

Cancer Center Information

Q1.1.

This questionnaire will collect information from C3I Cohort 3 grantees for the pre-grant period: January 1, 2019 – June 30, 2019.

The completed questionnaire, including the completed Excel Data Report Worksheet, is due February 19, 2021.

Please answer all questions about your Cancer Center setting(s) and Tobacco Treatment Program (TTP) / cessation services for this reporting period.

Reach and effectiveness reporting. If your site did not have a tobacco treatment program in place or did not have the capability to assess the reach and effectiveness measures during the pre-grant period, you may not have data to provide for this report. However, this format and the same measures will be used for future C3I reports so we recommend that you review the data report in preparation for the next reporting period.

Please work from the Data Report Worksheet to enter the reach and effectiveness data into this online survey, and refer to the Reporting Protocol. A pdf of the full survey, the Data Report Worksheet, and the Data Reporting Protocol are all posted on the C3I portal (<https://ncihub.org/groups/c3i>). You will be asked to upload the completed Data Report Worksheet at the end of the survey.

You may stop and continue the survey at any time without losing your responses by using your center's unique link sent in this email. If you have trouble continuing the survey, please email me at [sdhohl \(at\) wisc.edu](mailto:sdhohl@wisc.edu).

EHR and TTP Characteristics

Q2.1. How often is smoking status updated/recorded in the EHR?

- ☐ At new patient visits only
- ☐ More frequently than new patient visits, but not at every visit
- ☐ At every patient visit
- ☐ Other (please describe):
- ☐ Don't know/Not sure

Q2.2.

How often is the use of electronic cigarettes/electronic nicotine delivery systems (ENDS; including any type of “vaping” device such as JUUL) updated/recorded in the EHR?

- ☐ E-cigarette/ENDS use is not assessed in the EHR
- ☐ Recorded at new patient visits only
- ☐ Recorded more frequently than new patient visits, but not at every visit
- ☐ Recorded at every patient visit
- ☐ Other (please describe):
- ☐ Don't know/Not sure

Q2.3.

Please select all of the tobacco treatment services/programs offered to patients within the pre-grant reporting period (Jan 1-June 30, 2019):

- ☐ Individually delivered in-person counseling
- ☐ Group delivered in-person counseling
- ☐ Brief counseling delivered at the point of care (during patient visit)
- ☐ Cessation medications prescribed/provided
- ☐ In-house telephone-based counseling program (non-automated)
- ☐ TelASK or other IVR
- ☐ Quitline via fax referral
- ☐ Quitline via eReferral
- ☐ SmokefreeTXT without eReferral
- ☐ SmokefreeTXT via eReferral
- ☐ Other text/mobile program
- ☐ Web resource (e.g., Smokefree.gov)
- ☐ Other (please describe)
- ☐ No tobacco treatment services offered

Q2.4. Thinking about the settings where you have implemented your programs, how widely have they been adopted? (select all that apply).

- ☐ Cancer Center wide
- ☐ Part of the Cancer Center (e.g. specific clinics)
- ☐ Affiliated settings, e.g. regional hospitals, outpatient cancer care centers

- ☐ Primary care settings
- ☐ Other (please describe)

Q2.5.

How were patients connected with or referred to a tobacco treatment program or resource during this reporting period? Choose all that apply.

- ☐ No referrals offered/given
- ☐ Information given and patient initiates
- ☐ Clinician initiated referral (not via EHR)
- ☐ EHR referral is optional for smokers
- ☐ EHR referral is automatic for smokers ("opt-out method")
- ☐ Program initiated referral (proactive outreach, list of eligible patients generated via EHR/registry and contacted by program staff)
- ☐ Other (please describe)

Q2.6.

Did your program use an EHR based, closed-loop referral system (e.g. EHR-generated referral; EHR is populated with treatment outcomes from an outside tobacco cessation service vendor)?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

Q2.7. Which of the following populations were referred to tobacco treatment? Choose all that apply.

- ☐ Inpatients
- ☐ Outpatients
- ☐ Family members of patients
- ☐ Community members
- ☐ Other (specify)
- ☐ No referrals offered/given

Q2.7.1.

What was your program's practice for addressing family members or support persons during the reporting period? If you are not sure of the practice during the reporting period, you may select responses that apply to your program's current practice. Choose all that apply.

- ☐ Our program routinely asked family members or support persons of cancer patients that smoke if they would like to become involved with the cancer patient's tobacco use treatment plan.
- ☐ Our program routinely offered tobacco use treatment to family members or support persons of cancer patients to help the support person quit smoking.
- ☐ Our program offered resources to help support persons or family members who smoke of a cancer patient to quit, such as educational pamphlets.
- ☐ Our program does not routinely address family members or support systems.

Q2.7.2.

Does your program routinely assess exposure to secondhand smoke in patients who smoke who are attempting to quit?

- ☐ Yes
- ☐ No

Q2.8.

Please indicate the status of each of these activities during this reporting period using the following definitions:

Not yet started: Work towards the activity has not been started.

In progress: Currently working/devoting significant personnel/resources towards the activity.

Completed: Goals of the activity have been met; no longer working towards the activity or devoting significant personnel/resources towards the activity.

Maintenance: Currently devote some time/resources to maintaining a previously completed activity (if applicable).

Not applicable: The activity is not relevant to the type of program being implemented.

Secure health care system administrative leadership buy-in and support.

Secure health care system clinical leadership buy-in and support.

Secure health care system IT leadership buy-in and support.

Define the new clinical workflow for screening and referring smokers to treatment.

Work with IT to modify the EHR to screen and identify current smokers for treatment.

Work with IT to modify the EHR to refer current smokers to treatment.

Train clinicians and staff in the new clinical workflow.

Pilot the new clinical workflow.

Implement the new clinical workflow ("Go live").

Develop an evidence-based TTP.

Acquire space for the TTP.

Hire staff for the TTP.

Train clinicians and staff to implement the TTP.

Pilot the TTP.

Implement the TTP ("Go live").

Other major activity (please describe):

	▼
	▼
	▼
	▼
	▼
	▼
	▼

Q2.9. Please select the tobacco treatment services that your program billed for through insurance for during this reporting period:

- ☐ Medication
- ☐ Counseling
- ☐ Both medication and counseling
- ☐ Did not bill for any tobacco treatment services

Q2.10. Please select all of the materials you have created within your program:

- ☐ Marketing/promotional materials for the TTP
- ☐ General cessation materials
- ☐ Tailored cessation materials (i.e. for special populations)
- ☐ Training materials for staff
- ☐ EHR scripting (BPA alerts, orders, smarttext, smartphrases, etc.)
- ☐ Other type (specify)
- ☐ No materials created

Q 2.10.1. Which special populations do your tailored cessation materials aim to reach? Select all that apply.

- ☐ American Indian/Alaska Native patients
- ☐ Asian/Asian American patients
- ☐ Black/African American patients
- ☐ Native Hawaiian or other Pacific Islander patients
- ☐ Patients with limited English proficiency (list languages):

- ☐ Patients with limited health and/or reading literacy
- ☐ Female-identifying patients
- ☐ Patients with mental health and/or substance use disorders
- ☐ Sexual and/or gender minority patients
- ☐ Other, please describe

Q2.11. Were clinicians or other health care staff trained in referring to and/or delivering any type of tobacco cessation treatment during this reporting period?

- ☐ Yes
- ☐ No

Q2.12. Enter the the number of FTEs for tobacco treatment specialists that were on staff during this reporting period. Enter "0" if there were no dedicated tobacco treatment specialists on staff.

Number of tobacco treatment specialists (FTE)

TTP Program Sustainability

Q2.13.

The next set of questions assess sustainability of your tobacco treatment program. This assessment has been designed for use with a wide variety of practices across different clinical settings. Given this flexibility, it is important for you to think through how you are defining your practice and organization before starting the assessment.

Below are a few definitions of terms that are frequently used throughout the assessment. Take a moment to define them for your situation.

Keep in mind that this tool is designed to assess your specific practice within the context of its organization and community, and not the organization as a whole.

Practice refers to the set of formal organized activities that you want to sustain over time. Such activities could occur in a variety of clinical settings. **In C3I, the practice would be defined as the set of formal, organized activities within your tobacco treatment program that you want to sustain over time.**

Organization encompasses all the parent organizations or agencies in which the practice is housed. Depending on the practice, the organization may refer to a health center, a hospital, etc.

Community refers to the stakeholders who may benefit from or who may guide the practice. This could include clinical staff, leadership, care recipients and their families, etc. Community does not refer to a specific town or neighborhood.

In the following questions, you will rate your practice across a range of specific factors that affect sustainability. Please respond to as many items as possible. If you truly feel you are not able to answer an item, you may select “Not able to answer.”

Q2.14. Engaged Staff & Leadership

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice engages leadership and staff throughout the process.	☐	☐	☐	☐	☐	☐	☐	☐
2. Clinical champions of the practice are recognized and respected.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has engaged, ongoing champions.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has a leadership team made of multiprofessional partnerships.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has team-based collaboration and infrastructure.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.15. Engaged Stakeholders

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice engages the patient and family members as stakeholders.	☐	☐	☐	☐	☐	☐	☐	☐

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
2. There is respect for all stakeholders involved in the practice.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice is valued by a diverse set of stakeholders.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice engages other medical teams and community partnerships as appropriate.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice team has the ability to respond to stakeholder feedback about the practice.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.16. Monitoring & Evaluation

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice has measurable process components, outcomes, and metrics.	☐	☐	☐	☐	☐	☐	☐	☐
2. Evaluation and monitoring of the practice are reviewed on a consistent basis.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has clear documentation to guide process and outcome evaluation.	☐	☐	☐	☐	☐	☐	☐	☐

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
4. Practice monitoring, evaluation, and outcomes data are routinely reported to the clinical care team.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice process components, outcomes, and metrics are easily assessed and audited.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.17. Implementation & Training

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice clearly outlines roles and responsibilities for all staff.	☐	☐	☐	☐	☐	☐	☐	☐
2. The reason for the practice is clearly communicated to and understood by all staff.	☐	☐	☐	☐	☐	☐	☐	☐
3. Staff receive ongoing coaching, feedback, and training.	☐	☐	☐	☐	☐	☐	☐	☐
4. Practice implementation is guided by feedback from stakeholders.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has ongoing education across professions.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.18. Outcomes & Effectiveness

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice has evidence of beneficial outcomes.	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice is associated with improvement in patient outcomes that are clinically meaningful.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice is clearly linked to positive health or clinical outcomes.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice is cost-effective.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has clear advantages over alternatives.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.19. Workflow Integration

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. The practice is built into the clinical workflow.	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice is easy for clinicians to use.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice integrates well with established clinical practices.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice aligns well with other clinical systems (e.g., EMR).	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice is designed to be used consistently.	☐	☐	☐	☐	☐	☐	☐	☐

Q2.20. Organizational Readiness

For each statement, select the number that best indicates the extent to which your practice has or does the following things.

	No extent (1)	(2)	(3)	(4)	(5)	(6)	Full extent (7)	Not able to answer
1. Organizational systems are in place to support the various practice needs.	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice fits in well with the culture of the team.	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has feasible and sufficient resources (e.g., time, space, funding) to achieve its goals.	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has adequate staff to achieve its goals.	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice is well integrated into the operations of the organization.	☐	☐	☐	☐	☐	☐	☐	☐

Data Reporting

Q4.1.

In the following sections, you will be asked to report Reach measures for the pre-grant period January 1 - June 30, 2019. If you are unable to report these measures at this time, please select "No" and provide information about when these data will be ready for submission.

If you select "No", the survey will be submitted with the answers that are completed now. Please only select "No" if you are sure you want to end the survey now and not return to the previous questions.

☐ I am ready to enter Reach data.

☐ The Reach data for our site is not ready to submit, but I expect it will be ready by:

Reach Data Report

Q5.1. Please list the settings for which you have data to report. You must enter at least one setting, even if it is the whole Cancer Center. Leave the other fields blank if you do not have more than 1 setting.

Setting 1 (REQUIRED)

Setting 2

Setting 3

Q5.2. Please describe each setting (e.g. more detailed description of the setting and/or patients included in the report). Leave the other fields blank if you do not have more than one setting.

Setting 1 (REQUIRED)

Setting 2

Setting 3

Q5.3. For each setting, please estimate what percentage of patients seen in this setting are cancer patients:

\${q://QID60/ChoiceTextEntryValue/1}

\${q://QID60/ChoiceTextEntryValue/2}

\${q://QID60/ChoiceTextEntryValue/3}

Q5.4. When did you begin referring patients to any type of tobacco treatment program (TTP)?

\${q://QID60/ChoiceTextEntryValue/1}

\${q://QID60/ChoiceTextEntryValue/2}

\${q://QID60/ChoiceTextEntryValue/3}

Q5.5. You indicated that you began referring patients after January 1, 2019. Please enter the date when you began referring patients to a TTP (mm/dd/yyyy).

\${q://QID60/ChoiceTextEntryValue/1}

\${q://QID60/ChoiceTextEntryValue/2}

\${q://QID60/ChoiceTextEntryValue/3}

Q5.6.

REACH DATA REPORT

Please provide data for the pre-grant reporting period January 1, 2019 through 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 enter data for up to 3 settings.

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 be sure to distinguish between 0 (zero) patients and missing or not applicable/NA data.

Q5.7. Enter the number of:

\${q://QID60/ChoiceTextEntryVa

Adult patients (18 and older) with a visit to this setting in the reporting period

Patients who were screened for tobacco use in this reporting period and have a documented smoking status. Do not include those who refuse/decline to report smoking status.

Current cigarette smokers

Q5.8. Engagement in a TTP is defined as: participation in an individually or group delivered TTP, in-person or via phone, a fax or eReferral to a quitline, a website, or a text/mobile program, providing counseling regarding quitting, or prescribing a smoking cessation medication.

For the pre-grant report, if your site had no formal TTP or referral system in place during the reporting period, but you are able to easily report on the number of smokers who received counseling or prescriptions, you may report that.

Enter the number of smokers who **engaged/participated** in:

\${q://QID60/ChoiceTextEntryVal

Any type of TTP (This is the total number of unique smokers who engaged in at least one of the TTP types listed below)

In-house/in-person TTP (group or individual, including point of care)

Telephone-based TTP (non-automated)

 \${q://QID60/ChoiceTextEntryValue/1}

TelASK or other IVR

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:

Q5.8.1. Enter the number of smokers who were **offered** participation in a tobacco treatment program, if your program documents this information. This could be the number who were offered enrollment in an in-house TTP (vs. those who actually engaged), or the number who were given a quitline number or informational brochure.

NOTE: This is distinct from engagement/participation reported above.

 \${q://QID60/ChoiceTextEntryValue/1}

 \${q://QID60/ChoiceTextEntryValue/2}

Any type of TTP

In-house/in-person TTP (group or individual, including point of care)

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:

Demographics for current smokers

Q6.1. The next questions ask about demographic information for all current smokers. The total within each demographic group should add up to the total number of current smokers.

NOTE

If your EHR documents the demographic category, but there are no members of that

group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

Q6.2. Please enter "NA" if gender data are not documented and "0" if no patients of that gender are documented as smokers. Enter the number of current smokers who are:

#{q://QID60/ChoiceTextEntryValue/1} #{q://QID60/ChoiceTextEntryValue/2} #{q://QID60/

Male

Female

Other/Not
specified

Q6.3. Please enter "NA" if race data are not documented and "0" if no patients of that race are documented as smokers.

Enter the number of current smokers who are:

#{q://QID60/ChoiceTextEntryValue/1} #{q://QID60/ChoiceTextEntryValue/2} #{q://C

American

Indian or
Alaska Native

Asian

Black or

African
American

Native

Hawaiian or
Other Pacific
Islander

White

More than one
race

Unknown/Other
race

Q6.4. Please enter "NA" if ethnicity data are not documented and "0" if no patients of that ethnicity are documented as smokers.

Enter the number of current smokers who are:

#{q://QID60/ChoiceTextEntryValue/1} #{q://QID60/ChoiceTextEntryValue/2} #{q://QID60/

Hispanic

Non-Hispanic		
Unknown		

Q6.5. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as smokers.

Enter the number of current smokers who are aged:

18-24		
25-44		
45-64		
65 and older		
Unknown		

Q6.6. Reporting on insurance is no longer optional, if your site collects these data. Please enter "NA" if insurance data are not documented and "0" if no patients with that insurance type are documented as smokers.

Enter the number of current smokers who have each of the following insurance types as their primary insurance:

Private insurance		
Medicare		
Medicaid		
Military plan (e.g. Tricare/VA)		
Indian Health Service		
Other state/government sponsored insurance		
No insurance coverage		
Unknown		

Demographics for TTP participants

Q7.1. The next questions ask about demographic information for TTP participants. The total within each demographic group should add up to the total number of TTP participants.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

Q7.2. Please enter "NA" if gender data are not documented and "0" if no patients of that gender are documented as TTP participants.

Enter the number of TTP participants who are:

$\{q://QID60/ChoiceTextEntryValue/1\}$ $\{q://QID60/ChoiceTextEntryValue/2\}$ $\{q://QID60/$

Male

Female

Other/Not
specified

Q7.3. Please enter "NA" if race data are not documented and "0" if no patients of that race are documented as TTP participants.

Enter the number of TTP participants who are:

$\{q://QID60/ChoiceTextEntryValue/1\}$ $\{q://QID60/ChoiceTextEntryValue/2\}$ $\{q://C$

American

Indian or
Alaska Native

Asian

Black or

African
American

Native

Hawaiian or
Other Pacific
Islander

White

More than one

race

Unknown/Other

race

Q7.4. Please enter "NA" if ethnicity data are not documented and "0" if no patients of that ethnicity are documented as TTP participants.

Enter the number of TTP participants who are:

Hispanic

Non-Hispanic

Unknown

Q7.5. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as TTP participants.

Enter the number of TTP participants who are aged:

18-24

25-44

45-64

65 and older

Unknown

Q7.6. Please enter "NA" if age data are not documented and "0" if no patients of that age group are documented as TTP participants.

Enter the number of TTP participants who are aged:

Private Insurance

Medicare

Medicaid

Military plan

(e.g., Tricare/VA)

Indian Health
Service

Other
state/government
sponsored
insurance

No insurance
coverage

Unknown

Reach Measures

Q8.1. Please enter "NA" if these data are not documented and "0" if no patients do not fall into any of these categories.

Enter the number of:

Patients who were not screened for smoking/tobacco use

Patients who refused/declined to report smoking/tobacco use

Non-cigarette tobacco users

Non-cigarette tobacco users that engaged/participated in a
TTP

Patients reporting a household member uses any tobacco
products

Household/family members that engaged/participated in a
TTP

Smokers that declined to participate in a TTP

Effectiveness Part 1

Q10.1.

In the following sections, you will be asked to report **effectiveness** measures for the pre-grant period January 1 - June 30, 2019. If you are unable to report these measures at this time, please select "No" and provide details about your site's effectiveness data.

If you select "No", the survey will be submitted with the answers that are completed now. Please only select "No" if you are sure you want to end the survey now without returning to the previous questions.

- ☐ I am ready to enter effectiveness data.
- ☐ No, I cannot enter effectiveness data now. Please enter any comments for the Coordinating Center regarding your effectiveness data:

Q10.2. EFFECTIVENESS DATA REPORT

Effectiveness measures should be reported only among those smokers who have engaged/participated in a tobacco treatment program.

"Enrollment" reflects the number of participants who enrolled /first engaged in tobacco treatment during the reporting period July 1, 2018 through December 31, 2018. This is collected as a comparison to the 6-month follow-up data.

"6-month follow-up" reflects the number of participants whose 6 month follow-up data were recorded during the reporting period January 1, 2019 through June 30, 2019. The follow-up data should reflect participants who enrolled/first engaged in tobacco treatment in the previous reporting period (July 1, 2018 through December 31, 2018).

Please refer to the Data Reporting Protocol on the C3I portal for more information about entering these data: <https://ncihub.org/groups/c3i>

Q10.3. ENROLLMENT

Among the TTP participants who enrolled/engaged in tobacco treatment during this reporting period (between 1/1/19 and 6/30/19) enter the number that reported the following categories when asked, "When did you last smoke a cigarette (even one or two puffs)?" Also indicate how many participants were missing data for this item or were not assessed at enrollment.

$\{q://QID60/ChoiceTextEntryValue/1\}$ $\{q://QID60/ChoiceTextEntryValue/2\}$

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

Missing/not assessed

Q10.4. FOLLOW_UP

Please indicate the methods used to collect the 6-month follow-up effectiveness data :

- ☐ In-person survey
- ☐ Quitline reports
- ☐ EHR reports
- ☐ Telephone-based survey (non-automated)
- ☐ TelASK or other automated phone /IVR system
- ☐ Manual chart audit
- ☐ Other way:

Q10.5. Please describe the protocol for how your site collects 6-month follow-up data. This information should describe who conducts follow-up assessments, when/at what type of visit surveys are administered, how many follow-up calls are attempted, or any other relevant details.

Q10.6. FOLLOW_UP

Please enter the total number of TTP participants from the July 1, 2018 and Dec 31, 2018 that have 6-month follow-up data recorded between Jan 1-June 30, 2019.

Please enter how many declined to report or were not reached at 6-month follow-up.

\$_{q://QID60/ChoiceTextEntryVal}

Participants with follow-up data recorded between Jan 1-June 30, 2019

Patients with missing follow-up data: lost to follow-up, or declined to report

Q10.7. FOLLOW_UP

Among the total number of TTP participants **with 6-month follow-up data**, (as entered in the previous question), enter the number that reported the following categories when asked, "When did you last smoke a cigarette (even one or two puffs)?"

#{QID60/ChoiceTextEntryValue/1} #{QID60/ChoiceTextEntryValue/1}

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

Effectiveness Part 2

Q11.1.

SETTING 1: #{QID198/ChoiceTextEntryValue/1}

For your first setting, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
More than one race						

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						
Age unknown						
Private insurance						
Medicare						
Medicaid						
Military plan (e.g. Tricare/VA)						
Indian Health Service						
Other state/government sponsored insurance						
No insurance coverage						
Insurance Unknown						

Q11.2. Do you have follow-up data by demographics to report for another setting?

☐ Yes

☐ No

Q11.3.

SETTING 2: \${q://QID198/ChoiceTextEntryValue/2}

For setting 2, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						
Age unknown						
Private insurance						
Medicare						
Medicaid						
Military plan (e.g. Tricare/VA)						
Indian Health Service						
Other state/government sponsored insurance						
No insurance coverage						
Insurance Unknown						

Q11.4. Do you have follow-up data by demographics to report for another setting?

☐ Yes

☐ No

Q11.5.

SETTING 3: \${q://QID198/ChoiceTextEntryValue/3}

For setting 3, among the participants **with 6-month follow-up data**, please report the number of participants within each of the following demographic categories for each response item.

NOTE

If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

However, if the category is not documented in the EHR, please enter "NA".

	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
More than one race						
Unknown/Other Race						
Hispanic						
Non-Hispanic						
Unknown ethnicity						
Age 18-24						
Age 25-44						
Age 45-64						
Age 65 and older						

Effectiveness Part 3

Among the smokers that engaged in any type of TTP, enter the number that tried to quit smoking in the past 30 days:

Q12.2. Among the smokers that engaged in a TTP, enter the number that reported each of the following cigarette use categories in response to the question, "In the past 30 days, did you smoke cigarettes every day, some days, or not at all?"

https://uwmadison.co1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_eMdHKSawGC9jv7w&ContextLibrar... 26/31

	{q://QID60/ChoiceTextEntryValue/1}	
	Enrollment (Jan 1-June 30, 2019)	6-mo follow up (Jan 1-June 30 2019)
Don't know/don't remember		

Q12.3. Among the CURRENT smokers that engaged in a TTP, enter the number that reported each of the following categories for the number of cigarettes smoked each day in response to the question,
"In the past 30 days, if you smoked either every day or on some days, about how many cigarettes did you smoke on those days?"

	1\${q://QID60/ChoiceTextEntryValue/1}		2\${q://QID198/ChoiceTextEntryValue/2}		3\${q://QID199/ChoiceTextEntryValue/3}
	Enrollment (Jan 1-June 30, 2019)	6-mo follow up (Jan 1-June 30 2019)	Enrollment (Jan 1-June 30, 2019)	6-mo follow up (Jan 1-June 30 2019)	Enrollment (Jan 1-June 30, 2019)
1-4 cigarettes					
5-9 cigarettes					
10-14 cigarettes					
15-19 cigarettes					
20 (1 pack) or more					

Data Report Upload

Report upload. Please upload your data report worksheet or other supporting documentation for your data report.

Report comment. Enter any comments/notes for the Coordinating Center about your Data Report Worksheet upload:



Submit Survey

Submit survey.

Thank you for your responses. This is the end of the survey. You can go back and edit your responses if you need to now. Clicking through this question will submit the survey.

Please use this space to enter any comments about the survey and data report that you would like to report to the Coordinating Center.

If you have any questions, please send an email to: sdhohl (at) wisc.edu.



Powered by Qualtrics