

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):
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)			
Telephone-based TTP (non-automated)			
Video-based TTP			
Point-of-care counseling (brief intervention/advice delivered during routine appointment)			
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 _____			
Patients who were offered participation in a TTP Program. NOTE: This is distinct from engagement/participation reported above.			
Enter the number of smokers who were offered participation in each of the following:			
Any type of TTP			
In house/in-person TTP (group or individual)			
Telephone-based TTP (non-automated)			
Video-based TTP			

Point-of-care counseling (brief intervention/advice delivered during routine appointment)		
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 _____		
Current Smoker Demographics		
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		
Other state/government sponsored insurance		
No insurance coverage		
Unknown		
TTP Participant Demographics		
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		
Other state/government sponsored insurance		
No insurance coverage		
Unknown		

C3I Data Report

July 1, 2021 to December 31, 2021

Due February 14, 2022

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

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.

If you have any questions, please contact the C3I Coordinating Center

c3icoordinatingcenter@ctri.wisc.edu

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.

Instructions for reporting on Effectiveness Part 1:

Please provide data for the reporting period from July 1, 2021 to December 31, 2021.

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, Setting 2, and Setting 3 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						
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:	Demographics at enrollment are no longer required					
Gender		6 month follow-up		6 month follow-up		6 month follow-up
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					

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.

Instructions for reporting on Effectiveness Part 2

Please provide data for the reporting period from July 1, 2021 to December 31, 2021.

Please expand on the required Effectiveness Items in Part 1. For each Enter the number of TTP participants falling into each of the demographic categories listed below.

Enter the number of unique patients, not the number of visits.

Enter data from 6 months follow-up.

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 (scroll to the right if you have data to enter for Setting 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.

	6 MONTH FOLLOW UP: SETTING 1						6 MONTH FOLLOW UP: SETTING 2 (if applicable)						6 MONTH FOLLOW UP: SETTING 3 (if applicable)					
Effectiveness Part 2: 6 MONTH FOLLOW UP	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	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	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
Please expand on the Effectiveness Part 1 required item, "When did you last smoke a cigarette (even one or two puffs)?" for patients at 6-month follow up. Enter the number of TTP participants falling into each of the demographic categories listed below. (data by TTP type is no longer required, nor are demographics at enrollment)																		
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																		
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																		
Optional Enter the number of TTP participants that tried to quit smoking in the past 30 days.																		
Optional Enter the number of TTP participants that reported each of the following cigarette use category in response to the question, " In the past 30 days, did you smoke cigarettes every day, some days, or not at all?"																		
Every day																		
Some days																		
Not at all																		
Don't know/don't remember																		
Optional Enter the number of TTP participants 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"																		
1-4 cigarettes																		
5-9 cigarettes																		
10-14 cigarettes																		
15-19 cigarettes																		
20 (1 pack) or more																		
Don't know/don't remember																		