

# National Quitline Data Warehouse (NQDW)

## Quitline Services Survey

Year      Select data year  
Quarter    Select data quarter  
State

*Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0856)*

**Please respond to the following questions about your quitline during the quarter for which you are reporting.**

1. Please provide your contact information

Name	
Job Title	
Employer / Organization	
State	
Email	
Phone	
Second Phone	

2. How many total direct calls came in to the quitline?

*Note: Direct calls are your quitline's total incoming calls, not referrals that generate an outbound call from the quitline. Please report on number of calls, not number of callers/unique individuals. This should include proxy callers, wrong numbers, prank calls, and other calls to the quitline that are not accounted for in these categories.*

Type of Call	Number of Calls
a. Calls answered live	
b. Calls went to voice mail	
c. Calls hung up or abandoned	
d. Other Calls (e.g., listening to taped messages, etc.)	
e. Total direct calls (A+B+C+D)	

3. Of the total DIRECT calls into the quitline during the quarter for which you are reporting, how many UNIQUE tobacco users called the quitline during the quarter for which you are reporting?

4. How many TOBACCO USERS who called or were referred to the quitline received the services listed below?

*Note: Report only on those who received service **for the first time**. For the purposes of this question, we define “received” service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline.*

Service	Number of Tobacco Users
Self-help materials only with no counseling	
Counseling Provided (began at least one session)	
Phone <sup>1</sup>	
Face-to-Face, Individual/Group	
Web	
Other Mechanism	
Medications provided through the quitline <sup>2</sup>	
Provided with phone counseling OR medications OR both phone counseling and medications <sup>3</sup>	

<sup>1</sup> Defined as a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller.

<sup>2</sup> NRT or other FDA-approved medications for tobacco cessation.

<sup>3</sup> Total provided EITHER phone counseling OR medications OR both (*Note: this will likely not total the sum of b and f because many of those who receive medications will also have received counseling. This is the number that will be used to calculate treatment reach using standard calculation.*)

5. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the sources that generated referrals to your quitline.

*Note: Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger a proactive call to the client initiated by the quitline.*

- Fax referral system
- Community organization networks
- Online advertising (paid)
- Web referrals (links from web sites, not paid ads)
- Central call center (“triage”) separate from the quitline
- Other (please describe):

6. How many referrals did the quitline receive?

Type of Referral	Number Received
a. Fax referrals	
b. Other referrals (e.g., web referrals, “click to call,” online ads, etc.)	
c. Total referrals (A+B)	

7. Did your quitline ask the following question on the NQDW Intake Survey?

*In the past three months, did you hear about 1-800-QUIT-NOW from any advertisements with smokers telling personal stories and tips about living with health problems?*

Select a response

If your quitline asked this question on the NQDW Intake Survey, please provide the information requested in the table below (a-e).

a. Total number of callers who were asked the question above	
b. Number of callers with a “yes” response	
c. Number of callers with a “no” response	
d. Number of callers with a “unsure” response	
e. Number of callers with a missing response	

**The remaining questions deal with the services offered by your Quitline. These questions have been pre-populated with information you have previously reported about your quitline. Please review the following questions and correct/update anything that is incorrect or has changed since you previously reported.**

8. Please provide the hours of service of your quitline for the following categories of service:

<b>Day</b>	<b>Live Pick Up of Incoming Calls*</b>	
	Available	Hours Available
Monday	Yes or No?	- Select Time Zone
Tuesday	Yes or No?	- Select Time Zone
Wednesday	Yes or No?	- Select Time Zone
Thursday	Yes or No?	- Select Time Zone
Friday	Yes or No?	- Select Time Zone
Saturday	Yes or No?	- Select Time Zone
Sunday	Yes or No?	- Select Time Zone
<b>Day</b>	<b>Counseling Services</b>	
	Available	Hours Available
Monday	Yes or No?	- Select Time Zone
Tuesday	Yes or No?	- Select Time Zone
Wednesday	Yes or No?	- Select Time Zone
Thursday	Yes or No?	- Select Time Zone
Friday	Yes or No?	- Select Time Zone
Saturday	Yes or No?	- Select Time Zone
Sunday	Yes or No?	- Select Time Zone
<b>Day</b>	<b>Voicemail / Answering Service Pick Up of Calls</b>	
	Available	Hours Available
Monday	Yes or No?	- Select Time Zone
Tuesday	Yes or No?	- Select Time Zone
Wednesday	Yes or No?	- Select Time Zone
Thursday	Yes or No?	- Select Time Zone
Friday	Yes or No?	- Select Time Zone
Saturday	Yes or No?	- Select Time Zone
Sunday	Yes or No?	- Select Time Zone

\* May or may not have counseling services available

9. Is your quitline closed on holidays?

Select a response

10. In which of the following languages does your quitline offer counseling?

<b>Language</b>	<b>Offered</b>
English	Select a response
Spanish	Select a response
French	Select a response
Cantonese	Select a response
Mandarin	Select a response
Korean	Select a response
Vietnamese	Select a response
Russian	Select a response
Greek	Select a response
Amharic (Ethiopian)	Select a response
Punjabi	Select a response
Deaf and Hard of Hearing (TTY)	Select a response
Deaf and Hard of Hearing with video relay	Select a response
Other (please describe):	Select a response

11. How many counseling sessions does your quitline offer? Please fill in as many rows as needed.

*Note: Many quitlines provide different numbers of counseling sessions for different groups of callers. Please reply fully so we can understand the counseling services provided by your quitline along with the eligibility for counseling services.*

Number of Counseling Sessions Offered	Eligibility Criteria						
	Geography	Age	Readiness to Quit	Pregnancy Status	Insurance		Other
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	No restrictions Specify:	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid Specify:	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	

12. Did your quitline provide quitting medications to clients?

Medication	Provided by Quitline
Nicotine Patches	Not provided Specify:
Nicotine Gum	Not provided Specify:
Nicotine Lozenges	Not provided Specify:
Other Medications (please specify):	Not provided Specify:

13. How many weeks of free **Nicotine Patches** per quit attempt did your quitline provide to clients? Please fill in as many rows as needed.

Weeks of Free Nicotine Patches Offered Per Quit Attempt	Max. Number of Times Per Year	Eligibility Criteria								
		Geography	Age	Readiness to Quit	Enroll in Counseling	No Medical Conditions Preventing Use	Pregnancy Status	Insurance		Other
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	

14. How many weeks of free **Nicotine Gum** per quit attempt did your quitline provide to clients? Please fill in as many rows as needed.

Weeks of Free Nicotine Gum Offered Per Quit Attempt	Max. Number of Times Per Year	Eligibility Criteria								
		Geography	Age	Readiness to Quit	Enroll in Counseling	No Medical Conditions Preventing Use	Pregnancy Status	Insurance		Other
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	

15. How many weeks of free **Nicotine Lozenges** per quit attempt did your quitline provide to clients? Please fill in as many rows as needed.

Weeks of Free Nicotine Lozenges Offered Per Quit Attempt	Max. Number of Times Per Year	Eligibility Criteria								
		Geography	Age	Readiness to Quit	Enroll in Counseling	No Medical Conditions Preventing Use	Pregnancy Status	Insurance		Other
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	
		No restrictions	No restrictions	No restrictions	<input type="checkbox"/>	<input type="checkbox"/>	No restrictions	<input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Private Ins.	