

**Form Approved**  
**OMB No. 0920-0856**  
**Exp. Date 07/31/2012**

## **National Quitline Data Warehouse**

### **Quitline Services Questionnaire**

*Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0856)*

Please respond to the following questions about the services your quitline offered.

1. Please provide your contact information

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employer/Organization \_\_\_\_\_  
State \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Second phone \_\_\_\_\_

2. Please provide state and name of your quitline:

State \_\_\_\_\_  
Name of quitline \_\_\_\_\_

3. Did your quitline ask the following question on the NQDW Intake Survey during Quarter (X) {Q1, Q2, or Q3}?

- Yes  
 No

*In the past three months, did you hear about 1-800-QUIT-NOW from any advertisements with smokers telling personal stories and tips about living with health problems?*

- Yes  
 No  
 Unsure

4. If your quitline asked the following question on the NQDW Intake Survey during Quarter (X) {Q1, Q2 or Q3}, please provide the information requested in the table below (a-e). Please respond to each item with “N/A” if your quitline did not ask this question during Quarter (X) {Q1, Q2, or Q3}.

*In the past three months, did you hear about 1-800-QUIT-NOW from any advertisements with smokers telling personal stories and tips about living with health problems?*

- Yes  
 No  
 Unsure

a. Number of callers with a “yes” response	N=
b. Number of callers with a “no” response	N=
c. Number of callers with a “unsure” response	N=
d. Number of callers with a missing response	N=
e. Total number of callers who were asked the question above	N=

5. Was there a change to your quitline's total budget from last fiscal year to your current fiscal year, apart from the Recovery Act funding?

*Note: quitline's total budget can include services, medications, evaluation, media/promotions, outreach and other quitline specific items.*

- Yes, an increase of \_\_\_\_\_(please specify amount)
- Yes, a decrease of \_\_\_\_\_(please specify amount)
- No, no increase or decrease in budget.

6. Does your quitline have a sustainability plan?

- Yes
- No

7. Please provide the days and hours of service of your quitline for the following categories of service (Days and hours of service):

*\*\*For example, "Monday - Friday, 8:30am - 5:00pm"*

	N/A	Days and hours of service
Counseling service available		
Live pick up of incoming calls (may or may not have counseling services available)		
Voicemail / answering service pick up of calls		

8. Is your quitline closed on holidays?

- Yes
- No

9. How many total direct calls came in to the quitline during [TIME FILL]?

*Note: Direct calls are your quitline's total incoming calls, 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, prank calls, and other calls to the quitline that are not accounted for in these categories.*

a. Calls Answered live	b. Calls Went to voice mail	c. Calls Hung up or abandoned	d. Other Calls (e.g., listening to taped messages, etc.)	e. Total direct calls (E=A+B+C+D)
N=	N=	N=	N=	N=

10. 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 during [TIME FILL].

*Note: Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger a proactive call to the client initiated by the quitline.*

- Fax referral system
- 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 describe:

11. How many referrals did the quitline receive during [TIME FILL]?

a. FAX referrals	b. Other referrals (e.g., web referrals, “click to call,” online ads, etc.)	c. Total referrals (C=A+B)
N=	N=	N=

12. How many TOBACCO USERS who called or were referred to the quitline received the services listed below during [TIME FILL]?

*Note: Report only on those who received service for the first time. For the purposes of this question, we define “received” service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline.*

f. Self-help materials only with no counseling	N=
g. Counseling provided (began at least one session) by phone defined as a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller	N=
h. Counseling provided (began at least one session) face-to-face, individual/group	N=
i. Counseling provided (began at least one session) by web	N=
j. Counseling provided (began at least one session) by OTHER mechanism	N=
k. Medications provided (NRT or other FDA-approved medications for tobacco cessation) through the quitline	N=

1. Total provided EITHER phone counseling OR medications OR both ( <i>Note: this will likely not total the sum of b and c because many of those who receive medications will also have received counselling. This is the number that will be used to calculate treatment reach using standard calculation.</i> )	N=
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13. Please list your quitline’s population(s) with disproportionate burden of tobacco use and provide the number of tobacco users in the target population who called or were referred to the quitline who received the services listed below for the first time in [TIME FILL].

*Note: Report only on those who received service **for the first time**. For the purposes of this question, we define “received” service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline.*

Population(s) with disproportionate burden of tobacco use \_\_\_\_\_

a. Self-help materials only with no counseling	N=
b. Counseling provided (began at least one session) by phone defined as a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller	N=
c. Counseling provided (began at least one session) face-to-face, individual/group	N=
d. Counseling provided (began at least one session) by web	N=
e. Counseling provided (began at least one session) by OTHER mechanism	N=
f. Medications provided (NRT or other FDA-approved medications for tobacco cessation) through the quitline	N=
g. Total provided EITHER phone counseling OR medications OR both ( <i>Note: this will likely not total the sum of b and c because many of those who receive medications will also have received counselling. This is the number that will be used to calculate treatment reach using standard calculation.</i> )	N=

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

- Yes
- No

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

- Yes
- No (skip to Q15)

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

- English
- 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):\_\_\_\_\_

17. Many quitlines have eligibility criteria for receiving services based on state of residence, age, insurance status, being a member of a special population or readiness to quit. Are there eligibility criteria for receiving **proactive** 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 proactive counseling – skip to Q17

18. The eligibility criteria include: **Select all that apply.**

- Resident of state
- Age: (please specify required age for services): \_\_\_\_\_ years and older
- No insurance
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)

- Length of time quit: (please specify the eligibility criteria): \_\_\_\_\_
- Readiness to quit: (please provide your quitline's definition of readiness to quit): \_\_\_\_\_
- Special population: (please specify which populations): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

19. Do the different levels of **proactive** counseling services for different?

*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.*

- Yes: (please fill-in as many blanks as needed)
  - Number of sessions \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_
  - Number of sessions \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_
  - Number of sessions \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_
- No

20. If your quitline addressed eligibility criteria for **proactive** counseling in other ways not reported in Questions 16-17, please specify:

\_\_\_\_\_

Quitlines address quitting medications in a variety of ways. Questions 19-53 pertain to how your quitline provided medications.

21. Did your quitline provide free quitting medications to clients?

- Yes
- No – skip to Q49

22. Did your quitline provide free nicotine **patches** to clients?

- Yes
- No (skip to Q24)

23. What criteria made a caller eligible to receive free nicotine **patches** from the quitline?

**Select all that apply.**

- Resident of state
- Age: (please specify required age for free nicotine **patches**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)
- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_

- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_

24. How many weeks of free nicotine **patches per quit attempt** did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free nicotine **patches** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of patches per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of patches per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of patches per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

25. Was there a limit to the number of times a caller could receive free nicotine **patches** in one year?

- Yes (please specify \_\_\_\_\_)
- No

26. Did your quitline provide nicotine **gum** to clients?

- Yes
- No (skip to Q28)

27. What criteria made a caller eligible to receive free nicotine **gum** from the quitline? **Select all that apply.**

- Resident of state
- Age: (please specify required age for free nicotine **gum**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)
- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_
- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_



28. How many weeks of free nicotine **gum** per quit attempt did your quitline provide to clients?

Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free nicotine **gum** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of gum per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

Number of weeks of gum per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

Number of weeks of gum per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

29. Was there a limit to the number of times a caller could receive free nicotine **gum** in one year?

Yes

No

30. Did your quitline provide free **Nicotine Lozenges** to clients?

Yes

No (skip to Q32)

31. What criteria made a caller eligible to receive free **Nicotine Lozenges** from the quitline?

**Select all that apply.**

Resident of state

Age: (please specify required age for free **Nicotine Lozenges**): \_\_\_\_\_ years and older

Uninsured

Underinsured

Medicaid

Medicare

Privately insured (or private insurance holders)

Enrollment in counseling

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

Medical conditions

Readiness to quit

Limited supply – orders filled on first come / first served basis

Geographic area (please specify \_\_\_\_\_)

Research study criteria

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

32. How many weeks of free **Nicotine Lozenges per quit attempt** did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free **Nicotine Lozenges** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of Nicotine Lozenges per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

Number of weeks of Nicotine Lozenges per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
Number of weeks of Nicotine Lozenges per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

33. Was there a limit to the number of times a caller could receive free **Nicotine Lozenges** in one year?

- Yes
- No

34. Did your quitline provide free **Zyban® (Bupropion)** to clients?

- Yes
- No (skip to Q36)

35. What criteria made a caller eligible to receive free **Zyban® (Bupropion)** from the quitline? **Select all that apply.**

- Resident of state
- Age: (please specify required age for free **Zyban® (Bupropion)**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)
- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_
- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_

36. How many weeks of free **Zyban® (Bupropion)** per quit attempt did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free **Zyban® (Bupropion)** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of Zyban per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
Number of weeks of Zyban per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
Number of weeks of Zyban per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

37. Was there a limit to the number of times a caller could receive free **Zyban® (Bupropion)** in one year?

- Yes
- No

38. Did your quitline provide free **Chantix® (Varenicline)** to clients?
- Yes
  - No (skip to Q40)

39. What criteria made a caller eligible to receive free **Chantix® (Varenicline)** from the quitline? **Select all that apply.**

- Resident of state
- Age: (please specify required age for free **Chantix® (Varenicline)**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)
- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_
- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_

40. How many weeks of free **Chantix® (Varenicline)** per quit attempt did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free **Chantix® (Varenicline)** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of Chantix per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
Number of weeks of Chantix per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
Number of weeks of Chantix per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

41. Was there a limit to the number of times a caller could receive free **Chantix® (Varenicline)** in one year?

- Yes
- No

42. Did your quitline provide free nicotine **nasal spray** to clients?

- Yes
- No (skip to Q44)

43. What criteria made a caller eligible to receive free nicotine **nasal spray** from the quitline? **Select all that apply.**

- Resident of state
- Age: (please specify required age for free nicotine **nasal spray**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)
- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_
- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_

44. How many weeks of free nicotine **nasal spray per quit attempt** did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free nicotine **nasal spray** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of nasal spray per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of nasal spray per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of nasal spray per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

45. Was there a limit to the number of times a caller could receive free nicotine **nasal spray** in one year?

- Yes (please specify \_\_\_\_\_)
- No

46. Did your quitline provide free nicotine **inhaler** to clients?

- Yes
- No (skip to Q48)

47. What criteria made a caller eligible to receive free nicotine **inhaler** from the quitline?

**Select all that apply.**

- Resident of state
- Age: (please specify required age for free nicotine **inhaler**): \_\_\_\_\_ years and older
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Privately insured (or private insurance holders)

- Enrollment in counseling
- Special population (please specify which populations): \_\_\_\_\_
- Medical conditions
- Readiness to quit
- Limited supply – orders filled on first come / first served basis
- Geographic area (please specify \_\_\_\_\_)
- Research study criteria
- Other (please specify): \_\_\_\_\_

48. How many weeks of free nicotine **inhaler per quit attempt** did your quitline provide to clients? Please fill-in as many blanks as needed.

*Note: if your quitline provides varying amounts of free nicotine **inhaler** depending on eligibility criteria, please specify your eligibility criteria.*

Number of weeks of inhaler per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of inhaler per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_  
 Number of weeks of inhaler per quit attempt \_\_\_\_\_ Eligibility Criteria \_\_\_\_\_

49. Was there a limit to the number of times a caller could receive free nicotine **inhaler** in one year?

- Yes (please specify \_\_\_\_\_)
- No

50. Did your quitline provide **other** free quitting medications to clients?

- Yes (please specify \_\_\_\_\_)
- No

51. Besides offering free medications (as reported in Questions 19-48), did your quitline provide discounted quitting medications?

- Yes
- No (skip to Q51)

52. What discounted quitting medications did you provide? **Select all that apply.**

- Nicotine patch
- Nicotine gum
- Nicotine Lozenge
- Zyban® (Bupropion)
- Chantix® (Varenicline)
- Nicotine Nasal spray
- Nicotine Inhaler
- Other (please specify \_\_\_\_\_)

53. Did your quitline provide voucher/coupon or certificate to redeem quitting medications?
- Yes
  - No (skip to Q53)

54. What quitting medications did you provide voucher/coupon or certificate for? **Select all that apply.**

- Nicotine patch
- Nicotine gum
- Nicotine Lozenge
- Zyban® (Bupropion)
- Chantix® (Varenicline)
- Nicotine Nasal spray
- Nicotine Inhaler
- Other (please specify \_\_\_\_\_)

55. If your quitline addressed quitting medications in other ways not reported in Questions 19-52, please specify:

\_\_\_\_\_

Questions 54-58 ask about how your quitline conducts 7-Month Follow-up Surveys. These questions will be asked only once.

56. Does your quitline obtain consent for the 7-Month Follow-up survey at intake?
- Yes
  - No
57. Does your quitline send out a pre-notification or advance letter to increase participation in the 7-Month Follow-up Survey?
- Yes
  - No
58. Does your quitline use incentives to increase participation in the 7-Month Follow-up Survey?
- Yes
  - No
59. What is the minimum number of attempts (i.e. "5") your quitline makes to reach an eligible quitline caller for follow-up evaluation before closing out the contact?

Quitline makes at least \_\_\_\_\_ number of attempts

60. Does your quitline use a mix-mode to conduct the 7-Month Follow-up Survey?

*Note: mixed-mode survey asks the same questions and offers the same response choices using two or more survey modes, such as Internet, telephone, interactive voice response or mail.*

- Yes
- No

61. Do you plan to weight your 7-month follow-up survey data?

- Yes, please specify your weighting strategy \_\_\_\_\_
- No