

C3I Data Report 1
January 1, 2019 to June 30, 2019.

Instructions:

This document is to be used as a worksheet for completing the data request. All data should be reported in the online Qualtrics survey. The first column in each worksheet indicates the number of the corresponding question in the online survey.

There is now a place in the online survey to upload this document to help ensure data accuracy.

Please provide data for the reporting period **from January 1, 2019 to June 30, 2019.**

Complete the Reach and Effectiveness tabs (3 total). There are specific instructions on each tab.

You may not have data to report for every field. Please enter NA for the fields that you do not have data to report (e.g. question/category was not asked). Please enter 0 if there are no patients in that category.

You may have separate data for different health care settings (for example, if the reports are generated from different health care organizations or EHR systems). The online survey has space to enter up to 3 settings.

Optional items are flagged with blue font: **Optional.**

Please contact Heather D'Angelo with any questions
hdangelo@wisc.edu

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Instructions for reporting on Reach:

Please provide data for the reporting period from January 1, 2019 to June 30, 2019.

Enter the number of unique patients, not the number of visits. As a reminder, you should report on all patients seen in the setting indicated. This includes patients diagnosed with cancer as well as other types of patients (e.g. screening patients).

You may have separate data for different health care settings (for example, if the reports are generated from different health care organizations or EHR systems). There is space to list them under the headings Setting 1 and Setting 2. Enter the name or description of each setting under Item 2.

Online Survey Question #	Reach	Enter your responses below:	
Q3	Enter the name of your NCI Cancer Center:		
Q15	List the clinical setting(s) where the TTP was implemented:	Setting 1:	Setting 2 (if applicable):
Q20	For each setting, enter the number of:		
	Adult patients seen in this setting (age 18 and older):		
	Patients who were screened for smoking/tobacco use and have a documented smoking status (e.g. current, former, never). Do not include those who refuse/decline to report smoking status.		
	Current cigarette smokers:		
Q21	TTP Program Engagement		
	Enter the number of smokers that engaged in each of the following:		
	Any type of TTP		
	In house/in-person TTP (group or individual)		
	Telephone based TTP (non-automated)		
	TelASK or other IVR program		
	Quitline (referred by fax or EHR)		
	Text/mobile resource (e.g. smokefree TXT)		
	Web resource (e.g. Smokefree.gov)		
	Cessation medication (prescribed or given medication)		
	Other type. Please describe _____		
Q22	Current Smoker Demographics		
	Enter the number of current smokers who fall within the following categories:		
Q23	Gender		
	Male		
	Female		
	Other gender/Not specified		
Q24	Race		
	American Indian or Alaska Native		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	More than one race		
Unknown/other race			

Q25	Ethnicity			
	Hispanic			
	Non-Hispanic			
	Unknown			
Q26	Age			
	18-24			
	25-44			
	45-64			
	65 and older			
	Age unknown			
Q27	Primary insurance type			
	Private insurance			
	Medicare			
	Medicaid			
	Military plan (e.g. Tricare/VA)			
	Indian Health Service			
	No insurance coverage			
	Unknown			
Q28	TTP Participant Demographics			
	Enter the number of TTP Participants who fall within the following categories:			
Q29	Gender			
	Male			
	Female			
	Other gender/Not specified			
Q30	Race			
	American Indian or Alaska Native			
	Asian			
	Black or African American			
	Native Hawaiian or Other Pacific Islander			
	White			
	More than one race			
	Unknown/other race			
Q31	Ethnicity			
	Hispanic			
	Non-Hispanic			
	Unknown			

Q32	Age		
	18-24		
	25-44		
	45-64		
	65 and older		
	Age unknown		
Q33	Primary insurance type		
	Private insurance		
	Medicare		
	Medicaid		
	Military plan (e.g. Tricare/VA)		
	Indian Health Service		
	No insurance coverage		
	Unknown		
Q34	Optional Patients who were NOT screened for smoking/tobacco use		
	Optional Patients who refused/declined to report smoking/tobacco use		
	Optional Enter the number of non-cigarette tobacco users		
	Optional Enter the number of non-cigarette tobacco users that participated in a TTP		
	Optional Patients reporting a household member uses any tobacco products		
	Optional Enter the number household/family members that participated in a TTP		
	Optional Enter the numbersmokers that declined to participate in a TTP		
Q35	Optional Enter the number of smokers that were <i>offered</i> participation in each of the following:		
	Any type of TTP		
	In house/in-person TTP (group or individual)		
	Telephone based TTP		
	TelASK or other IVR program		
	Quitline (referred by fax or EHR)		
	Text/mobile resource (e.g. smokefree TXT)		
	Web resource (e.g. Smokefree.gov)		
	Cessation medication (prescribed or given medication)		
	Other type. Please describe_____		

This document is to be used as a worksheet for completing the data request. All data should be reported in the online Qualtrics survey. The first column in each worksheet indicates the number of the corresponding question in the online survey.

Instructions for reporting on Effectiveness Part 1:

Please provide data for the reporting period from January 1, 2019 to June 30, 2019.

Report each effectiveness measure among smokers who have engaged/participated in a tobacco treatment program (TTP). Engagement is defined as completing at least 1 session of a TTP, or the equivalent of a session (e.g. calling a quitline). Please refer to the Data Reporting Protocol for details.

Enter data at baseline/time of enrollment and at 6 months follow-up. The same patients will not be reported in the enrollment and follow up categories within the same report.

You may have separate data for different health care settings (for example, if the reports are generated from different health care organizations or EHR systems). There is space to list them under the Setting 1 and Setting 2 columns.

You may not have data to report for every field. Please enter NA for the fields that you do not have data to report. Please enter 0 if there are no patients in that category.

Online Survey Question #	Effectiveness	Enter your responses below:			
		Setting 1		Setting 2 (if applicable)	
	<i>Report each of the following items for smokers who engaged in a TTP</i>	Enrollment	6 month follow-up	Enrollment	6 month follow-up
Q39	Please enter the total number of TTP participants that you have effectiveness data to report on, by TTP type				
	Any type of TTP				
	In house/in-person TTP (group or individual)				
	Telephone based TTP				
	TelASK or other IVR program				
	Quitline (referred by fax or EHR)				
	Text/mobile resource (e.g. smokefree TXT)				
	Web resource (e.g. Smokefree.gov)				
	Cessation medication (prescribed or given medication)				
	Other type. Please describe				
	Missing data/declined to report on effectiveness data				
Q40	Enter the number of TTP participants that reported the following cigarette use categories in response to the question, "When did you last smoke a cigarette (even one or two puffs)?"				
	I smoked a cigarette today (at least one puff)				
	1 to 7 days ago				
	8 days to 1 month ago				
	More than 1 month ago to 1 year ago				
	More than 1 year ago				
	Don't know/don't remember				

TTP Participant Demographics					
Q41	Enter the number of TTP participants that you are reporting on with a) Baseline and b) Follow-up measures who fall within the following categories:				
	Gender				
	Male				
	Female				
	Other gender/Not specified				
	Race				
	American Indian or Alaska Native				
	Asian				
	Black or African American				
	Native Hawaiian or Other Pacific Islander				
	White				
	More than one race				
	Unknown/Other race				
	Ethnicity				
	Hispanic				
	Non-Hispanic				
	Unknown				
	Age				
	18-24				
	25-44				
	45-64				
	65 and older				
	Age unknown				
	Primary insurance type				
	Private insurance				
	Medicare				
	Medicaid				
	Military plan (e.g. Tricare/VA)				
	Indian Health Service				
	No insurance coverage				
Unknown					

[illegible]

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