

C3I Data Report
Jan 1, 2020 to June 30, 2020

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.

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.

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Instructions for reporting on Reach:

Please provide data for the reporting period from Jan 1, 2020 to 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 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):	Setting 3 (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)				
offered services				
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 _____				

This document is to be used as a worksheet for completing the data request. All data should be reported in the online Qualtrics survey.

Instructions for reporting on Effectiveness Part 1:

Please provide data for the reporting period from Jan 1, 2020 to June 30, 2020.

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)		Setting 3 (if applicable)	
	Enrollment	6 month follow-up	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						
Missing data/declined to report on effectiveness data						
Data by TTP type is no longer required.						
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	Demographics at enrollment are not required		Demographics at enrollment are not required		Demographics at enrollment are not required	
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:		6 month follow-up		6 month follow-up		6 month follow-up
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						

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