

Cancer Center Information

Q1.1. INSTRUCTIONS

This questionnaire will collect information from all C3I grantees for the period of Jan 1 through June 30, 2020.

The completed questionnaire (including the data report) is due July 31, 2020.

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

You will enter the reach and effectiveness data into this online survey, working from the Data Report Worksheet (posted on the portal). The protocol for data reporting is also posted on the portal.

You may stop and continue the survey later without losing any responses if you open the link from the same IP address. If you have trouble continuing the survey, please email [hdangelo @ wisc.edu](mailto:hdangelo@wisc.edu) and I will send you a link to continue your survey.

Q1.2. Please enter your contact information:

First name

Last name

Email address

Q1.3. Select whether you are part of C3I Cohort 1 or Cohort 2

- ☐ Cohort 1
- ☐ Cohort 2

Q1.4.

Cohort 1: Please select your NCI Cancer Center/affiliated University from the list:

Baylor College of Medicine
Case Western Reserve University
Duke University
Georgetown University
Indiana University
Medical University of South Carolina
New York University
University of California Davis
University of Chicago
University of Colorado Denver

Q1.5.

Cohort 2: Please select your NCI Cancer Center/affiliated University from the list:

Columbia University
Dana-Farber/Harvard University
Dartmouth College
Emory University
Mayo Clinic
Memorial Sloan-Kettering
Moffitt Cancer Center
Mount Sinai/Tisch
Northwestern University
Oregon Health and Sciences University

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 this reporting period:

- ☐ 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

Q2.8.

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

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

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)

Q2.13.

The next set of questions assess sustainability for 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.	☐	☐	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐	☐	☐

COVID-19

Q3.1.

Did your program use telehealth or telephone counseling **due to COVID-19** between Jan 1st and June 30, 2020?

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

Q3.2. Were any tobacco treatment program staff furloughed or laid off due to COVID-19?

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

Q3.3.

How has the COVID-19 pandemic changed your program's or your Cancer Center's ability to engage in the following activities. Note that reduced ability might mean that the functions below might have dropped in occurrence (e.g., fewer patients were screened) or quality of execution (e.g., counseling quality or content suffered).

	Not at all	A little	A moderate amount	A lot	A great deal
Screen and identify tobacco users for treatment.	☐	☐	☐	☐	☐
Recruit tobacco users into treatment	☐	☐	☐	☐	☐
Provide pharmacotherapy.	☐	☐	☐	☐	☐
Provide/deliver cessation counseling.	☐	☐	☐	☐	☐
Refer to external services (e.g. quitline, smokefree text).	☐	☐	☐	☐	☐
Modify the electronic health record.	☐	☐	☐	☐	☐
Modify the clinical workflow.	☐	☐	☐	☐	☐
Train clinicians/staff.	☐	☐	☐	☐	☐
Conduct follow-up with participants.	☐	☐	☐	☐	☐
Expand to additional clinics/sites.	☐	☐	☐	☐	☐
Generate EHR reports for program evaluation.	☐	☐	☐	☐	☐
Hire new program staff.	☐	☐	☐	☐	☐
Maintain current program staff.	☐	☐	☐	☐	☐
Provide resources for program: space.	☐	☐	☐	☐	☐
Maintain staff and clinician morale and	☐	☐	☐	☐	☐

Data Reporting

Q4.1.

Do you have reach data to submit for Jan 1, 2020 through June 30, 2020?

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.

☐ Yes

☐ No. Please enter any comments here for the Coordinating Center regarding your Reach data:

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 enter additional information to 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 Jan 1, 2020. 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 reporting period from Jan 1, 2020 through June 30, 2020.

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
/ChoiceTextEntryV

Adult patients (18 and older)

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

Current cigarette smokers

Q5.8. Enter the number of smokers who engaged/participated in:

\$(q://QID60
/ChoiceTextEntryVa

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)

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:

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. Enter the number of current smokers who are:

	$\{q://QID60$ /ChoiceTextEntryValue/1}	$\{q://QID60$ /ChoiceTextEntryValue/2}	$\{q://QID60$ /ChoiceTextEntr
Male			
Female			
Other gender/Not specified			

Q6.3. Enter the number of current smokers who are:

	$\{q://QID60$ /ChoiceTextEntryValue/1}	$\{q://QID60$ /ChoiceTextEntryValue/2}	$\{q://$ /ChoiceTex
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. Enter the number of current smokers who are:

	\${q://QID60 /ChoiceTextEntryValue/1}	\${q://QID60 /ChoiceTextEntryValue/2}	\${q://QID60 /ChoiceTextEntryValue/3}
Hispanic			
Non-Hispanic			
Unknown			

Q6.5. Enter the number of current smokers who are aged:

	\${q://QID60 /ChoiceTextEntryValue/1}	\${q://QID60 /ChoiceTextEntryValue/2}	\${q://QID60 /ChoiceTextEntryValue/3}
18-24			
25-44			
45-64			
65 and older			
Unknown			

Q6.6. Enter the number of current smokers who have each of the following insurance types as their primary insurance:

	#{q://QID60 /ChoiceTextEntryValue/1}	#{q://QID60 /ChoiceTextEntryValue/2}	#{c /ChoiceTe
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. Enter the number of TTP participants who are:

	$\${q://QID60}$ /ChoiceTextEntryValue/1}	$\${q://QID60}$ /ChoiceTextEntryValue/2}	$\${q://QID}$ /ChoiceTextEntr
Male			
Female			
Other gender/Not specified			

Q7.3. Enter the number of TTP participants who are:

	$\${q://QID60}$ /ChoiceTextEntryValue/1}	$\${q://QID60}$ /ChoiceTextEntryValue/2}	$\${q://}$ /ChoiceTex
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. Enter the number of TTP participants who are:

	\${q://QID60 /ChoiceTextEntryValue/1}	\${q://QID60 /ChoiceTextEntryValue/2}	\${q://QID60 /ChoiceTextEntryValue/3}
Hispanic			
Non-Hispanic			
Unknown			

Q7.5. Enter the number of TTP participants who are aged:

	\${q://QID60 /ChoiceTextEntryValue/1}	\${q://QID60 /ChoiceTextEntryValue/2}	\${q://QID60 /ChoiceTextEntryValue/3}
18-24			
25-44			
45-64			
65 and older			
Unknown			

Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance

	Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance QID60	Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance QID60	Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance
	Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance	Q7.6. Enter the number of TTP participants who have each of the following insurance types as their primary insurance	Q7.6. Enter the number of TTP participants 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			

Reach Measures

Q8.1. Enter the number of:

	#{q://QID60 /ChoiceTextEntryValue/
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	

Reach-TTP offered

Q9.1. Enter the number of smokers who were **offered** participation in a tobacco treatment program. NOTE: This is distinct from engagement/participation.

	#{q://QID60 /ChoiceTextEntryValue/1}	#{q://Q /ChoiceTextEi
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: 		

Q9.2. Please upload your data report worksheet or other supporting documentation for your data report.

Q9.3. Enter any comments/notes for the Coordinating Center here:

Effectiveness Part 1

Q10.1.

Do you have effectiveness data to submit for Jan 1, 2020 through June 30, 2020? 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.

- ☐ Yes
- ☐ No. 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 Jan 1, 2020 through June 30, 2020. 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 Jan 1, 2020 through June 30, 2020. The follow-up data should reflect participants who enrolled/first engaged in tobacco treatment in the previous reporting period (July 1, 2019 to Dec 31, 2019).

Q10.3.
ENROLLMENT
Among the TTP participants who enrolled/engaged in tobacco treatment during this reporting period (between 1/1/20 and 6/30/20) 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} /Choice
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. Briefly describe the protocol used to collect 6-month follow-up data. For example, 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 that have 6-month follow-up data recorded between 1/1/20 and 6/30/20. Also enter how many declined to report or were not reached at 6-month follow-up.

#{q://QID60
/ChoiceTextEntryVa

Participants with follow-up data recorded between 1/1/20 and 6/30/20

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)?"

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

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 2.1

Q11.1.
SETTING 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".

			8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
	Today	1 to 7 days ago				
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						
...						

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

☐ Yes

☐ No

Q11.3.
SETTING 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".

			8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
	Today	1 to 7 days ago				
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						
.. .. .						

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

☐ Yes

☐ No

Q11.5.

SETTING 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						
...						

Optional Measures

Q12.1.
Among the smokers that engaged in any type of TTP, enter the number that tried to quit smoking in the past 30 days:

	{\$q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-month follow up
Number with a past 30 day quit attempt		

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?"

	{\$q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-month follow up
Every day		
Some days		
Not at all		
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?"

	\${q://QID60/ChoiceTextEntryValue/1}	
	Enrollment	6-month follow up
1-4 cigarettes		
5-9 cigarettes		
10-14 cigarettes		
15-19 cigarettes		
20 (1 pack) or more		
Don't know/don't remember		

Q12.4.
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: [hdangelo\(at\)wisc.edu](mailto:hdangelo@wisc.edu).