

C3I Data Report July 1 to December 31 2020 pre-populated

Start of Block: Cancer Center Information

Q1.1 This questionnaire will collect information from all C3I grantees for the period of July 1-December 31, 2020.

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.

Program characteristics and activities. In an effort to reduce survey burden, the sections of this survey about your program characteristics and activities have been pre-populated with your responses from the January-June 2020 reporting period. For each question in this section, you will be asked to confirm that you have reviewed and made any needed changes so your responses reflect program characteristics and activities for the July 1- December 31, 2020 reporting period.

Reach and effectiveness reporting. 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@wisc.edu.

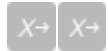
Page Break

Q1.2 Please confirm that your contact information is correct.

☐ First name (1) _____

☐ Last name (2) _____

☐ Email address (3) _____



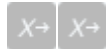
Q1.3 Select whether you are part of C3I Cohort 1 or Cohort 2

☐ Cohort 1 (1)

☐ Cohort 2 (2)

Display This Question:

If Select whether you are part of C3I Cohort 1 or Cohort 2 = 1



Q1.4 Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the list below:

- ☐ Baylor College of Medicine (1)
- ☐ Case Western Reserve University (2)
- ☐ Duke University (3)
- ☐ Georgetown University (4)
- ☐ Indiana University (5)
- ☐ Medical University of South Carolina (6)
- ☐ New York University (7)
- ☐ University of California Davis (9)
- ☐ University of Chicago (10)
- ☐ University of Colorado Denver (11)
- ☐ University of Iowa (12)
- ☐ University of Kansas (13)
- ☐ University of Kentucky (14)
- ☐ University of Minnesota (15)
- ☐ University of New Mexico (16)
- ☐ University of North Carolina at Chapel Hill (8)
- ☐ University of Pennsylvania (17)
- ☐ University of Utah (18)
- ☐ University of Virginia (19)
- ☐ Vanderbilt University (20)

☐ Washington University (21)

☐ Yale University (22)

Display This Question:

If Select whether you are part of C3I Cohort 1 or Cohort 2 = 2



Q1.5 Cohort 2 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the list below:

- ☐ Columbia University (23)
- ☐ Dana-Farber/Harvard University (24)
- ☐ Dartmouth College (25)
- ☐ Emory University (26)
- ☐ Mayo Clinic (27)
- ☐ Memorial Sloan-Kettering (28)
- ☐ Moffitt Cancer Center (29)
- ☐ Mount Sinai/Tisch (30)
- ☐ Northwestern University (31)
- ☐ Oregon Health and Sciences University (32)
- ☐ Roswell Park (33)
- ☐ Stanford University (34)
- ☐ University of Arizona (35)
- ☐ University of California San Francisco (36)
- ☐ University of Michigan (37)
- ☐ University of Pittsburgh Medical Center (38)
- ☐ University of Texas Southwestern (39)
- ☐ Virginia Commonwealth University (40)
- ☐ Wake Forest University (41)
- ☐ Wayne State University (42)

Page Break

End of Block: Cancer Center Information

Start of Block: Cancer Center Information confirmation

Display This Question:

*If Select whether you are part of C3I Cohort 1 or Cohort 2 = 1
And Q_URL Contains Q_R
And Q_URL Contains DEL*

Q1.4.0 Cohort 1: Please confirm that you are responding on behalf of [\\${Q1.4/ChoiceGroup/SelectedChoices}](#)

- ☐ Yes, this is the institution for which I am responding (1)
- ☐ No, this is not the correct institution (2)

Display This Question:

*If Select whether you are part of C3I Cohort 1 or Cohort 2 = 2
And Q_URL Contains Q_R
And Q_URL Contains DEL*

Q1.5.0 Cohort 2: Please confirm that you are responding on behalf of [\\${Q1.5/ChoiceGroup/SelectedChoices}](#)

- ☐ Yes, this is the institution for which I am responding (1)
- ☐ No, this is not the correct institution (2)

Display This Question:

*If Cohort 1: Please confirm that you are responding on behalf of ... = 2
And Cohort 2: Please confirm that you are responding on behalf of ... = 2*

Contact Please contact Sarah Hohl at [sarahdhohl \(at\) wisc.edu](mailto:sarahdhohl@wisc.edu) to request the appropriate link for your institution's pre-populated survey.

Skip To: End of Survey If Please contact Sarah Hohl at [sarahdhohl \(at\) wisc.edu](mailto:sarahdhohl@wisc.edu) to request the appropriate link for your in... Is Displayed

End of Block: Cancer Center Information confirmation

Start of Block: EHR and TTP Characteristics

Q2.0 In an effort to reduce survey burden, the sections of this survey about your program characteristics and activities have been pre-populated with your responses from the January-June 2020 reporting period, if that question was answered in that report.

For each question, you will be asked to confirm that you have reviewed and made any needed changes so your responses reflect program characteristics and activities for the July 1- Dec 31, 2020 reporting period.



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

- ☐ At new patient visits only (1)
- ☐ More frequently than new patient visits, but not at every visit (2)
- ☐ At every patient visit (3)
- ☐ Other (please describe): (4)

- ☐ Don't know/Not sure (9)

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.1.0 Please confirm that you have reviewed and made any needed changes to Q2.1 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

Page Break



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 (0)
- ☐ Recorded at new patient visits only (1)
- ☐ Recorded more frequently than new patient visits, but not at every visit (2)
- ☐ Recorded at every patient visit (3)
- ☐ Other (please describe): (4)

- ☐ Don't know/Not sure (9)

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.2.0 Please confirm that you have reviewed and made any needed changes to Q2.2 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

Page Break

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.3.0 Please confirm that you have reviewed and made any needed changes to Q2.3 below.

☐ Yes. I have reviewed the data and made changes, if needed. My responses (below) reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)



Q2.3 Please select all of the tobacco treatment services/programs offered to patients within this reporting period:

- ☐ Individually delivered in-person counseling (1)
 - ☐ Group delivered in-person counseling (2)
 - ☐ Brief counseling delivered at the point of care (during patient visit) (3)
 - ☐ Cessation medications prescribed/provided (4)
 - ☐ In-house telephone-based counseling program (non-automated) (5)
 - ☐ TelASK or other IVR (6)
 - ☐ Quitline via fax referral (7)
 - ☐ Quitline via eReferral (8)
 - ☐ SmokefreeTXT without eReferral (9)
 - ☐ SmokefreeTXT via eReferral (10)
 - ☐ Other text/mobile program (11)
 - ☐ Web resource (e.g., Smokefree.gov) (12)
 - ☐ Other (please describe) (13)
-
- ☐ No tobacco treatment services offered (14)

Skip To: Q2.8 If Please select all of the tobacco treatment services/programs offered to patients within this repo... = 14



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 (1)
 - ☐ Part of the Cancer Center (e.g. specific clinics) (2)
 - ☐ Affiliated settings, e.g. regional hospitals, outpatient cancer care centers (3)
 - ☐ Primary care settings (4)
 - ☐ Other (please describe) (5)
-

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... = 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.4.0 Please confirm that you have reviewed and made any needed changes to Q2.4 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

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 (1)
 - ☐ Information given and patient initiates (2)
 - ☐ Clinician initiated referral (not via EHR) (3)
 - ☐ EHR referral is optional for smokers (4)
 - ☐ EHR referral is automatic for smokers ("opt-out method") (5)
 - ☐ Program initiated referral (proactive outreach, list of eligible patients generated via EHR/registry and contacted by program staff) (7)
 - ☐ Other (please describe) (6)
-

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... = 6
Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.5.0 Please confirm that you have reviewed and made any needed changes to Q2.5 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)
-

Display This Question:

If How were patients connected with or referred to a tobacco treatment program or resource during th... = 4

Or How were patients connected with or referred to a tobacco treatment program or resource during th... = 5

Or How were patients connected with or referred to a tobacco treatment program or resource during th... = 6



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 (1)
- ☐ No (2)
- ☐ Don't know/not sure (9)

Display This Question:

If How were patients connected with or referred to a tobacco treatment program or resource during th... = 4

Or How were patients connected with or referred to a tobacco treatment program or resource during th... = 5

Or How were patients connected with or referred to a tobacco treatment program or resource during th... = 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... = 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.6.0 Please confirm that you have reviewed and made any needed changes to Q2.6 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

Page Break



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

- ☐ Inpatients (1)
- ☐ Outpatients (2)
- ☐ Family members of patients (3)
- ☐ Community members (4)
- ☐ Other (specify) (5) _____
- ☐ No referrals offered/given (6)

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Q2.7.0 Please confirm that you have reviewed and made any needed changes to Q2.7 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

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. (1)
- ☐ Our program routinely offered tobacco use treatment to family members or support persons of cancer patients to help the support person quit smoking. (2)
- ☐ Our program offered resources to help support persons or family members who smoke of a cancer patient to quit, such as educational pamphlets. (3)
- ☐ Our program does not routinely address family members or support systems. (4)
-

Q2.7.2 Does your program routinely assess exposure to secondhand smoke in patients who smoke who are attempting to quit?

- ☐ Yes (1)
- ☐ No (2)
-

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Q2.8

Reminder: In an effort to reduce survey burden, the sections of this survey about your program characteristics have been pre-populated with your responses from the January-June 2020 reporting period.

For each question, you will be asked to confirm that you have reviewed your responses and made any needed changes so your responses reflect program characteristics and activities for the July 1- Dec 31, 2020 reporting period.

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 (1)	In progress (2)	Completed (3)	Maintenance (4)	Not applicable (9)
Secure health care system administrative leadership buy-in and support. (q2_10_1)	☐	☐	☐	☐	☐
Secure health care system clinical leadership buy-in and support. (q2_10_2)	☐	☐	☐	☐	☐
Secure health care system IT leadership buy-in and support. (q2_10_3)	☐	☐	☐	☐	☐
Define the new clinical workflow for screening and referring smokers to treatment. (q2_10_4)	☐	☐	☐	☐	☐
Work with IT to modify the EHR to screen and identify current smokers for treatment. (q2_10_5)	☐	☐	☐	☐	☐
Work with IT to modify the EHR to refer current smokers to treatment. (q2_10_6)	☐	☐	☐	☐	☐

Train
clinicians and
staff in the
new clinical
workflow.
(q2_10_7)

☐☐☐☐☐

Pilot the new
clinical
workflow.
(q2_10_8)

☐☐☐☐☐

Implement
the new
clinical
workflow ("Go
live").
(q2_10_9)

☐☐☐☐☐

Develop an
evidence-
based TTP.
(q2_10_10)

☐☐☐☐☐

Acquire
space for the
TTP.
(q2_10_11)

☐☐☐☐☐

Hire staff for
the TTP.
(q2_10_12)

☐☐☐☐☐

Train
clinicians and
staff to
implement
the TTP.
(q2_10_13)

☐☐☐☐☐

Pilot the TTP.
(q2_10_14)

☐☐☐☐☐

Implement
the TTP ("Go
live").
(q2_10_15)

☐☐☐☐☐

Other major
activity
(please
describe):
(q2_10_16)

☐☐☐☐☐

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q2.8.0 Please confirm that you have reviewed and made any needed changes to Q2.8 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect the status of our activities for the July 1-Dec 31, 2020 reporting period. (1)

Page Break



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

- ☐ Medication (1)
 - ☐ Counseling (2)
 - ☐ Both medication and counseling (4)
 - ☐ Did not bill for any tobacco treatment services (3)
-



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

- ☐ Marketing/promotional materials for the TTP (1)
 - ☐ General cessation materials (2)
 - ☐ Tailored cessation materials (i.e. for special populations) (3)
 - ☐ Training materials for staff (4)
 - ☐ EHR scripting (BPA alerts, orders, smarttext, smartphrases, etc.) (5)
 - ☐ Other type (specify) (6)
-
- ☐ No materials created (7)
-

Q2.10.0 Please confirm that you have reviewed and made any needed changes to Q2.9 AND Q2.10 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

Display This Question:

If Please select all of the materials you have created within your program: = 3

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

- ☐ American Indian/Alaska Native patients (2)
 - ☐ Asian/Asian American patients (3)
 - ☐ Black/African American patients (1)
 - ☐ Native Hawaiaan or other Pacific Islander patients (4)
 - ☐ Patients with limited English proficiency (list languages): (5)
-
- ☐ Patients with limited health and/or reading literacy (6)
 - ☐ Female-identifying patients (7)
 - ☐ Patients with mental health and/or substance use disorders (8)
 - ☐ Sexual and/or gender minority patients (9)
 - ☐ Other, please describe: (10)
-

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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 (1)

☐ No (2)

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) (5)

Q2.12.0 Please confirm that you have reviewed and made any needed changes to Q2.11 AND Q2.12 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

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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.” **To mitigate response bias, this section has not been pre-populated from the previous survey.**



Q2.14 Engaged Staff & Leadership

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice engages leadership and staff throughout the process. (csat1_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. Clinical champions of the practice are recognized and respected. (csat1_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has engaged, ongoing champions. (csat1_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has a leadership team made of multiprofessional partnerships. (csat1_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has team-based collaboration and infrastructure. (csat1_5)	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.15 Engaged Stakeholders

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice engages the patient and family members as stakeholders. (csat2_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. There is respect for all stakeholders involved in the practice. (csat2_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice is valued by a diverse set of stakeholders. (csat2_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice engages other medical teams and community partnerships as appropriate. (csat2_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice team has the ability to respond to stakeholder feedback about the practice. (csat2_5)	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.16 Monitoring & Evaluation

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice has measurable process components, outcomes, and metrics. (csat3_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. Evaluation and monitoring of the practice are reviewed on a consistent basis. (csat3_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has clear documentation to guide process and outcome evaluation. (csat3_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. Practice monitoring, evaluation, and outcomes data are routinely reported to the clinical care team. (csat3_4)	☐	☐	☐	☐	☐	☐	☐	☐

5. The practice process components, outcomes, and metrics are easily assessed and audited.
(csat3_5)



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Q2.17 Implementation & Training

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice clearly outlines roles and responsibilities for all staff. (csat4_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. The reason for the practice is clearly communicated to and understood by all staff. (csat4_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. Staff receive ongoing coaching, feedback, and training. (csat4_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. Practice implementation is guided by feedback from stakeholders. (csat4_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has ongoing education across professions. (csat4_5)	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.18 Outcomes & Effectiveness

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice has evidence of beneficial outcomes. (csat5_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice is associated with improvement in patient outcomes that are clinically meaningful. (csat5_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice is clearly linked to positive health or clinical outcomes. (csat5_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice is cost-effective. (csat5_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice has clear advantages over alternatives. (csat5_5)	☐	☐	☐	☐	☐	☐	☐	☐

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Q2.19 Workflow Integration

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. The practice is built into the clinical workflow. (csat6_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice is easy for clinicians to use. (csat6_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice integrates well with established clinical practices. (csat6_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice aligns well with other clinical systems (e.g., EMR). (csat6_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice is designed to be used consistently. (csat6_5)	☐	☐	☐	☐	☐	☐	☐	☐



Q2.20 Organizational Readiness

	No extent (1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	Full extent (7) (7)	Not able to answer (0)
1. Organizational systems are in place to support the various practice needs. (csat7_1)	☐	☐	☐	☐	☐	☐	☐	☐
2. The practice fits in well with the culture of the team. (csat7_2)	☐	☐	☐	☐	☐	☐	☐	☐
3. The practice has feasible and sufficient resources (e.g., time, space, funding) to achieve its goals. (csat7_3)	☐	☐	☐	☐	☐	☐	☐	☐
4. The practice has adequate staff to achieve its goals. (csat7_4)	☐	☐	☐	☐	☐	☐	☐	☐
5. The practice is well integrated into the operations of the organization. (csat7_5)	☐	☐	☐	☐	☐	☐	☐	☐

End of Block: TTP Program Sustainability

Start of Block: COVID-19



Q3.1 Did your program use telehealth or telephone counseling **due to COVID-19** between July 1 and December 31, 2020?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know/not sure (3)
 - ☐ Other (4) _____
-



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

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know/not sure (3)
 - ☐ Other (4) _____
-

Q3.2.0 Please confirm that you have reviewed and made any needed changes to Q3.1 AND Q3.2 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)
-

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 (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
Screen and identify tobacco users for treatment. (Q3.2_1)	☐	☐	☐	☐	☐
Recruit tobacco users into treatment (Q3.2_2)	☐	☐	☐	☐	☐
Provide pharmacotherapy. (Q3.2_3)	☐	☐	☐	☐	☐
Provide/deliver cessation counseling. (Q3.2_4)	☐	☐	☐	☐	☐
Refer to external services (e.g. quitline, smokefree text). (Q3.2_5)	☐	☐	☐	☐	☐
Modify the electronic health record. (Q3.2_6)	☐	☐	☐	☐	☐
Modify the clinical workflow. (Q3.2_7)	☐	☐	☐	☐	☐
Train clinicians/staff. (Q3.2_8)	☐	☐	☐	☐	☐
Conduct follow-up with participants. (Q3.2_9)	☐	☐	☐	☐	☐
Expand to additional clinics/sites. (Q3.2_10)	☐	☐	☐	☐	☐

Generate EHR reports for program evaluation. (Q3.2_11)

☐☐☐☐☐

Hire new program staff. (Q3.2_12)

☐☐☐☐☐

Maintain current program staff. (Q3.2_13)

☐☐☐☐☐

Maintain staff and clinician morale and enthusiasm. (Q3.2_15)

☐☐☐☐☐

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q3.3.0 Please confirm that you have reviewed and made any needed changes to Q3.13 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

End of Block: COVID-19

Start of Block: Pre-population evaluation

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... = 6

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q12.4.1 You have completed the Program Characteristics and Activities section of the survey. In the next sections you will be asked to use your site's Data Report Worksheet to enter the required Reach and Effectiveness data for July-Dec 2020.

Overall, this format of reviewing responses from the previous survey for Program Characteristics and Activities was:

- ☐ Easier than providing responses on a blank survey/answering all questions again. (1)
- ☐ Neither easier nor more difficult than providing responses on a blank survey/answering all questions again. (2)
- ☐ More difficult than providing responses on a blank survey/answering all questions again. (3)
- ☐ Other (please elaborate) (4) _____

Display This Question:

If Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 2

Or Cohort 1 - Please confirm that your NCI Cancer Center/affiliated University is highlighted in the... != 7

Q12.4.2 For the next reporting period, would you prefer to:

- ☐ Review responses about program activities and characteristics from this survey and make updates as needed, as done here. (1)
- ☐ Complete a clean survey about program activities and characteristics. (2)
- ☐ Other (please describe) (3) _____

End of Block: Pre-population evaluation

Start of Block: Data Reporting



Q4.1_JD20

Do you have reach data to submit for July 1, 2020 through Dec 31, 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 (1)

☐ No. Please enter any comments here for the Coordinating Center regarding your Reach data: (2) _____

Skip To: End of Survey If Do you have reach data to submit for July 1, 2020 through Dec 31, 2020? If you select "No", the s... = 2

End of Block: Data Reporting

Start of Block: Reach Data Report

Q5.1 Please review and make any needed changes to the settings for which you have reach and/or effectiveness 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) (1) _____

☐ Setting 2 (2) _____

☐ Setting 3 (3) _____

Page Break

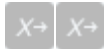
Q5.2 Please review and make any needed changes to describe each setting (e.g. more detailed description of the setting and/or patients included in the report). Leave the other fields blank if you do not have more than one setting.

☐ Setting 1 (REQUIRED) (1) _____

☐ Setting 2 (2) _____

☐ Setting 3 (3) _____

Page Break _____

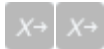


Q5.3 For each setting, please estimate what percentage of patients seen in this setting are cancer patients:

Display This Choice:
If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 2 Is Not Empty

Display This Choice:
If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 3 Is Not Empty

	Less than 50% (1)	50-75% (2)	Greater than 75% (3)
Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 2 Is Not Empty Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 3 Is Not Empty	☐	☐	☐
Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 2 Is Not Empty Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 3 Is Not Empty	☐	☐	☐
Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 3 Is Not Empty Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 3 Is Not Empty	☐	☐	☐



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

Display This Choice:

If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 2 Is Not Empty

Display This Choice:

If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 3 Is Not Empty

	Before July 1, 2020 (1)	After Jul 1, 2020 (2)	Not yet referring patients to a TTP (3)
$\{Q5.1/ChoiceTextEntryValue/1\}$ (Q5.4_1)	☐	☐	☐
Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 2 Is Not Empty	☐	☐	☐
$\{Q5.1/ChoiceTextEntryValue/2\}$ (Q5.4_2)	☐	☐	☐
Display This Choice: If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev... Setting 3 Is Not Empty	☐	☐	☐
$\{Q5.1/ChoiceTextEntryValue/3\}$ (Q5.4_3)	☐	☐	☐

Display This Question:

If When did you begin referring patients to any type of tobacco treatment program (TTP)? = 1 [2]

Or When did you begin referring patients to any type of tobacco treatment program (TTP)? = 5 [2]

Or When did you begin referring patients to any type of tobacco treatment program (TTP)? = 6 [2]

Q5.5 You indicated that you began referring patients after July 1, 2020. Please enter the date when you began referring patients to a TTP (mm/dd/yyyy).

Display This Choice:

If When did you begin referring patients to any type of tobacco treatment program (TTP)? = 1 [2]

☐ \${Q5.1/ChoiceTextEntryValue/1} (1)

Display This Choice:

*If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 2 Is Not Empty*

And When did you begin referring patients to any type of tobacco treatment program (TTP)? = 5 [2]

☐ \${Q5.1/ChoiceTextEntryValue/2} (5)

Display This Choice:

*If If Please list the settings for which you have data to report. You must enter at least 1 setting, ev...
Setting 3 Is Not Empty*

And When did you begin referring patients to any type of tobacco treatment program (TTP)? = 6 [2]

☐ \${Q5.1/ChoiceTextEntryValue/3} (6)

Page Break

Q5.6 REACH DATA REPORT Please provide data for the reporting period from Jul 1, 2020 through Dec 31, 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.**

Page Break



Q5.7 Enter the number of:

Display This Answer:

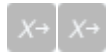
If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
Adult patients (18 and older) with a visit to this setting in the reporting period (all)			
Patients who were screened for tobacco use in this reporting period and have a document ed smoking status. Do not include those who refuse/dec line to report smoking status. (screened)			

Current cigarette smokers with a visit to this setting in the reporting period (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.

Enter the number of smokers who engaged/participated in:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/3} (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) (anyTTP)			
In-house/in-person TTP (group or individual, including point of care) (inperson)			
Telephone-based TTP (non-automated) (tele)			

TelASK or other IVR (telask)			
Quitline (referred by fax or EHR) (quitline)			
Text/mobile resource (e.g., smokefree TXT) (text)			
Web resource (e.g., Smokefree. gov) (web)			
Cessation medication (prescribed or given medication) (med)			
Other type. Please describe: (othTTP)			



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.

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
Any type of TTP (offer_anyTTP)			
In-house/in-person TTP (group or individual, including point of care) (offer_inperson)			
Telephone-based TTP (non-automated) (offer_tele)			
TelASK or other IVR program (offer_telask)			

Quitline (referred by fax or EHR) (offer_quit)			
Text/mobile resource (e.g. smokefree TXT) (offer_text)			
Web resource (e.g. Smokefree. gov) (offer_web)			
Cessation medication (prescribed or given medication) (offer_med)			
Other type. Please describe: (othTTP)			

End of Block: Reach Data Report

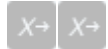
Start of Block: Demographics for current smokers

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 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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/3} (3)
Male (smok_mal e)			
Female (smok_fem ale)			
Other/Not specified (smok_oth sex)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	\${Q5.1/ChoiceTextEntry Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/3} (3)
American Indian or Alaska Native (smok_aian)			
Asian (smok_asia n)			
Black or African American (smok_black)			
Native Hawaiian or Other Pacific Islander (smok_nhpi)			

White (smok_white)			
More than one race (smok_mult race)			
Unknown/Ot her race (smok_race unk)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>
	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>
Hispanic (smok_hisp)			
Non-Hispanic (smok_non_hisp)			
Unknown (smok_ethunk)			

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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
18-24 (smok_age 18)			
25-44 (smok_age 25)			
45-64 (smok_age 45)			
65 and older (smok_age 65)			
Unknown (smok_age unk)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you</i> <i>have data to report Setting</i> <i>2 Is Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you</i> <i>have data to report Setting</i> <i>3 Is Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
Private insurance (smok_priv)			
Medicare (smok_care)			
Medicaid (smok_caid)			
Military plan (e.g. Tricare/VA) (smok_milit)			
Indian Health Service (smok_ihs)			

Other state/govern ment sponsored insurance (smok_othst ate)			
No insurance coverage (smok_noins)			
Unknown (smok_insun k)			

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".



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> <i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i>
	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	$\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	$\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
Male (ttp_male)			
Female (ttp_female)			
Other/Not specified (ttp_others)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
American Indian or Alaska Native (ttp_aian)			
Asian (ttp_asian)			
Black or African American (ttp_black)			
Native Hawaiian or Other Pacific Islander (ttp_nhpi)			
White (ttp_white)			

More than one race (ttp_multrace)			
Unknown/Other race (ttp_raceunknown)			



Enter the number of TTP participants who are:

If Please list the settings for which you have data to report Setting 2 Is Not Empty

If Please list the settings for which you have data to report Setting 3 Is Not Empty

		<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> \${Q5.1/ChoiceTextEntryValue/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> \${Q5.1/ChoiceTextEntryValue/3} (3)
Hispanic (ttp_hisp)			
Non-Hispanic (ttp_nonhisp)			
Unknown (ttp_ethunk)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	\${Q5.1/ChoiceTextEntry Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/3} (3)
18-24 (ttp_age1 8)			
25-44 (ttp_age2 5)			
45-64 (ttp_age4 5)			
65 and older (ttp_age6 5)			
Unknown (ttp_ageu nk)			



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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	\${Q5.1/ChoiceTextEntry Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/3} (3)
Private Insurance (ttp_age18)			
Medicare (ttp_age25)			
Medicaid (ttp_age45)			
Military plan (e.g., Tricare/VA) (ttp_age65)			
Indian Health Service (ttp_ageunk)			

Other state/govern ment sponsored insurance (Q7.6_JD20 _6)			
No insurance coverage (Q7.6_JD20 _7)			
Unknown (Q7.6_JD20 _8)			

End of Block: Demographics for TTP participants

Start of Block: 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:

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntryValue/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> $\{Q5.1/ChoiceTextEntryValue/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> $\{Q5.1/ChoiceTextEntryValue/3\}$ (3)
Patients who were not screened for smoking/tobacco use (notscreened)			
Patients who refused/declined to report smoking/tobacco use (declinedsmok)			
Non-cigarette tobacco users (otp_user)			
Non-cigarette tobacco users that engaged/participated in a TTP (otp_ttp)			

Patients reporting a household member uses any tobacco products (fam_user)			
Household/family members that engaged/participated in a TTP (fam_ttp)			
Smokers that declined to participate in a TTP (declinedttp)			

End of Block: Reach Measures

Start of Block: Effectiveness Part 1



Q10.1

In the following sections, you will be asked to report **effectiveness** measures for July 1, 2020 through December 31, 2020 reporting period. 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 (1)

☐ No, I cannot enter effectiveness data now. Please enter any comments for the Coordinating Center regarding your effectiveness data: (2)

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, 2020 through December 31, 2020. **"6-month follow-up"** reflects the number of participants whose 6 month follow-up data were recorded during the reporting period July 1, 2020 through December 31, 2020. The follow-up data should reflect participants who enrolled/first engaged in tobacco treatment in the previous reporting period (January 1, 2020 to June 30, 2020).

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

Page Break



Q10.3

ENROLLMENT

Among the TTP participants who enrolled/engaged in tobacco treatment during this reporting period (between 7/1/20 and 12/31/20) 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.

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	\${Q5.1/ChoiceTextEntry Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 2 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the settings for which you have data to report Setting 3 Is Not Empty</i> \${Q5.1/ChoiceTextEntry Value/3} (3)
I smoked a cigarette today (at least one puff) (enrolll_toda y)			
1 to 7 days ago (enrolll_wk)			
8 days to 1 month ago (enrolll_mth)			
More than 1 month ago to 1 year ago (enrolll_yr)			

More than 1 year ago (enrolll_over yr)			
Don't know/don't remember (enrolll_dk)			
Missing/not assessed (enrolll_mis sing)			

Page Break



Q10.4
FOLLOW_UP

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

- ☐ In-person survey (1)
 - ☐ Quitline reports (2)
 - ☐ EHR reports (3)
 - ☐ Telephone-based survey (non-automated) (4)
 - ☐ TelASK or other automated phone /IVR system (5)
 - ☐ Manual chart audit (6)
 - ☐ Other way: (7) _____
-

Q10.4.1 Please confirm that you have reviewed and made any needed changes to Q10.4 above.

- ☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)
-

Q10.5

Please describe 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.

If you reported this information in the previous survey, your response is populated below. **Make**

changes as you see fit so it accurately reflects the reporting period July 1- December 31, 2020.

Q10.5.0 Please confirm that you have reviewed and made any needed changes to Q10.5 above.

☐ Yes. I have reviewed the data and made changes, if needed. My responses reflect our activities for the July 1-Dec 31, 2020 reporting period. (1)

Page Break



Q10.6 FOLLOW_UP

Please enter the total number of TTP participants that have 6-month follow-up data recorded between 7/1/20 and 12/31/20. Also enter how many declined to report or were not reached at 6-month follow-up.

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ Value/1} (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/2} (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ Value/3} (3)
Participants with follow- up data recorded between 7/1/20 and 12/31/20 (effect_all)			
Patients with missing follow-up data: lost to follow-up, or declined to report (effect_mis sing)			

Page Break



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)?"

Display This Answer:

If If Please list the settings for which you have data to report Setting 2 Is Not Empty

Display This Answer:

If If Please list the settings for which you have data to report Setting 3 Is Not Empty

	$\{Q5.1/ChoiceTextEntry$ $Value/1\}$ (1)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 2 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/2\}$ (2)	<i>Display This Answer:</i> <i>If If Please list the</i> <i>settings for which you have</i> <i>data to report Setting 3 Is</i> <i>Not Empty</i> $\{Q5.1/ChoiceTextEntry$ $Value/3\}$ (3)
I smoked a cigarette today (at least one puff) (effect_tod ay)			
1 to 7 days ago (effect_wk)			
8 days to 1 month ago (effect_mt h)			
More than 1 month ago to 1 year ago (effect_yr)			

More than 1 year ago (effect_ove ryr)			
Don't know/don't remember (effect_dk)			

Page Break

End of Block: Effectiveness Part 1

Start of Block: Effectiveness Part 2

Page Break



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)	1 to 7 days ago (2)	8 days to 1 month ago (3)	1 month to 1 year ago (4)	More than 1 year ago (5)	Don't know/don't remember (9)
Male (effect_male_1)						
Female (effect_female_1)						
Other gender/Unknown (effect_othsex_1)						
American Indian or Alaska Native (effect_aian_1)						
Asian (effect_asian_1)						
Black or African American (effect_black_1)						

Native Hawaiian or Other Pacific Islander (effect_nhpi_1)						
White (effect_white_1)						
More than one race (effect_multrace_1)						
Unknown/Other Race (effect_raceunk_1)						
Hispanic (effect_hisp_1)						
Non-Hispanic (effect_nonhisp_1)						
Unknown ethnicity (effect_ethunk_1)						
Age 18-24 (effect_age18_1)						

Age 25-44 (effect_age25_1)						
Age 45-64 (effect_age45_1)						
Age 65 and older (effect_age65_1)						
Age unknown (effect_ageunk_1)						
Private insurance (effect_priv_1)						
Medicare (effect_care_1)						
Medicaid (effect_caid_1)						
Military plan (e.g. Tricare/VA) (effect_milit_1)						

Indian Health Service (effect_ihs_1)						
Other state/government sponsored insurance (effect_othstate_1)						
No insurance coverage (effect_noins_1)						
Insurance Unknown (effect_insunk_1)						

Page Break

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

☐ Yes (1)

☐ No (2)

Skip To: End of Block If Do you have follow-up data by demographics to report for another setting? = 2

Skip To: Q11.3 If Do you have follow-up data by demographics to report for another setting? = 1

Page Break

Display This Question:

If Do you have follow-up data by demographics to report for another setting? = 1



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)	1 to 7 days ago (2)	8 days to 1 month ago (3)	1 month to 1 year ago (4)	More than 1 year ago (5)	Don't know/don't remember (9)
Male (effect_male_2)						
Female (effect_female_2)						
Other gender/Unknown (effect_othsex_2)						
American Indian or Alaska Native (effect_aian_2)						
Asian (effect_asian_2)						
Black or African American (effect_black_2)						

Native Hawaiian or Other Pacific Islander (effect_nhpi_2)						
White (effect_white_2)						
More than one race (effect_multrace_2)						
Unknown/Other Race (effect_raceunk_2)						
Hispanic (effect_hisp_2)						
Non-Hispanic (effect_nonhisp_2)						
Unknown ethnicity (effect_ethunk_)						
Age 18-24 (effect_age18_2)						

Age 25-44 (effect_age25_2)						
Age 45-64 (effect_age45_2)						
Age 65 and older (effect_age65_2)						
Age unknown (effect_ageunk_2)						
Private insurance (effect_priv_2)						
Medicare (effect_care_2)						
Medicaid (effect_caid_2)						
Military plan (e.g. Tricare/VA) (effect_milit_2)						

Indian Health Service (effect_ihs_2)						
Other state/government sponsored insurance (effect_othstate_2)						
No insurance coverage (effect_noins_2)						
Insurance Unknown (effect_insunk_2)						

Page Break

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

☐ Yes (1)

☐ No (2)

Skip To: End of Block If Do you have follow-up data by demographics to report for another setting? = 2

Page Break

Display This Question:

If Do you have follow-up data by demographics to report for another setting? = 1



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)	1 to 7 days ago (2)	8 days to 1 month ago (3)	1 month to 1 year ago (4)	More than 1 year ago (5)	Don't know/don't remember (9)
Male (effect_male_3)						
Female (effect_female_3)						
Other gender/Unknown (effect_othsex_3)						
American Indian or Alaska Native (effect_aian_3)						
Asian (effect_asian_3)						
Black or African American (effect_black_3)						

Native Hawaiian or Other Pacific Islander (effect_nhpi_3)						
White (effect_white_3)						
More than one race (effect_multrace_3)						
Unknown/Other Race (effect_raceunk_3)						
Hispanic (effect_hisp_3)						
Non-Hispanic (effect_nonhisp_3)						
Unknown ethnicity (effect_ethunk_3)						
Age 18-24 (effect_age18_3)						

Age 25-44 (effect_age25_3)						
Age 45-64 (effect_age45_3)						
Age 65 and older (effect_age65_3)						
Age unknown (effect_ageunk_3)						
Private insurance (effect_priv_3)						
Medicare (effect_care_3)						
Medicaid (effect_caid_3)						
Military plan (e.g. Tricare/VA) (effect_milit_3)						

Indian Health Service (effect_ihs_3)						
Other state/government sponsored insurance (effect_othstate_3)						
No insurance coverage (effect_noins_3)						
Insurance Unknown (effect_insunk_3)						

Page Break

End of Block: Effectiveness Part 2

Start of Block: Reach-TTP engagement



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:

	$\${Q5.1/ChoiceTextEntry\ Value/1}$		$\${Q5.1/ChoiceTextEntry\ Value/2}$		$\${Q5.1/ChoiceTextEntry\ Value/3}$	
	6-mo follow up (July 1-Dec 31, 2020) (0)	6-mo follow up (July 1-Dec 31, 2020) (6)	6-mo follow up (July 1-Dec 31, 2020) (0)	6-mo follow up (July 1-Dec 31, 2020) (6)	6-mo follow up (July 1-Dec 31, 2020) (0)	6-mo follow up (July 1-Dec 31, 2020) (6)
Number with a past 30 day quit attempt (quitattempt)						

Page Break



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/ChoiceTextEntry Value/1}		\${Q5.1/ChoiceTextEntry Value/2}		\${Q5.1/ChoiceTextEntry Value/3}	
	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)

Every day (p30d_ed)						
Some days (p30d_sd)						
Not at all (p30d_no ne)						
Don't know/don 't remembe r (p30d_dk)						

Page Break



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}	
	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)	6-mo follow up (July 1- Dec 31, 2020) (0)	6-mo follow up (July 1- Dec 31, 2020) (6)

1-4 cigarettes (qnt1)						
5-9 cigarettes (qnt5)						
10-14 cigarettes (qnt10)						
15-19 cigarettes (qnt15)						
20 (1 pack) or more (qnt20)						
Don't know/d on't remember (qntdk)						

Page Break

End of Block: Reach-TTP engagement

Start of Block: 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 here:

End of Block: Data Report Upload

Start of Block: 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](mailto:sdhohl@wisc.edu).

End of Block: Submit Survey
