

✦ Tobacco Cessation Services Questionnaire ✦

Instructions: Please complete the questions below to the best of your ability. As a reminder, it may take multiple agency employees to provide the most thorough and accurate information.

1. Please indicate which items your agency provides its clients (Check all that apply)

Provide tobacco information materials (packets, DVDs, etc.)

Refer to a Tobacco Cessation Quit Line

IF YES: Which? _____

Refer to a Web Site that focuses on tobacco cessation

IF YES: Which? _____

Refer to a Tobacco Cessation Mobile App

IF YES: Which? _____

2. Does your agency recommend any of the following to its clients? (Check all that apply)

Nicotine replacement therapy (NRT)

Acupuncture

E-cigarettes or other nicotine delivery apparatus

Hypnosis

Prescription cessation medication

Other-specify: _____

3. How important would you say that providing tobacco cessation services is to your agency?

Very important

Not very important

Somewhat important

Not at all important

Neutral

We don't provide cessation services

4. Does your agency provide any of the following tobacco cessation services?

_____ **Individual Counseling:** Individual counseling occurs when a client meets one-on-one with a cessation staff member to discuss barriers to quitting and to gain assistance with his or her quit attempt. The staff member may use tools such as treatment plans, motivational interviewing, and teaching stress management techniques. Individual counseling may consist of one or more sessions and may include a follow-up call.

_____ **Group Counseling:** Group counseling occurs when cessation staff meet with a group of individuals who wish to quit using tobacco. Discussions are often a mixture of strategies for quitting and motivational techniques, such as discussing individual successes and challenges. The group may meet one or more times.

_____ **Telephonic Counseling:** Telephonic counseling is when an individual who wishes to quit using tobacco receives counseling over the telephone. The telephone session may include a discussion of challenges, strategies, and motivational techniques. Telephone counseling consists of one or more sessions, and is a separate service from Quit Line referrals and follow-up calls.

_____ **Classes/Workshops:** Classes and workshops include presentations to a group of individuals by a cessation staff member. These are generally presentations of information about tobacco and cessation strategies; group discussion may be included. They often take place in businesses, schools, or at the agency.

5. What tools or resources would help your agency either a) expand its cessation services or b) offer cessation services to its clients?

6. Do you know of any other agencies in your county that provide tobacco cessation services?

Yes No

IF YES, PLEASE PROVIDE AGENCY INFORMATION:

Agency name: _____

Agency address: _____

Contact name: _____

Contact phone: _____

Contact email: _____

STOP AND READ



If you ***do not*** provide any of the four major services (individual/group/telephonic counseling or classes/workshops) you do not need to proceed – please return the questionnaire; otherwise, please continue.

*** General questions about cessation services ***

1. Thinking about the clients who used your agency’s cessation services in the last year, in which counties do they live?: _____

2. How many counselors/instructors does your agency have on staff to provide cessation services?

_____ Part-time (<30 hours/week) _____ Full-time (>30+ hours/week) _____ Contract workers

2a. Do you have enough staff to meet the cessation services needs of your community? Yes No

2b. Of your staff, how many are certified Tobacco Treatment Specialists (TTSs)? _____

2c. Through which program(s) did the staff member(s) receive their TTS certification?:

3. Does your agency support continuing education units (CEUs) for staff, such as funding or paid time off?

Yes No I don’t know

4. Does your agency provide Nicotine Replacement Theory (NRT) or prescription cessation medication for its tobacco cessation clients?

NRT only Both I don’t know

Prescription medication only Neither

4a. IF YES, for how many weeks do you provide NRT or prescription cessation medication? _____

4b. Do participants pay for NRT or prescription medications?

Yes No I don’t know

4c. IF NO, How are they funded?: _____

5. Do any of the following items present challenges to your ability to offer cessation services?

Funding Staffing Time/Availability Lack of effective programming

6. Does your agency plan to change its tobacco cessation services in the next year?

Yes No I don’t know

7a. IF YES, How does your agency plan to change its tobacco cessation services?

Expand – more counselors Cutback – fewer clients Eliminate it

Expand – more clients Cutback – fewer counselors Other (specify): _____

Expand – more services Cutback – fewer services _____



If your agency provides individual counseling, please complete this page; if not, skip to page 5

1. Are your agency’s individual tobacco cessation counseling services based on an existing program?

- Yes No I don’t know

1a. IF YES, what is the name of the program that is the basis for your agency’s individual counseling?

- Treating Tobacco Use and Dependence Freedom from Smoking
- Baby & Me Tobacco Free Other: _____

2. Which of the elements below are included in your agency’s individual cessation services? (Check all that apply)

- Education (e.g., activities, workbooks, videos) Treatment plan / setting a quit date
- Healthy lifestyle (e.g., stress or weight management) Incentive (e.g., free diaper voucher)
- Medical (e.g., physician referral, CO₂ monitoring) Other: _____

3. How are your agency’s individual tobacco cessation counseling services funded? (Check all that apply)

- Reimbursed by client’s insurance Agency general fund Medicaid
- Sliding fee based on income Community benefit Grant
- Individual pay – flat rate Other: _____

4. About how many clients did your agency provide individual counseling to in the past 12 months?

- 0 1-10 11-50 51-100 101-150 151-200 201+

5. On average, how long is an individual counseling session (at one setting)?

- Less than 3 minutes 11-15 minutes 31 minutes to one hour I don’t know
- 3-10 minutes 16-30 minutes 1+ hour (specify): _____

6. Which of the following applies to your agency’s individual tobacco cessation counseling services?

- We do not restrict the number of individual tobacco counseling sessions
- We have a preset number of tobacco counseling sessions we provide to an individual.

IF PRESET, how many sessions is that? _____

7. Are your agency’s individual counseling services open to everyone in your community?

- Yes No I don’t know

7a. IF NO, what population(s) is your agency’s program open to? (Check all that apply)

- Uninsured Members of your health plan Youth
- Low income Businesses Veterans
- Patients at your medical facility People with health insurance WIC
- Pregnant women/families Nonprofit agencies Schools

Other: _____



If your agency provides [group counseling](#), please complete this page; if not, skip to page 6

1. Is your agency's group tobacco cessation counseling based on an existing program?

- Yes No I don't know

1a. IF YES, what is the name of the program that is the basis for your agency's group counseling?

- Treating Tobacco Use and Dependence Freedom from Smoking
 Baby & Me Tobacco Free Other: _____

2. Which of elements below are included in your agency's group cessation services? (Check all that apply)

- Education (e.g., activities, workbooks, videos) Treatment plan / setting a quit date
 Healthy lifestyle (e.g., stress or weight management) Incentive (e.g., free diaper voucher)
 Medical (e.g., physician referral, CO₂ monitoring) Other: _____

3. How are your agency's group tobacco cessation counseling sessions funded? (Check all that apply)

- Reimbursed by client's insurance Agency general fund Medicaid
 Sliding fee based on income Community Benefit Grant
 Individual pay – flat rate Other: _____

4. On average, about how many clients participate in a single group tobacco cessation counseling session?

- 2-3 4-6 7-10 11+ Other: _____

4a. About how many groups has your agency done in the past 12 months? _____

5. About how many clients did your agency provide group counseling to in the past 12 months? _____

6. On average, how long is a single group tobacco cessation counseling session?

- Less than 10 minutes 16-30 minutes 1+ hour (specify): _____
 11-15 minutes 31 minutes to one hour I don't know

7. Which of the following applies to your agency's group tobacco cessation counseling program?

- We do not restrict the number of group tobacco counseling sessions.
 We have a preset number of tobacco counseling sessions we provide to a group.

7a. IF PRESET, how many sessions is that? _____

8. Is your agency's group cessation counseling program open to everyone in your community?

- Yes No I don't know

8a. IF NO, what population(s) is your agency's program open to? (Check all that apply)

- Uninsured Members of your health plan Youth
 Low income Businesses Veterans
 Patients at your medical facility People with health insurance WIC

- Pregnant women/families
 Nonprofit agencies
 Schools
 Other: _____



If your agency provides [telephonic counseling](#), please complete this page; if not, skip to page 7

1. Is your agency's telephonic counseling (not including Quit Line referrals or follow-up calls) based on an existing program?

- Yes
 No
 I don't know

1a. IF YES, what is the name of the program that is the basis for your agency's telephonic counseling?

- Treating Tobacco Use and Dependence
 Freedom from Smoking
 Baby & Me Tobacco Free
 Other: _____

2. Which of elements below are included in your agency's telephonic cessation services? (Check all that apply)

- Education (e.g., activities, workbooks, videos)
 Treatment plan / setting a quit date
 Healthy lifestyle (e.g., stress or weight management)
 Incentive (e.g., free diaper voucher)
 Medical (e.g., physician referral, CO₂ monitoring)
 Other: _____

3. How are your agency's telephonic cessation counseling sessions funded? (Check all that apply)

- Reimbursed by client's insurance
 Agency general fund
 Medicaid
 Sliding fee based on income
 Community Benefit
 Grant
 Individual pay – flat rate
 Other: _____

4. About how many clients did your agency provide telephonic counseling to in the past 12 months? _____

5. On average, how long is a telephonic counseling session (at one setting)?

- Less than 3 minutes
 11-15 minutes
 31 minutes to one hour
 I don't know
 3-10 minutes
 16-30 minutes
 1+ hour (specify): _____

6. Which of the following applies to your agency's telephonic tobacco cessation counseling program?

- We do not restrict the number of telephonic tobacco counseling sessions.
 We have a preset number of telephonic tobacco counseling sessions.

IF PRESET, how many sessions is that? _____

7. Is your agency's telephonic tobacco cessation counseling program open to everyone in your community?

- Yes
 No
 I don't know

7a. IF NO, what population(s) is your agency's program open to? (Check all that apply)

- Uninsured
 Members of your health plan
 Youth
 Low income
 Businesses
 Veterans
 Patients at your medical facility
 People with health insurance
 WIC
 Pregnant women/families
 Nonprofit agencies
 Schools

Other: _____



If your agency provides [classes/workshops](#), please complete this page; otherwise, skip to page 8

1. Are your agency's classes/workshops based on an existing program?

- Yes No I don't know

1a. IF YES, what is the name of the program that is the basis for your agency's classes/workshops?

- Treating Tobacco Use and Dependence Freedom from Smoking
 Baby & Me Tobacco Free Other: _____

2. Which of elements below are included in your agency's classes/workshops? (Check all that apply)

- Education (e.g., activities, workbooks, videos) Treatment plan / setting a quit date
 Healthy lifestyle (e.g., stress or weight management) Incentive (e.g., free diaper voucher)
 Medical (e.g., physician referral, CO₂ monitoring) Other: _____

3. How are your agency's classes/workshops funded? (Check all that apply)

- Reimbursed by client's insurance Grant
 Medicaid Community Benefit
 Individual pay – flat rate Agency general fund
 Sliding fee based on income Other: _____

4. About how many people did your agency provide classes/workshops to in the past 12 months? _____

5. About how many sessions/classes make up a complete class/workshop? _____

6. On average, how long is a typical class/workshop session (at one setting)?

- Less than 10 minutes 16-30 minutes 1+ hour (specify): _____
 11-15 minutes 31 minutes to one hour I don't know

7. Are your agency's classes/workshops open to everyone in your community?

- Yes No I don't know

7a. IF NO, what population(s) is your agency's program open to? (Check all that apply)

- Uninsured Members of your health plan Youth
 Low income Businesses Veterans
 Patients at your medical facility People with health insurance WIC
 Pregnant women/families Nonprofit agencies Schools
 Other: _____

* Closing Questions *

1. May the Ohio Department of Health contact your agency about opportunities to support tobacco free initiatives in your community?

Yes No

2. How do interested people contact your agency about its tobacco cessation counseling services?

Agency name: _____

Agency address: _____

Contact name: _____

Contact phone: _____

Contact email: _____

3. Is it okay to list your agency's tobacco cessation services on the Ohio Department of Health website?

Yes No I don't know

4. ODH provides the Ohio Tobacco Quit Line with referral information for local cessation services. Is it okay to add your tobacco cessation services to the list we share with the Ohio Quit Line?

Yes No I don't know

If you have anything else you would like to add about tobacco cessation programming in your area, please do so below; otherwise, please return this form using the information provided in the letter.

Please return to:

Strategic Research Group
Attn: Margaret Rooney
995 Goodale Boulevard
Columbus, OH 43212

THANK YOU FOR YOUR PARTICIPATION!