

C3I Data Report Jan 1 to June 30, 2020

Start of Block: 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.

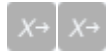
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Q1.2 Please enter your contact information:

☐ First name _____

☐ Last name _____

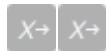
☐ Email address _____



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
- ☐ University of Iowa
- ☐ University of Kansas
- ☐ University of Kentucky
- ☐ University of Minnesota
- ☐ University of New Mexico
- ☐ University of North Carolina at Chapel Hill
- ☐ University of Pennsylvania
- ☐ University of Utah
- ☐ University of Virginia
- ☐ Vanderbilt University
- ☐ Washington University

☐ Yale University

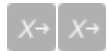


Q1.5 Cohort 2: Please select your NCI Cancer Center/affiliated University from the list:

- ☐ 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
- ☐ Roswell Park
- ☐ Stanford University
- ☐ University of Arizona
- ☐ University of California San Francisco
- ☐ University of Michigan
- ☐ University of Pittsburgh Medical Center
- ☐ University of Texas Southwestern
- ☐ Virginia Commonwealth University
- ☐ Wake Forest University
- ☐ Wayne State University

End of Block: Cancer Center Information

Start of Block: 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

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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

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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)
-

Page Break



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

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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

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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.

	Not yet started	In progress	Completed	Maintenance	Not applicable
⊗ 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):

☐☐☐☐☐

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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

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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)

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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.”

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Q2.14 Engaged Staff & Leadership

	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.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.15 Engaged Stakeholders

	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.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.16 Monitoring & Evaluation

	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 assessed and audited.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.17 Implementation & Training

	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.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.18 Outcomes & Effectiveness

	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.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.19 Workflow Integration

	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.	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.20 Organizational Readiness

	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.	☐	☐	☐	☐	☐	☐	☐	☐

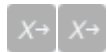
End of Block: EHR and TTP Characteristics

Start of Block: 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 _____
-

Page Break _____



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 enthusiasm.

☐☐☐☐☐

End of Block: COVID-19

Start of Block: 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: _____

End of Block: Data Reporting

Start of Block: 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 _____

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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 _____

Page Break _____



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

	Less than 50%	50-75%	Greater than 75%
<code>#{Q5.1/ChoiceTextEntryValue/1}</code>	☐	☐	☐
<code>#{Q5.1/ChoiceTextEntryValue/2}</code>	☐	☐	☐
<code>#{Q5.1/ChoiceTextEntryValue/3}</code>	☐	☐	☐

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

	Before Jan 1, 2020	After Jan 1, 2020	Not yet referring patients to a TTP
☐ \${Q5.1/ChoiceTextEntryValue/1}	☐	☐	☐
☐ \${Q5.1/ChoiceTextEntryValue/2}	☐	☐	☐
☐ \${Q5.1/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).

☐ \${Q5.1/ChoiceTextEntryValue/1}

☐ \${Q5.1/ChoiceTextEntryValue/2}

☐ \${Q5.1/ChoiceTextEntryValue/3}

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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.

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Q5.7 Enter the number of:

	#{Q5.1/ChoiceTextEntry Value/1}	#{Q5.1/ChoiceTextEntry Value/2}	#{Q5.1/ChoiceTextEntry Value/3}
Adult patients (18 and older)			
Patients who were screened for tobacco use and have a document ed smoking status. Do not include those who refuse/dec line to report smoking status.			
Current cigarette smokers			



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

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
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:			

End of Block: Reach Data Report

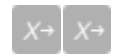
Start of Block: Demographics for current smokers

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

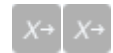
If your EHR documents the demographic category, but there are no members of that group in your report, enter "0".

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



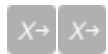
Q6.2 Enter the number of current smokers who are:

	#{Q5.1/ChoiceTextEntryValue/1}	#{Q5.1/ChoiceTextEntryValue/2}	#{Q5.1/ChoiceTextEntryValue/3}
Male			
Female			
Other gender/ Not specified			



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

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
More than one race			
Unknown/O ther race			



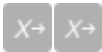
Q6.4 Enter the number of current smokers who are:

	#{Q5.1/ChoiceTextEntryValue/1}	#{Q5.1/ChoiceTextEntryValue/2}	#{Q5.1/ChoiceTextEntryValue/3}
Hispanic			
Non-Hispanic			
Unknown			



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

	#{Q5.1/ChoiceTextEntryV alue/1}	#{Q5.1/ChoiceTextEntryV alue/2}	#{Q5.1/ChoiceTextEntryV alue/3}
18-24			
25-44			
45-64			
65 and older			
Unkno wn			



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

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
Private insurance			
Medicare			
Medicaid			
Military plan (e.g. Tricare/VA)			
Indian Health Service			
Other state/government sponsored insurance			
No insurance coverage			

Unknown			
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End of Block: Demographics for current smokers

Start of Block: 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".

X→

X→

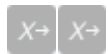
Q7.2 Enter the number of TTP participants who are:

	\${Q5.1/ChoiceTextEntryValue/1}	\${Q5.1/ChoiceTextEntryValue/2}	\${Q5.1/ChoiceTextEntryValue/3}
Male			
Female			
Other gender/ Not specified			



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

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
More than one race			
Unknown/O ther race			



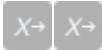
Q7.4 Enter the number of TTP participants who are:

	$\text{\$}\{Q5.1/ChoiceTextEntryValue/1\}$	$\text{\$}\{Q5.1/ChoiceTextEntryValue/2\}$	$\text{\$}\{Q5.1/ChoiceTextEntryValue/3\}$
Hispanic			
Non-Hispanic			
Unknown			



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

	#{Q5.1/ChoiceTextEntryV alue/1}	#{Q5.1/ChoiceTextEntryV alue/2}	#{Q5.1/ChoiceTextEntryV alue/3}
18-24			
25-44			
45-64			
65 and older			
Unkno wn			



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

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
Private insurance			
Medicare			
Medicaid			
Military plan (e.g. Tricare/VA)			
Indian Health Service			
Other state/government sponsored insurance			
No insurance coverage			

Unknown

End of Block: Demographics for TTP participants

Start of Block: Reach Measures



Q8.1 Enter the number of:

	\${Q5.1/ChoiceTextEntryValue/1}	\${Q5.1/ChoiceTextEntryValue/2}	\${Q5.1/ChoiceTextEntryValue/3}
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			

End of Block: Reach Measures

Start of Block: 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.

	\${Q5.1/ChoiceTextEntry Value/1}	\${Q5.1/ChoiceTextEntry Value/2}	\${Q5.1/ChoiceTextEntry Value/3}
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:			

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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:

End of Block: Reach-TTP offered

Start of Block: 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).

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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

may participants were missing data for this item or were not assessed at enrollment.

	\${Q5.1/ChoiceTextEntryValue/1}	\${Q5.1/ChoiceTextEntryValue/2}	\${Q5.1/ChoiceTextEntryValue/3}
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/do n't rememb er			
Missing/ not assesse d			

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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.

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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.

	#{Q5.1/ChoiceTextEntryV alue/1}	#{Q5.1/ChoiceTextEntryV alue/2}	#{Q5.1/ChoiceTextEntryV alue/3}
Participa nts 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)?"

	\${Q5.1/ChoiceTextEntryValue/1}	\${Q5.1/ChoiceTextEntryValue/2}	\${Q5.1/ChoiceTextEntryValue/3}
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/do
n't
rememb
er

Page Break

End of Block: Effectiveness Part 1

Start of Block: Effectiveness Part 2.1

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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".

	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						

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

☐ Yes

☐ No

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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".

	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

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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".

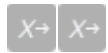
	Today	1 to 7 days ago	8 days to 1 month ago	1 month to 1 year ago	More than 1 year ago	Don't know/don't remember
Male						
Female						
Other gender/Unknown						
American Indian or Alaska Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						

More than one race						
Unknown/Other Race						
Hispanic						
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						

End of Block: Effectiveness Part 2.1

Start of Block: 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:

	\${Q5.1/ChoiceTextEntryValue/1}		\${Q5.1/ChoiceTextEntryValue/2}		\${Q5.1/ChoiceTextEntryValue/3}	
	Enrollment	6-month follow up	Enrollment	6-month follow up	Enrollment	6-month follow up
Number with a past 30 day quit attempt						

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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?"

	\${Q5.1/ChoiceTextEntryValue/1}		\${Q5.1/ChoiceTextEntryValue/2}		\${Q5.1/ChoiceTextEntryValue/3}	
	Enrollment	6-month follow up	Enrollment	6-month follow up	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?"

	{\$Q5.1/ChoiceTextEntryV alue/1}		{\$Q5.1/ChoiceTextEntryV alue/2}		{\$Q5.1/ChoiceTextEntryV alue/3}	
	Enrollment	6-month follow up	Enrollment	6-month follow up	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/d on't remember						

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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).

End of Block: Optional Measures
