

C3I Data Report 1
July 1, 2019 to Dec 31, 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 J July 1, 2019 to December 31, 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.

[Please contact Heather D'Angelo with any questions](#)

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Instructions for reporting on Reach:

Please provide data for the reporting period from July 1, 2019 to Dec 31, 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.

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.

Reach		Enter your responses below:	
Enter the name of your NCI Cancer Center:			
List the clinical setting(s) where the TTP was implemented:		Setting 1:	Setting 2 (if applicable):
Note: There is now space in the online survey to describe each setting.			
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:			
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, 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			
Current Smoker Demographics			Total in each category should add up to the number of smokers.
Enter the number of current smokers 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			
TTP Participant Demographics			Total in each category should add up to the number of participants.
Enter the number of TTP Participants 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			
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 number of smokers that declined to participate in a TTP			
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, including point-of-care)			
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_____			

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Instructions for reporting on Effectiveness Part 1:

Please provide data for the reporting period from July 1, 2019 to Dec 31, 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.

Effectiveness	Enter your responses below:			
	Setting 1		Setting 2 (if applicable)	
	Enrollment	6 month follow-up	Enrollment	6 month follow-up
<i>Report each of the following items for smokers who engaged in a TTP</i>				
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, including point-of-care)				
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				
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				
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				
Other state/government sponsored insurance				
No insurance coverage				
Unknown				

[illegible]