survey, this time period will be referred to as "Fiscal Year 2012" or as "FY12."

Tip: If you are not sure what your quitline's fiscal year start and end dates are, contact Jessie Saul (jsaul@naquitline.org) to have your FY2011 start and end dates sent to you.

DD/MM/YYYY

FY12 Start date:

FY12 End date:

- *3b. What is the start and end date of your quitline's Fiscal Year 2013 (FY13)?**
(Note: 85% of US quitlines' FY13 is July 1, 2012 to June 30, 2013; Most Canadian quitlines' FY13 is April 1, 2012 to March 31, 2013.) Throughout the survey, this time period will be referred to as "Fiscal Year 2013" or as "FY13."

Tip: If you are not sure what your quitline's fiscal year start and end dates are, contact Jessie Saul (jsaul@naquitline.org) to have your FY2011 start and end dates sent to you.

DD/MM/YYYY

FY13 Start date:

FY13 End date:

QUITLINE SERVICES

The next few pages ask about services provided by your quitline.

Which of the following services were funded by your state / province during FY12? (Select all that apply.)

***4. Did your tobacco control program offer any services using technologies other than telephone during FY12?** Please select "yes" if your tobacco control program provided any of the following: informational website, internet-based cessation program, text messaging, IVR, etc., even if those services were offered separately from quitline services.

Yes, our tobacco control program offered one or more service using other technologies
[IF YES, CONTINUE TO QUESTION 5]

No, our tobacco control program did not provide any services using other technologies
[IF NO, CANADIAN QUITLINES SKIP TO QUESTION 10; US QUITLINES SKIP TO QUESTION 17]

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Internet-based services and other technologies -- indicate which type(s) were provided during FY12. (Select all that apply.)

Please check the box that indicates whether the service was provided by your state or provincial tobacco control program in FY12, regardless of whether the service was explicitly tied to the quitline or not. Also indicate whether free NRT was provided as part of the service.

5. Which of the following internet-based services did your tobacco control program provide during FY12?

Service	Service was provided during FY12 (Yes/no)	Free NRT was provided with the program during FY12 (Yes/No)
Information about the quitline		
Information about tobacco cessation		
Self-directed web-based intervention to help tobacco users quit		
Text messaging to cell phones*		

*Definition: text messaging includes short message service transmissions to mobile devices that contain content related to helping people quit. Message content might include tips for coping with cravings, motivational messages, resources for additional help, or other related topics. Select this option regardless of whether the text messaging is interactive (communication can either be two-way between the program and tobacco user, or one-way from the program to the tobacco user only)

6. If your program provided services during FY12 in ways not easily accounted for in Question 5, please provide additional information here:

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***7. Did your tobacco control program provide any of the following features of a self-directed web-based intervention during FY12 ? (select all that apply)**

- 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/instant messaging to cessation specialist / counselor / coach to help tobacco users quit
- None of these

***8. Did your quitline use interactive voice response (IVR) technology during FY12?**

Definition: Interactive voice response is a technology that allows customers to interact with a company's database via a telephone keypad or by speech recognition, after which they can service their own inquiries by following the IVR dialogue. IVR can be used with quitlines to direct callers appropriately (such as to a Spanish-speaking counselor), or can be used for much more complex functions such as collecting intake data or fulfilling requests for cessation materials. If your quitline uses IVR in either or both of these capacities, please select "yes" below.

- Yes [IF YES, CONTINUE TO #9]
- No [IF NO, GO TO #10]

9. During FY12, was IVR used to triage calls only (e.g., to direct callers to the right person based on the reason for calling), or was it used to handle provision of some requested services, for example, requests for cessation materials?

- Triage only
- Handle provision of some requested services only
- Both triage and handle some provision of requested services
- Other (please specify):

US QUITLINES SKIP TO #17

CANADA ONLY (US data are gathered from CDC's NQDW)

***10. Many quitlines have eligibility criteria for receiving services based on province of residence, age, insurance status, being a member of a special population or readiness to quit. Were there eligibility criteria for receiving counseling through your quitline during FY12?**

Yes [CONTINUE TO #11]

No, there were no restrictions on receiving counseling during FY12 [SKIP TO #13]

CANADA ONLY (US data are gathered from CDC's NQDW)

11. The eligibility criteria for FY12 included: (SELECT ALL THAT APPLY)

Resident of province/territory

Age: (Please specify required age for services in Q12 below)

No insurance

Underinsured: (Please specify your criteria/definition for "underinsured" in Q12 below)

Medicaid

Medicare

Privately insured (or private insurance holders)

Length of time quit: (please specify the eligibility criteria in Q12 below)

Readiness to quit: (please provide your quitline's definition of readiness to quit in Q12 below)

Special population: (Please specify which populations in Q12 below)

Other (please specify):

CANADA ONLY (US data are gathered from CDC's NQDW)

12. Please describe any specific eligibility criteria from items selected in question 11 above:

CANADA ONLY (US data are gathered from CDC's NQDW)

13. If your quitline provided different levels of counseling services for different groups during FY12 (i.e., one proactive call for everyone but 3 calls for pregnant women) please describe them below.

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

NOT APPLICABLE

Number of sessions and eligibility criteria 1	
Number of sessions and eligibility criteria 2	
Number of sessions and eligibility criteria 3	
Number of sessions and eligibility criteria 4	
Number of sessions and eligibility criteria 5	

CANADA ONLY (US data are gathered from CDC's NQDW)

14. If your quitline addressed eligibility criteria for counseling in other ways not reported in questions 10-13, please specify:

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CANADA ONLY (US data are gathered from CDC's NQDW)

***15. Did your quitline provide free or discounted cessation medications during FY12?**

Yes [CONTINUE TO #16]

No [SKIP TO #17]

CANADA ONLY (US data are gathered from CDC's NQDW)

16. Please describe the type of medications provided, the amount of medications provided, and eligibility criteria for providing medications through your quitline:

BOTH US AND CANADA QUITLINES CONTINUE HERE

***17. In FY12, did your quitline use counselors who provide quitline services in languages other than English?**

Yes (continue to 18)

No (skip to 19)

18. How did tobacco users indicate their preference for a different language in FY12? (*select all that apply*)

In-language menu prompt (e.g., “para Espanol, o prima numero dos”)

Separate language-specific quitline number to call (e.g., 1-800-NO-FUMAR)

Other (please specify):

***19. In FY12, in which of the following languages did your quitline offer counseling, not translated through a third party? Please provide the total hours per week counselors for each language were available, and the total number of tobacco users who spoke with a counselor in that language in FY12. (Enter all that apply.)**

Note: Please enter numbers between 0 and 168.0. Decimals (portions of hours) are acceptable responses. If counseling was not offered in a given language, enter "0" (zero) for that language.

Language	*In-language counseling provided (not through a third-party translator) (yes/no)	*Total hours per week counselors available for each language in FY12	Total number of tobacco users who spoke with a counselor in each language in FY12
English	<input type="checkbox"/> yes <input type="checkbox"/> no		
Spanish	<input type="checkbox"/> yes <input type="checkbox"/> no		
French	<input type="checkbox"/> yes <input type="checkbox"/> no		
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no		
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no		
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no		
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no		

***20. In FY12, for which of the following populations did your quitline have specialized initial training or continuing education regarding cultural competence to assist counselors with identifying and addressing issues that may be relevant to specific populations through the counseling interaction? (Select all that apply.)**

Note: Counselor training is defined as the explicit inclusion of discussion, information provision, role-playing, etc., about one or more of the populations listed below within the counseling training curriculum. A discussion about "cultural competence" generally, without specific information being provided about one or more of the populations listed below, would NOT qualify.

- None of these
- Pregnant tobacco users
- Youth, under 18
- Young adults 18-25
- Older tobacco users (i.e., 55+)
- Racial/Ethnic populations (select all that apply):
 - American Indian/Alaska Native/Aboriginal/First Nations
 - Black or African American
 - African Immigrant
 - Hispanic/Latino
 - Asian/Asian American
 - Native Hawaiian/Pacific Islander
 - Other race/ethnic population (please specify):
- Smokeless tobacco users
- Lesbian, Gay, Bisexual, Transgendered
- Mental health disorders including psychiatric conditions (e.g., depression, bi-polar disorder, schizophrenia, etc.)
- Multiple addictions: Tobacco and Alcohol OR Other Drugs
- Low socioeconomic status (SES)
- Medicaid
- Chronic health conditions
- Low literacy
- Other populations (please specify):

BUDGET

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*21. FY12 Budget: What was your budget for fiscal year 2012 for the following?

Please include funds budgeted to come both from your tobacco control program budget, and from sources outside of your tobacco control program budget. For example, if your quitline receives NRT through a separate contract, or from a different line in the department/ministry of health's budget other than the tobacco control program, please include that amount on row c (Quitline Medications including NRT) column 2 (from other sources).

For funding that begins and ends on a timeline other than your quitline's fiscal year, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline's FY12. For example, the CDC's Affordable Care Act funds were awarded for October 2011 – September 2012. For a quitline whose FY2012 was July 1, 2011 – June 30, 2012, CDC ACA funds were available for 9 months of FY12. So the total amount of CDC ACA funds that should be reported for FY2012 would be 75% of the total (or 9/12 of the total amount).

If your quitline serves tobacco users who are paid for by health plans or other third parties, please indicate those amounts in column 2, from other sources (and column 3, Total). Actual amounts spent to serve such tobacco users is fine.

Note: Please account for each budget item. If your budget did not include funds for a given item, enter a Zero (0) for it. If you do not know the amount for the item, or are unable to report on a specific line item, please enter "-9" (minus nine) rather than leaving it blank.

For definitions of the budget categories, see the text following the questions below.

	1. From tobacco control budget	2. From other sources	3. Total (sum of columns 1&2)
a. Total quitline budget (should be the sum of lines b-i)	\$	\$	\$
b. Quitline Services	\$	\$	\$
c. Quitline Medications including NRT	\$	\$	\$
d. Quitline Evaluation	\$	\$	\$
e. Quitline Media/Promotions	\$	\$	\$
f. Quitline Outreach	\$	\$	\$
g. National Asian Quitline (counseling services only)	\$	\$	\$
h. National Asian Quitline (medications only)	\$	\$	\$
i. Other (quitline-specific)	\$	\$	\$
j. Total tobacco control program (prevention and cessation) for your state or province (should include the quitline budget on line (a) and budget for any other non-quitline programs)	\$	\$	\$

Q21 – FY12 BUDGET - DEFINITIONS

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- a. Total quitline budget should be the sum of lines b through i. If the quitline budget cannot be easily divided into sub-categories, enter the total in row a and "-9" for each of the rows b through i.
- 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, general website support and onetime capital expenditures.
- c. Quitline medications include cessation medications offered in conjunction with quitline services.
- d. Quitline evaluation budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.
- e. Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or standalone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/promotion budget does NOT include earned or free media. It should be reported separately from outreach. NOTE: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.
- f. 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; meetings with health plans and others to gain their agreement to use the quitline, training sessions; etc. Outreach is separate from media/promotion activities. If Outreach cannot be separated from media/promotions, the total should be reported on the Media/promotions line and "-9" should be entered on the Outreach line.
- g. National Asian Quitline (counseling services only) is the amount some states choose to pay to the University of California, San Diego, to serve Asian-language speakers from their state or territory for counseling services only. Funds for NRT provided to those served by the National Asian Quitline should be included in line (h) as indicated below.
- h. National Asian Quitline (medications only) – is the amount some states choose to pay for NRT or other medications provided to Asian-language speakers from their state or territory served by the University of California, San Diego.
- i. Other quitline-specific funding includes any other items/categories included in the total quitline budget on line a that are not covered by lines b-h.
- j. Tobacco control program budget should include the quitline budget (line a), and may include more cessation and prevention programs for the state or province, including online or in-person programs. If the tobacco control program budget is handled by a separate organization, enter "-9" rather than leaving it blank.

***22. In FY2012, what funding sources supported your quitline’s operations, services, promotions, outreach, medications, staff, or other infrastructure?**

For each funding source, please indicate the total dollar amount of the total quitline budget from question 21 line a column 3 that comes from each budget source. If no funds were received from a given source, respond with “0” (zero) rather than leaving it blank. If you are unable to report on the breakdown of funding sources, please respond with “-9” (minus-nine) on each line rather than leaving them blank.

For funding that begins and ends on a timeline other than your quitline’s fiscal year, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline’s FY12. For example, the CDC’s Affordable Care Act funds were awarded for October 2011 – September 2012. For a quitline whose FY2012 was July 1, 2011 – June 30, 2012, CDC ACA funds were available for 9 months of FY12. So the total amount of CDC ACA funds that should be reported for FY2012 would be 75% of the total (or 9/12 of the total amount).

Note: Only include funders that supply money, not those that supply “in-kind” resources only. This information will be used to identify the number and variety of funding sources, can be used to indicate unique or creative ways quitlines have found to fund quitlines, or be used to advocate for increased funding for quitlines.

Total Quitline Budget from question 21, line a, column 3 above (Total of items a-w below should equal this amount)	\$
FEDERAL/GOVERNMENT FUNDING SOURCES	\$ Received from this source in FY2012
a. CDC ARRA/CPPW/Stimulus (Feb 2010 – Feb 2012)	\$
b. CDC – NTCP Core funding (March – March of each year)	\$
c. CDC ACA I (Sept 30, 2010 – Sept 29, 2012)	\$
d. CDC ACA II/PPHF11 (Sept 30, 2011 – Sept 29, 2012)	\$
e. CDC Quitline FOA PPHF12 (Aug 2012 – July 2013)	\$
f. CDC – other funding	\$
g. Health Canada	\$
h. Local government funds	\$
i. State/provincial general funds	\$
j. State/provincial dedicated tobacco tax funds	\$
k. State Medicaid funds (<i>i.e., funds allocated directly from the state Medicaid budget to the tobacco program</i>)	\$
l. Federal financial participation (FFP) for quitline administrative expenditures for	\$

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Medicaid beneficiaries (<i>i.e., federal funds secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the tobacco program</i>)		
m. Master Settlement Agreement (MSA) funds	\$	
n. Tobacco settlement funds (not MSA) (should only be four states: Mississippi, Florida, Texas and Minnesota)	\$	
o. Research grant from federal government sources (e.g., NIH or CIHR)	\$	
OTHER FUNDING SOURCES	\$ received from this source in FY2012	Please indicate specific source organization(s) or name(s) (if applicable)
p. Third party reimbursement through an employer or employer group (includes the state as an employer)	\$	
q. Third party reimbursement through insurance company or health plan	\$	
r. Charitable foundation (includes research or other grants from a non-federal source)	\$	
s. Corporate charitable contribution	\$	
t. Pharmaceutical grants or contributions	\$	
u. Non-governmental organization (e.g., trade union)	\$	

22v. Please specify any other public or government funders for your quitline, and the amount of funds received from each source in FY12:

Insert text here

22w. Please specify any other private funders for your quitline, and the amount of funds received from each source in FY12:

Insert text here

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***23. FY13 Budget: What was your budget for fiscal year 2013 for the following?**

Please include funds budgeted to come both from your tobacco control program budget, and from sources outside of your tobacco control program budget. For example, if your quitline receives NRT through a separate contract, or from a different line in the department/ministry of health's budget other than the tobacco control program, please include that amount on row c (Quitline Medications including NRT) column 2 (from other sources).

For funding that begins and ends on a timeline other than your quitline's fiscal year, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline's FY13. For example, the CDC's Affordable Care Act funds were awarded for October 2011 – September 2012. For a quitline whose FY2013 was July 1, 2012 – June 30, 2013, CDC ACA funds were available for 3 months of FY13. So the total amount of CDC ACA funds that should be reported for FY2012 would be 25% of the total (or 3/12 of the total amount).

If your quitline serves tobacco users who are paid for by health plans or other third parties, please indicate those amounts in column 2, From other sources (and column 3, Total). Actual amounts spent to serve such tobacco users is fine.

Note: Please account for each budget item. If your budget did not include funds for a given item, enter a Zero (0) for it. If you do not know the amount for the item, or are unable to report on a specific line item, please enter "-9"(minus nine) rather than leaving it blank.

For definitions of the budget categories, see the text following the questions below.

	1. From tobacco control budget	2. From other sources	3. Total (sum of columns 1&2)
a. Total quitline budget (should be the sum of lines b-i)	\$	\$	\$
b. Quitline Services	\$	\$	\$
c. Quitline Medications including NRT	\$	\$	\$
d. Quitline Evaluation	\$	\$	\$
e. Quitline Media/Promotions	\$	\$	\$
f. Quitline Outreach	\$	\$	\$
g. National Asian Quitline (counseling services only)	\$	\$	\$
h. National Asian Quitline (medications only)	\$	\$	\$
i. Other (quitline-specific)	\$	\$	\$
j. Total tobacco control program (prevention and cessation) for your state or province (should include the quitline budget on line (a) and budget for any other non-quitline programs)	\$	\$	\$

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Q23 – FY13 BUDGET - DEFINITIONS

- a. Total quitline budget should be the sum of lines b through i. If the quitline budget cannot be easily divided into sub-categories, enter the total in row a and “-9” for each of the rows b through i.
- 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, general website support and onetime capital expenditures.
- c. Quitline medications include cessation medications offered in conjunction with quitline services.
- d. Quitline evaluation budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.
- e. Media/promotions budget includes any and all activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or standalone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. Media/promotion budget does NOT include earned or free media. It should be reported separately from outreach. NOTE: If it is not possible to calculate media/promotions amount for the quitline separately, please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach.
- f. 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; meetings with health plans and others to gain their agreement to use the quitline, training sessions; etc. Outreach is separate from media/promotion activities. If Outreach cannot be separated from media/promotions, the total should be reported on the Media/promotions line and "-9" should be entered on the Outreach line.
- g. National Asian Quitline (counseling services only) is the amount some states choose to pay to the University of California, San Diego, to serve Asian-language speakers from their state or territory for counseling services only. Funds for NRT provided to those served by the National Asian Quitline should be included in line (h) as indicated below.
- h. National Asian Quitline (medications only) – is the amount some states choose to pay for NRT or other medications provided to Asian-language speakers from their state or territory served by the University of California, San Diego.
- i. Other quitline-specific funding includes any other items/categories included in the total quitline budget on line a that are not covered by lines b-h.
- j. Tobacco control program budget should include the quitline budget (line a), and may include more cessation and prevention programs for the state or province, including online or in-person programs. If the tobacco control program budget is handled by a separate organization, enter "-9" rather than leaving it blank.

***24. In FY2013, what funding sources supported (or are supporting) your quitline’s operations, services, promotions, outreach, medications, staff, or other infrastructure?**

For each funding source, please indicate the total dollar amount of the total quitline budget from question 23 line a column 3 that comes from each budget source. If no funds were received from a given source, respond with “0” (zero) rather than leaving it blank. If you are unable to report on the breakdown of funding sources, please respond with “-9” (minus-nine) on each line rather than leaving them blank.

For funding that begins and ends on a timeline other than your quitline’s fiscal year, average the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your quitline’s FY13. For example, the CDC’s Affordable Care Act funds were awarded for October 2011 – September 2012. For a quitline whose FY2013 was July 1, 2012 – June 30, 2013, CDC ACA funds were available for 3 months of FY13. So the total amount of CDC ACA funds that should be reported for FY2012 would be 25% of the total (or 3/12 of the total amount).

Note: Only include funders that supply money, not those that supply “in-kind” resources only. This information will be used to identify the number and variety of funding sources, can be used to indicate unique or creative ways quitlines have found to fund quitlines, or be used to advocate for increased funding for quitlines.

Total Quitline Budget from question 23, line a, column 3 above (Total of items a-w below should equal this amount)	\$
FEDERAL/GOVERNMENT FUNDING SOURCES	\$ Received from this source in FY2013
a. CDC ARRA/CPPW/Stimulus (Feb 2010 – Feb 2012)	\$
b. CDC – NTCP Core funding (March – March of each year)	\$
c. CDC ACA I (Sept 30, 2010 – Sept 29, 2012)	\$
d. CDC ACA II/PPHF11 (Sept 30, 2011 – Sept 29, 2012)	\$
e. CDC Quitline FOA PPHF12 (Aug 2012 – July 2013)	\$
f. CDC – other funding	\$
g. Health Canada	\$
h. Local government funds	\$
i. State/provincial general funds	\$
j. State/provincial dedicated tobacco tax funds	\$
k. State Medicaid funds (<i>i.e., funds allocated directly from the state Medicaid budget to the tobacco program</i>)	\$

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l. Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries (<i>i.e.</i> , federal funds secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the tobacco program)	\$	
m. Master Settlement Agreement (MSA) funds	\$	
n. Tobacco settlement funds (not MSA) (should only be four states: Mississippi, Florida, Texas and Minnesota)	\$	
o. Research grant from federal government sources (e.g., NIH or CIHR)	\$	
OTHER FUNDING SOURCES	\$ received from this source in FY2013	Please indicate specific source organization(s) or name(s) (if applicable)
p. Third party reimbursement through an employer or employer group (includes the state as an employer)	\$	
q. Third party reimbursement through insurance company or health plan	\$	
r. Charitable foundation (includes research or other grants from a non-federal source)	\$	
s. Corporate charitable contribution	\$	
t. Pharmaceutical grants or contributions	\$	
u. Non-governmental organization (e.g., trade union)	\$	

24v. Please specify any other public or government funders for your quitline, and the amount of funds received from each source:

Insert text here

24w. Please specify any other private funders for your quitline, and the amount of funds received from each source:

Insert text here

25. Please describe the impact of any budget changes either during FY2012, or from FY2012 to FY2013, including, but not limited to, increases or decreases in amount or level of promotions; widening or narrowing of eligibility criteria for counseling and/or medications; or increasing or decreasing the number of counseling sessions in the quitline protocol:

Insert text here

CANADIAN QUITLINES SKIP TO #29

26. US ONLY Does your state intend to claim (or already claim) the Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries?

YES

NO

27. US ONLY Please describe any barriers you have encountered or anticipate related to claiming FFP for quitline administrative expenditures:

Insert text here

28. US ONLY If you answered “yes” to question 26 (your state intends to claim (or already claims) the Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries), what stage of action is your quitline at as of January 1, 2013 with respect to claiming Federal financial participation (FFP) for quitline administrative expenditures for Medicaid beneficiaries?
(select only one)

- Not applicable (the answer to Q26 was “no”)
- a. No action yet
- b. Building relationship with state Medicaid agency (includes making the case for Federal financial participation (FFP) under CMS’ guideline on quitlines as an approved administrative expenditure; making the case for allocating state Medicaid funds to quitline services and/or the need for comprehensive cessation benefits for beneficiaries)
- c. Developing a Memorandum of Understanding (MOU) with state Medicaid agency for FFP
- d. Have executed an MOU with state Medicaid agency for FFP
- e. Have an executed MOU and currently developing a cost allocation plan methodology with state Medicaid agency for FFP
- f. Have both an executed MOU and an approved cost allocation plan methodology with state Medicaid agency for FFP
- g. Actively invoicing state Medicaid agency and receiving FFP funds
- h. Other stage of action (Please describe):

DEFINITION OF COST-SHARING: For the purposes of this survey, “cost-sharing” refers to any activities designed to have entities other than the state or provincial quitline pay for the cost of providing cessation services to state or provincial residents, whether that is through direct contracts with the quitline, through direct contracts between other organizations and quitline service providers (without involving the state quitline), or having other organizations (e.g. health plans) provide cessation services directly to tobacco users

29. Are you currently (as of January 2013) actively working towards engaging other entities (excluding Medicaid) to cost-share quitline services and/or to expand coverage for cessation services, or does a cost-sharing arrangement currently exist?

(For example, conducting a state assessment of cessation treatment coverage by private and public health plans; convening a stakeholder group to advance cessation coverage, including quitline services; developing an action plan to address cessation coverage or actively educating large employers or health plans about cessation coverage and quitline resources)

YES (CONTINUE TO #29a)

NO (SKIP TO #30)

29a. If yes, please describe your current activities:

30. Is the quitline restricting or considering restrictions on publicly funded quitline services for callers who may access cessation coverage through an insurer or employer?

YES

NO

DON'T KNOW/NOT SURE

31. Please select the model or models that describe the way services are delivered in your state or province: [SELECT ALL THAT APPLY]

- a. Health plan internal services model. Health plans provide and promote their own internal cessation services to their members using their own quitline or website. There is no relationship with the state-funded quitline. Insured individuals who call the state quitline as opposed to their plan's quitline may be served by the state.

If (a) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.
- Other (please describe)
- Don't know/unsure

- b. Triage and transfer model. The state-funded quitline receives all incoming calls, identifies whether the caller is covered under a partnership agreement, and then transfers the caller to a quitline service provided by the paying partner. The state or paying partner may provide funding for the quitline vendor to conduct the triage and transfer; in some cases this may include verification of eligibility.

If (b) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.

- Other (please describe)
- Don't know/unsure

- c. Independent contract model. Quitline vendors may initiate commercial contracts directly with employer groups, and in some cases, health plans. Often, a separate quitline number is provided to the employer or health plans. These agreements exist independently of any involvement from the state, yet the end result is the same as that of a direct cost sharing agreement: costs for cessation services are borne by private payers.

If (c) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.
- Other (please describe)
- Don't know/unsure

- d. Partnership reimbursement model. The state-funded quitline provides all services, and the public or private partner reimburses the quitline for some or all of the costs for its members or employees. Contracts are established between each payer and either the state or the quitline vendor.

If (d) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.
- Other (please describe)
- Don't know/unsure

- e. Cooperative fax referral models. The state quitline and major health insurance plans cooperate and share costs to implement a single state-wide fax referral program. The quitline services may be provided completely by the state quitline, or referrals may be transferred to separate quitline services operated by each health plan. Cooperative fax referral can be used alone or in conjunction with any of the three models described above.

If (e) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.
- Other (please describe)
- Don't know/unsure

- f. Other (please describe):

If (f) is selected, please select the payment mechanism(s) currently in place:

- Reimbursement for actual costs. This may cover all costs, intake costs only, partial counseling costs, all or part of NRT costs. In addition, some private payers reimburse quitlines or states for data reports.
- Per registrant charge. This involves a flat fee per individual registrant, regardless of utilization level.
- Per member per month charges. Health plans may pay the state quitline a small charge per insured member per month, regardless of how many members actually utilize quitline services.
- Set fee. Private payers provide an annual set fee to support specific quitline services, such as referral systems, triage and transfer systems, or utilization reports on covered callers.
- Other (please describe)
- Don't know/unsure

32. For any of the cost-sharing service models selected in Q31 above, are you able to report on utilization data? (e.g., numbers of people served and/or demographics of those served and/or tobacco use characteristics of those served)

YES (continue to 32a)

NO (skip to 33)

32a. If yes, please describe the nature of the data sharing/reporting that goes on between your quitline and the private payers in your state:

33. How is the quitline integrated into health systems in your state/province? Give examples where possible.

Insert text here

UTILIZATION

This section asks about utilization of your quitline.

***34. How many total DIRECT calls came into the quitline during FY12?**

Note: Direct calls are calls to the quitline, not referrals that generate an outbound call from the quitline. Please report on number of CALLS, not number of callers/unique individuals. This should include proxy callers, wrong numbers, and prank calls and other calls to the quitline that are not accounted for in these categories.

Include “click to call” calls here for services that offer a “click to call” service where a call is automatically generated to a tobacco user when they “click” a button online. Those calls are handled and reported in Telecom data, so would be included in this item.

Note: Please report on total calls from your telephony system, regardless of whether or not they were answered.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Total direct calls	
-----------------------	--

***35. How many UNIQUE tobacco users called the quitline during FY12?**

Note: Tobacco user can be smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit. Please include all tobacco users who called, including those who had questions only, those who requested materials, and those who requested services. Tobacco users who entered the quitline through referrals, online registration, or other mechanisms, should not be reported here. Please count each tobacco user ONLY once.

Definition of UNIQUE tobacco users: The total population of tobacco users as defined above who called the quitline for any reason in your Fiscal Year 2012. If they called in month 12 of FY2011, and again in month 1 of FY2012, they would be counted in both FY2011 and FY2012. This potentially produces a slight overcount, but does not require quitlines to distinguish between “new” and “returning” callers

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

N=

***36. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the sources that generated referrals to your quitline in FY12.**

DEFINITION: Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger an outbound call to the tobacco user initiated by the quitline.

- None of these
- Basic fax-referral for use by providers, with no additional services
- Fax-referral with feedback reporting to referring clinicians and some technical assistance for healthcare sites
- Email and/or online referral integrated with existing fax-referral programs
- Fully automated, bi-directional electronic referral, integrated into clinical workflows and EHRs, with detailing and clinical training
- Community organization networks
- Online advertising (paid)
- Web referrals (links from Web sites, not paid ads)
- Central call center (“triage”) separate from the quitline
- Other (please specify):

***37. How many REFERRALS did the quitline receive during FY12 from the following?**

DEFINITION: a “referral” is any case where a tobacco user’s information is sent to the quitline by the tobacco user him or herself or a third party such as a health care provider, and the quitline then makes an outbound call to the tobacco user to attempt to contact them and enroll them in quitline services (if applicable and desired). In most cases the tobacco user’s information is sent to the quitline by a health care provider, but referrals may also be self-referrals as in the case of online registration for quitline services or “click to call” features.

Note: please account for each item. If there were no referrals received from a given source, enter a zero for it. Check “Unable to report” only if you do not know the amount for the item. Referrals reported here are not expected to be unique tobacco users.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Basic fax-referral for use by providers, with no additional services	
b. Fax-referral with feedback reporting to referring clinicians and some technical assistance for healthcare sites	
c. Email and/or online referral integrated with existing fax-referral programs	
d. Fully automated, bi-directional electronic referral, integrated into clinical workflows and EHRs, with detailing and clinical training	
e. Community organization networks	
f. Online advertising (paid)	
g. Web referrals (links from Web sites, not paid ads)	
h. Central call center (“triage”) separate from the quitline	
i. Other referral sources (please specify): (37a):	
j. Total referrals (j=sum of rows a-i)	

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If you have questions about survey content, contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

***38. Of the total referrals identified in Q37 above, how many UNIQUE referrals received some counseling or medications in FY12?**

DEFINITION of UNIQUE referrals: The total number of referrals as defined above who were served by the quitline anytime in your Fiscal Year 2012. If they were referred in month 12 of FY2011, and again in month 5 of FY2012, they would be counted in both FY2011 and FY2012. If they were referred in month 1 of FY2012 and again in month 6 of FY2012, they would only be counted once for FY2012. This potentially produces a slight overcount, but does not require quitlines to distinguish between “new” and “returning” referrals; just to de-duplicate the count of referrals that were served with counseling or medications during FY2012.

If you are unable to report on this item, enter “-9” (minus-nine) rather than leaving it blank.

A. Total unique referrals (from any source) receiving some counseling or medications	
--	--

***39. Indicate the total number of UNIQUE tobacco users who completed an INTAKE or REGISTRATION process for your quitline in FY12.** (If your quitline did not have a formal intake or registration process, indicate the number of tobacco users indicating an interest in receiving services from the quitline, or “cessation-related contacts.”) This should be a subset of the combined total number of referrals reported in Q37 above AND the total number of unique tobacco users calling directly as reported in Q35 above, in order to account for the multiple ways tobacco users can enter a quitline system.

Do NOT include self-directed web-based cessation program participants here; include them in question 40 below.

Definition of UNIQUE tobacco users: The total number of tobacco users as defined above who completed an intake or registration (or indicated an interest in receiving services from the quitline) anytime in your Fiscal Year 2012. If they completed an intake in month 12 of FY2011, and again in month 5 of FY2012, they would be counted in both FY2011 and FY2012. If they completed an intake in month 1 of FY2012 and again in month 6 of FY2012, they would only be counted once for FY2012. This potentially produces a slight overcount, but does not require quitlines to distinguish between “new” and “returning” registrants; just to de-duplicate the count of registrations for all of FY2012.

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

N=

***40. How many tobacco users registered for self-directed web-based services in FY12?**

Note: For question 40, report ALL registrants for self-directed web-based cessation services, regardless of whether they received telephone counseling or medications. The total number of unique registrants for web-based services will be reported as the sum of 40A+40B.

DEFINITION OF SELF-DIRECTED WEB-BASED CESSATION SERVICES: A web-based program designed to provide tobacco users with advice and help to quit smoking. Features may include informational articles, help with setting a quit date, strategies for coping with cravings or avoiding relapse, chat rooms or other interactive peer-to-peer or peer-to-expert discussion forums, or other interactive features.

For 40a - INTEGRATED - report ONLY telephone counseling enrollees that were automatically enrolled in self-directed web-based services (integration of the phone and web programs, i.e., cannot register for one without registering for the other). These should be included in the count of quitline registrants/enrollees reported in question 39 above.

For 40b - STANDALONE - report ONLY enrollments for self-directed web-based services where the service was independent from enrollment in telephone-based services. These should NOT be included in the count of quitline registrants/enrollees reported in question 39 above. It is NOT assumed that question 39 and question 40b are de-duplicated counts; there may be some telephone counseling registrants who also signed up for standalone web-based services.

If your state or province offers **both standalone and integrated** phone/web programs: Report each tobacco user enrolled for web-based services in only one category (integrated or standalone).

EXAMPLES:

1. If a tobacco user has enrolled in the standalone web service AND was also enrolled in the integrated phone/web in the same fiscal year, report them ONLY in integrated phone/web services-40a.
2. If a tobacco user enrolls for standalone web services first, and later to switches to the integrated phone/web program, report them ONLY in Integrated-40a.
3. If a tobacco user enrolls twice in one fiscal year and enrolled either time for integrated phone/web services, report them ONLY in Integrated-40a. [Note: this item applies the same rationale as used with item 41 below – report someone only once and in the category for the most intensive/cumulative level of service received.]

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Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

40a. Registrants for web-based cessation services that are INTEGRATED with the telephone quitline (i.e., cannot register for one program without registering for the other, or “automatic” enrollment in both programs unless they explicitly opt out. Databases are shared for both programs and coaches can see utilization data for both.)	
40b. Registrants for web-based cessation services that are STANDALONE programs (not integrated with the telephone quitline)	

***41. How many UNIQUE TOBACCO USERS who called or were referred to the quitline received the services listed below in FY12?**

- Report only on those who received service, not those who requested service.
- Report current or recent tobacco users only; not those calling for help for a friend or family member or other non-tobacco users.
- Do NOT include any tobacco users served by the National Asian Quitline.

DEFINITION OF “RECEIVED” SERVICES: anyone who received quitline self-help materials, began at least one counseling call with the quitline, or received medications through the quitline.

Definition of UNIQUE tobacco users: The total number of tobacco users as defined above who received any type of service anytime in your Fiscal Year 2012. If they started a counseling process in month 12 of FY2011, and it continued into month 1 of FY2012, they would be counted in both FY2011 and FY2012. If they received counseling in month 1 of FY2012 and again in month 6 of FY2012, they would only be counted once for FY2012, regardless of whether they started a “new” enrollment in month 6 or not. This potentially produces a slight overcount, but does not require quitlines to distinguish between “new” and “returning” registrants; just to de-duplicate the count of registrations for all of FY2012.

INSTRUCTIONS: include each tobacco user in EITHER row A OR row E regardless of the number of times they registered for services. Report each person only once, and in the row for the TOTAL (highest cumulative) amount of service they received during the fiscal year.

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EXAMPLES for Q41: If a tobacco user registered for services twice in FY12, received materials only the first time, and received telephone counseling the second time, **ONLY** report them in row B (and E). If a tobacco user received telephone counseling for a first registration and NRT for a second registration, they would be counted once in row B, once in row D, and **ONLY ONCE** in row E. The only tobacco users who should be reported in row A are those who **ONLY** received self-help materials during the fiscal year, and did not receive any counseling or medications.

Note: 41a and 41e are mutually exclusive categories.

Note: please account for each item. If no tobacco user received a given service, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

41a. Self-help materials ONLY with no counseling (do not include self-directed web-based program users here – they should be reported in #40 above)	
41b. Counseling (began at least one session) by phone [Do NOT include intake or registration as counseling]. Counseling is defined as a tobacco-user-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and tobacco user.	
41c. Counseling (began at least one session) by web. [Do NOT include intake or registration as counseling]. Counseling is defined as a tobacco-user-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and tobacco user.	
41d. Medications provided (NRT or other FDA-approved medications for tobacco cessation) either through the quitline or through a web-based system	
41e. Total tobacco users provided counseling OR medications OR both counseling and medications [Do NOT include those who received only self-help materials here.] (Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)	

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Please report on the following two items (#42-43) if your data systems allow for relatively easy reporting of these numbers. If the analysis required would be extensive, please enter “-9” (minus-nine) for “unable to report.”

***42. Average number of minutes of counseling [do not include intake or administrative time]:**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

***43. Average number of counseling calls completed:**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

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

Note: Starting with the total number of unique tobacco users who received some type of evidence-based service in FY12 (started at least one counseling session or received quitting medications through the quitline from 41e above), please report on information for the selected Minimal Data Set items below (44-54). If you are unable to report in the requested categories, please enter "-9" rather than leaving an item blank.

NAQC will use this information to provide a national picture of the population quitlines are serving, and will help quitlines calculate reach into specific sub-populations individually and collectively. NAQC will also use the information to reach out to quitlines that are unable to report on MDS items to see if technical assistance is needed or requested.

***44. Gender: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many were:**

Male:

Female:

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***45. Age: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, what was their mean, median, minimum, and maximum age?**

Tip: *Please enter numbers to the tenths place with no commas or other symbols. If you are unable to report a number for a specific category, enter "-9.0" rather than leaving it blank.*

N (total number of unique tobacco users reporting an age)	
Mean age	
Median age	
Minimum age	
Maximum age	

US QUITLINES SKIP TO Q48

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***46. CANADA ONLY: Level of education: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being in each category for level of education listed below?**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Less than High School	
b. High School diploma, certificate, or equivalent	
c. Some post-secondary education without a degree, certificate, or diploma	
d. Registered Apprenticeship or other trades certificate or diploma	
e. College, CEGEP, or other certificate or diploma	
f. University degree (including LL.B.; Masters degree; degree in medicine, dentistry, veterinary medicine, or optometry; or doctorate)	

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If you have questions about survey content, contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

***47. CANADA ONLY Race: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being in each racial category listed below?**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. White	
b. Asian	
c. Middle Eastern	
d. Black	
e. Latin American	
f. Aboriginal (Native Indian, Metis, Inuit)	
g. Other	

CANADIAN QUITLINES SKIP TO Q53

***48. US ONLY Level of education: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being in each category for level of education listed below?**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Less than grade 9	
b. Grade 9-11, no degree	
c. GED/HS degree	
d. Some college or university	
e. College or university degree	

***49. US ONLY Ethnicity: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being Hispanic or Latino?**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

Hispanic/Latino:

If you have questions about technical issues, contact Natalia Gromov at ngromov@naquitline.org or 800.398.5489 ext. 701.
If you have questions about survey content, contact Jessie Saul at jsaul@naquitline.org or 800.398.5489 ext. 702.

***50. US ONLY Race: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being in each racial category listed below?**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. White	
b. Black or African American	
c. Asian	
d. Native Hawaiian or Pacific Islander	
e. American Indian or Alaskan Native	
f. Other	

***51. US ONLY In FY12, did your quitline collect information on insurance status of callers who receive services?**

- Yes [IF YES, CONTINUE TO #52]
 No [IF NO, SKIP TO #53]

***52. US ONLY Indicate below the number of tobacco users (unique callers) who received services in FY12 (from 41e above), distinguishing between types of insurance status.**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. No insurance	
b. Insured (sum of b-i, b-ii, and b-iii below)	
b-i. Government-provided insurance (Medicaid only)	
b-ii. Other Government-provided insurance (Medicare, Military, etc.)	
b-iii. Private Insurance [note: do not include any Medicaid or other government-provided insured in this category; for Medicaid managed by HMOs or other private insurance, report them in category b-i.]	

***53. Sexual Orientation: Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in 41e above, how many reported being in each category listed below?**

Note: please account for each item. If there were no tobacco users in a given category, enter a zero for it.

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

a. Straight	
b. Gay or Lesbian	
c. Bisexual	
d. Transgender	
e. Other	
f. Refused	
g. Missing	

54. In FY2012, did your quitline ask one or more screening questions about chronic health conditions or behavioral health issues? (see <http://www.naquitline.org/?page=optional> for the optional MDS screening questions on behavioral health issues)

Yes [IF YES, CONTINUE TO #54a]

No [IF YES, CONTINUE TO #55]

54a. If yes, please provide the question(s) wording, and response options here:

EVALUATION

For the Evaluation Section below, please provide information using evaluation results that most accurately reflects the status of your quitline in FY2012. The evaluation may include tobacco users who registered for services in FY2011 or FY2012, or even earlier. The evaluation may have been conducted in FY2012, FY2013, or earlier. The flexibility in defining the time period for the evaluation is designed to allow quitlines to report evaluation information while acknowledging that evaluations are not conducted according to any set schedule, and may not nicely line up with the beginning or ends of fiscal or calendar years.

***55. Do you have evaluation data you are able to report on for your quitline? If yes, please follow the instructions below.**

- Yes, we have evaluation data to report for our quitline. (CONTINUE TO #55A)
- No [skip to #68]

55a. If you checked “yes” for Q55, please describe the time period during which the evaluation took place, both when evaluation participants registered for services, and when the evaluation surveys were conducted. Example: “The evaluation results below include tobacco users who registered between January 1 and July 31, 2010. Evaluation surveys were conducted between August 1, 2010 and February 28, 2011.” Enter time period for registration and evaluation surveys here:

***56. Please provide your quitline's 30-day point prevalence abstinence rate (responder quit rate) for the evaluation period described in question 55a above, calculated at 7 months after intake/registration/first contact.**

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

Tip: *Please enter numbers to the tenths place with no commas or other symbols. If you are unable to report a number for a specific category, enter "-9.0" rather than leaving it blank.*

Example: 28.2% should be entered as "28.2"

Quit rate =

CONFIRMATION OF USE OF THE NAQC STANDARD QUIT RATE CALCULATION

Please confirm the following:

***57. The denominator for the quit rate calculation reported in #56 above included ONLY tobacco users who reported currently using tobacco, or having quit within the past 30 days.**

Yes

No

***58. The quit rate calculation reported in #56 above included ONLY tobacco users who consented to follow-up at 7 months after registration (if consent was asked at intake).**

Yes

No

***59. The quit rate calculation reported in #56 above included ONLY those who RECEIVED either counseling (provided by phone or web) or medications (provided by phone or web).**

Yes

No

***60. The follow-up survey to assess quit status was conducted on average SEVEN MONTHS after registration for services for each registrant (plus or minus 2 weeks).**

Yes

No

***61. The quit rate reported in #56 above was a 30-day point prevalence abstinence rate (used the question “have you used any tobacco, even a puff or a pinch, in the past 30 days”)**

Yes

No

***62. The quit rate reported in #56 above was a responder rate (divided the number of people reporting no use of tobacco in the past 30 days by the number of people responding to the survey)**

Yes

No

The following information (questions 63-67) is requested to help provide context for, and appropriate interpretation of, the quit rate provided in question 56 above.

***63. For the evaluation period described in question 55a above, did your quitline obtain consent for follow-up?**

Yes [continue to Q64]

No [skip to Q66]

***64. How many were asked to provide consent for follow-up for the evaluation period described in question 55a above? [If tobacco users were allowed to register more than once for services, and were asked to consent for follow-up more than once, include them as many times as they were asked consent.]**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

***65. Of those asked to provide consent (in question 64), how many actually provided consent for follow-up for the evaluation period described in question 55a above? [If tobacco users were allowed to register more than once for services, and provided consent for follow-up more than once, include them as many times as they provided consent.]**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

***66. How many tobacco users did you attempt to contact for follow-up for the evaluation period described in question 55a above?** (This is the total N of your follow-up sample. It is assumed that each tobacco user would only be counted once for this question. Please report unique tobacco users only.)

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

***67. Of the total follow-up sample in Question 66, how many responded to the follow-up survey?**

Tip: *Please enter whole numbers with no commas, decimals, or other symbols. If you are unable to report a number for a specific category, enter "-9" rather than leaving it blank.*

FINAL COMMENTS

68. 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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