



24. Did your quitline provide nicotine gum to clients?

- Yes (radio button)
No (radio button)

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

- Resident of state _____
- Age: ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Private insurance holder
- 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 criteria (please specify): _____

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

Note: if your quitline provides varying amounts of free nicotine gum depending on eligibility criteria, please specify your eligibility criteria (i.e., "Number of weeks of nicotine gum per quit attempt: _____ Eligibility Criteria: _____").

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

- Yes (Please Specify): _____
- No

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28. Did your quinine provide free nicotinic lozenges to clients?

- Yes
- No

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29. What criteria made a caller eligible to receive free nicotine lozenges from the quitline? Select all that apply.

- Resident of state _____
- Age: ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured
- Underserved
- Medicaid
- Medicare
- Private insurance holder
- 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 criteria (please specify): _____

30. How many weeks of free nicotine lozenges per quit attempt did your quitline provide to clients?

Note: if your quitline provides varying amounts of free nicotine lozenges depending on eligibility criteria, please specify your eligibility criteria (i.e., "Number of weeks of nicotine lozenges per quit attempt: _____ Eligibility Criteria: _____").

31. Was there a limit to the number of times a caller could receive free nicotine lozenges in one year?

- Yes (please specify): _____
- No

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32. Did your guideline provide free Zhan® (Bupropion) to clients?

Yes

No

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33. What criteria made a caller eligible to receive free Zyan® (Bupropion) from the quarantine? Select all that apply.

- Resident of state _____
- Age: ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured
- Underinsured
- Medicaid
- Medicare
- Private insurance holder
- 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 criteria (please specify): _____

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34. How many weeks of free Zyan® (Bupropion) per quit attempt did your quitline provide to clients?

Note: if your quitline provides varying amounts of free Zyan® (Bupropion) depending on eligibility criteria, please specify your eligibility criteria (i.e., "Number of weeks of Zyan® (Bupropion) per quit attempt _____ Eligibility Criteria: _____")

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

- Yes (Please specify): _____
- No

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36. Did your quilline provide free Chantix® (Varenicline) to clients?

- Yes
- No

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

- Resident of state _____
- Age: ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured
- Undeninsured
- Medicaid
- Medicare
- Private insurance holder
- 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 criteria (please specify): _____

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38. How many weeks of free Chantix® (Varenicline) per quit attempt did your quitline provide to clients?

Note: if your quitline provides varying amounts of free Chantix® (Varenicline) depending on eligibility criteria, please specify your eligibility criteria (i.e., "Number of weeks of Chantix® (Varenicline) per quit attempt: _____ Eligibility Criteria: _____")

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

- Yes (Please specify): _____
- No

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

- Yes
- No

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

- Resident of state _____
- Age: ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured _____
- Underinsured _____
- Medicaid _____
- Medicare _____
- Private insurance holder _____
- 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 criteria (please specify): _____

42. 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 (i.e., "Number of weeks of nicotine nasal spray per quit attempt: _____ Eligibility Criteria: _____")

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

- Yes (please specify) _____
- No _____

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44. Did your quarantine provide free nicotine inhaler to clients?

- Yes
No

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45. What criteria made a caller eligible to receive free nicotine inhaler from the quitline? Select all that apply.

- Resident of state _____
- Age ___ years or older (i.e. for 18 years and older enter "18") _____
- Uninsured _____
- Underinsured _____
- Medicaid _____
- Medicare _____
- Private Insurance holder _____
- 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 criteria (please specify): _____

46. 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 (i.e., "Number of weeks of nicotine inhaler per quit attempt: _____ Eligibility Criteria: _____").

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

- Yes (Please specify): _____
- No _____

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48. Did your quilline provide other free quitting medications to clients?

- Yes (please specify)
- No

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

- Yes
- No

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50. What discontinued 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): _____

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51. Did your quiltline provide voucher/coupon or certificate to redeem quilting medications?

- Yes
- No

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52. 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): _____

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

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