

National Quitline Data Warehouse (NQDW)
(OMB no. 0920-0856, approved 7/12/2010, exp. date 7/31/2012)

Justification for Non-Substantive Change
May 13, 2011

Summary

Information collection for the National Quitline Data Warehouse consists of:

- (1) an intake survey for all Quitline callers,
- (2) a follow-up survey administered to a sample of Quitline callers seven months after the intake survey, and
- (3) a Quitline services questionnaire that is completed by the state tobacco control manager.

We request the following:

- OMB approval of revised consent language for the seven-month follow-up survey (Attachment F1 of the Information Collection Request).

Effect of Proposed Changes on Burden Estimate

None.

Justification for Revised Consent Language

We seek OMB approval of revised consent language.
The currently approved language is as follows:

Hello, my name is [NAME FILL]. I am calling from [EVALUATOR NAME FILL]. We are evaluating the quality of service provided by the [NAME OF YOUR QUITLINE FILL]. In order to improve the program, I would like to get your feedback on the services that you received. Your participation is voluntary. I won't ask for your last name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes approximately 7 minutes and any information you give me will be kept private.

While providing technical assistance to grantees regarding the NQDW data collection process, CDC has received questions and heard concerns from states/territories regarding the informed consent language for the 7-month follow-up survey. Whereas the current consent language is accurate, it may not provide adequate assurance to respondents that their participation in the follow-up survey will not affect the services they receive through the tobacco cessation quitline.

The purpose of the revised consent language is to respond to these questions and concerns, provide further clarification about the voluntary nature of the consent process, and provide reassurance to respondents that their participation in the survey will not affect the services they receive through the

tobacco cessation quitline. In lieu of the currently approved language cited above, we propose to make the following substitution:

Hello, my name is [NAME FILL]. I am calling from [EVALUATOR NAME FILL]. We are evaluating the quality of service provided by the [NAME OF YOUR QUITLINE FILL]. In order to improve the program, I would like to get your feedback on the services that you received. We will not use personal information (e.g., your last name, address, or phone number) you have provided to the Quitline to identify you. Your feedback will be summarized along with feedback provided by other people who have used the Quitline. You don't have to answer any question you don't want to, and you can end the interview at any time. Also, answering or choosing not to answer questions will not change the quitline services you can or will receive. The interview takes approximately 7 minutes and any information you give me will be kept private.

Effect of Proposed Changes on Currently Approved Instruments and Attachments

Title of IC: Follow-up for Callers who Received a Quitline Service

Relevant Attachments: See Attachment F1, "NQDW 7-month Follow-up Questionnaire 05-04-10.docx," approved by OMB 07-12-2010
Replace with new Attachment F1, "NQDW 7-month Follow-up Questionnaire REVISED 5 13 2011.docx"