



Report for

Georgia Tobacco Use Prevention Program

Georgia Tobacco Quit Line
Comprehensive Evaluation Report

Year 6

2017 – 2018

Evaluation Services Division

Product Analytics

Optum

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Executive Summary

The Georgia Tobacco Use Prevention Program (GTUPP) contracted with Optum to evaluate the effectiveness of the Georgia Tobacco Quit Line (GTQL) by providing outcome estimates for the general GTQL caller population, as well as for pregnant and postpartum participants who enrolled in the GTQL Intensive 10-Call Program for Pregnant Tobacco Users (C10).

A total of 420 GTQL callers sampled for the Year 6 evaluation completed the follow-up survey approximately 7 months after enrollment, resulting in a 34.9% overall weighted response rate. The sample included participants who registered for the GTQL between March 1, 2017 and February 28, 2018. Respondents to the evaluation survey typically spoke English, were not currently pregnant, planning pregnancy, or breastfeeding, completed high school or greater, reported one or more chronic health conditions, and were female. The majority were cigarette smokers who reported smoking every day and reported using for 20 years or longer.

Respondents to the evaluation survey indicate many positive outcomes from the GTQL:

- 93% of respondents were satisfied with the GTQL program.
- 32% of respondents had been abstinent from tobacco for 30 days or longer at the time of the 7-month follow-up survey.
- 40% of respondents had been tobacco free for 7 days or longer at follow-up.
- GTQL's 30-day and 7-day intent-to-treat (ITT) quit rates were 11% and 14%, respectively.

Among those who had not yet quit smoking:

- 64% had reduced their smoking by an average of 10 cigarettes per day.
- The proportion of continued smokers who used tobacco within 5 minutes after waking (an indicator of tobacco dependence) decreased by 41%, and the proportion who smoked every day decreased by 23%.
- 79% indicated that they intended to quit within the next 30 days.

Additional key findings included:

- There was a significant difference in satisfaction rates between those who were sent NRT (94%) and those who were not sent NRT (75%) ($p < 0.001$).
- There was a significant difference in 30-day respondent quit rates between those who completed more than 3 calls (44%) and those who completed fewer than 3 calls (28%) ($p = 0.002$).
- There was a significant difference in 30-day ITT quit rates between those who completed more than 3 calls (23%) and those who completed fewer than 3 calls (9%) ($p < 0.001$).
- About four fifths of respondents (80%) reported that they had used medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/Varenicline) to help them quit. Nicotine patches were the most commonly used medication (used by around two thirds of respondents).

For the C10 program evaluation, a total of 146 C10 participants were attempted for follow-up; 31 responded for a response rate of 21%. **Due to small sample sizes, all estimates should be considered provisional and interpreted with caution.** The satisfaction rate was high; 29 out of 30 C10 respondents were satisfied with the program. Additionally, 16 out of 31 C10 respondents had been quit for at least 30 days at the time of 7-month follow-up.

Overview

The Georgia Tobacco Use Prevention Program contracted with Optum to evaluate the effectiveness of Georgia Tobacco Quit Line (GTQL) services by providing 7-month outcome estimates for 1) GTQL callers overall and 2) pregnant GTQL callers who enroll in the Intensive 10-Call Pregnancy Program (C10). This evaluation summarizes the results of the 7-month follow-up survey administered to callers who registered with the GTQL from March 1, 2017 through February 28, 2018 (12 registration months).

How was the evaluation designed?

GTQL callers were selected to participate in this evaluation using a random sampling procedure, stratified by month of registration. Due to the lower number of C10 participants, census procedures were used so that all eligible participants from this program were included in the evaluation. Participants were eligible for inclusion in this evaluation if they met the following criteria:

- Tobacco users
- 18 years of age or older
- Completed at least one intervention call with Quit Coach® staff
- Consented to evaluation follow-up
- Spoke English or Spanish
- Valid phone number in the Optum database

Selected participants¹ were contacted approximately 7 months after they completed their first intervention call with Quit Coach® staff. Participants with a valid email address were first contacted via email to complete the follow-up survey online in their preferred language (English or Spanish). Those who did not complete the online survey after multiple email reminders were then contacted by Optum survey staff to complete a phone-based survey in their preferred language. If the interviewer could not reach a caller after multiple attempts over approximately a 4-week period, the survey was considered not answered. The evaluation followed the timeline shown in **Figure 1**.



Figure 1. Evaluation timeline

¹ All possible efforts were made to include each participant only once, regardless of the number of contacts they had with the Quit Line. Efforts were also made to include only one participant per household in the sample, as people living in the same household might influence each other's responses. Participants were excluded from the survey sample if they were proxy callers (i.e., calling to obtain information for someone else), they were health care providers, their call was a prank, their call was for information or materials only, or they were included in a separate research study.

How are evaluation findings presented?

Since a census sample of C10 participants was conducted, C10 participants were more likely to be included in the evaluation compared to participants in the general adult GTQL population. In order to provide accurate outcome estimates for GTQL callers as a whole, evaluation data for callers sampled for this Year 6 evaluation were statistically weighted to compensate for the differential sampling probabilities between subgroups. For a thorough discussion of the methods and rationale of this weighting process, see Appendix A.

Throughout the majority of this report, data are presented for the weighted total of Year 6 phone program respondents. All n's reported for weighted totals are approximate and may not equal unweighted participant counts (noted with "n ~"). Unweighted data for C10 participants alone are presented separately on page 31.

To what extent does the GTQL reach tobacco users with empirically supported treatment?

Promotional reach is defined as:

$$\frac{\text{\# of adult tobacco users in Georgia who contacted the GTQL}}{\text{\# of adult cigarette users in Georgia}}$$

Treatment reach is defined as:

$$\frac{\text{\# of adult cigarette users in Georgia who received treatment from the GTQL}}{\text{\# of adult cigarette users in Georgia}}$$

$$\frac{\text{\# of adult smokeless tobacco users in Georgia who received treatment from the GTQL}}{\text{\# of adult smokeless tobacco users in Georgia}}$$

Promotional reach is calculated as the percentage of adult tobacco users in Georgia who contact the GTQL.² Treatment reach is calculated separately for cigarette users and smokeless tobacco users and is the percentage of cigarette (or smokeless) users in Georgia who received treatment (at least one intervention call) from the GTQL.

While target reach levels vary based on funding and resources, data estimates have shown that approximately 1% of tobacco users are reached by U.S. and Canadian quitlines each year; however, some states reach up to 8% of tobacco users.³ The CDC has suggested that fully funded state quitlines could reach 6% of tobacco users for treatment.⁴

Figure 2 presents information about the number and proportion of Georgia adult tobacco users who were served by the Quit Line in 2017. Promotional reach for the GTQL was 1.21% in 2017. Treatment reach percentages for cigarette smokers and smokeless tobacco users were 0.9% and 0.21%, respectively.

Callers may re-enroll in services with no limitations (e.g., they are not limited to one enrollment within a specified time period). The numbers used for reach calculations include unduplicated participants (i.e., if participants enrolled in multiple programs or multiple times during the year, they are only counted once in the numbers for that year).

² Because smokeless and cigarette users are not mutually exclusive and data for all tobacco users are not available from BRFSS data, we utilized the number of cigarette users for the denominator in this calculation. The number of tobacco users who called the GTQL is utilized for the numerator because we have data indicating which callers were tobacco users, but specific tobacco type data are not available for all of these callers (i.e., tobacco users who do not speak to a Quit Coach® and receive treatment).

³ NAQC. Mission and Goals. Retrieved from <http://www.naquitline.org/?page=MissionGoals>.

⁴ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

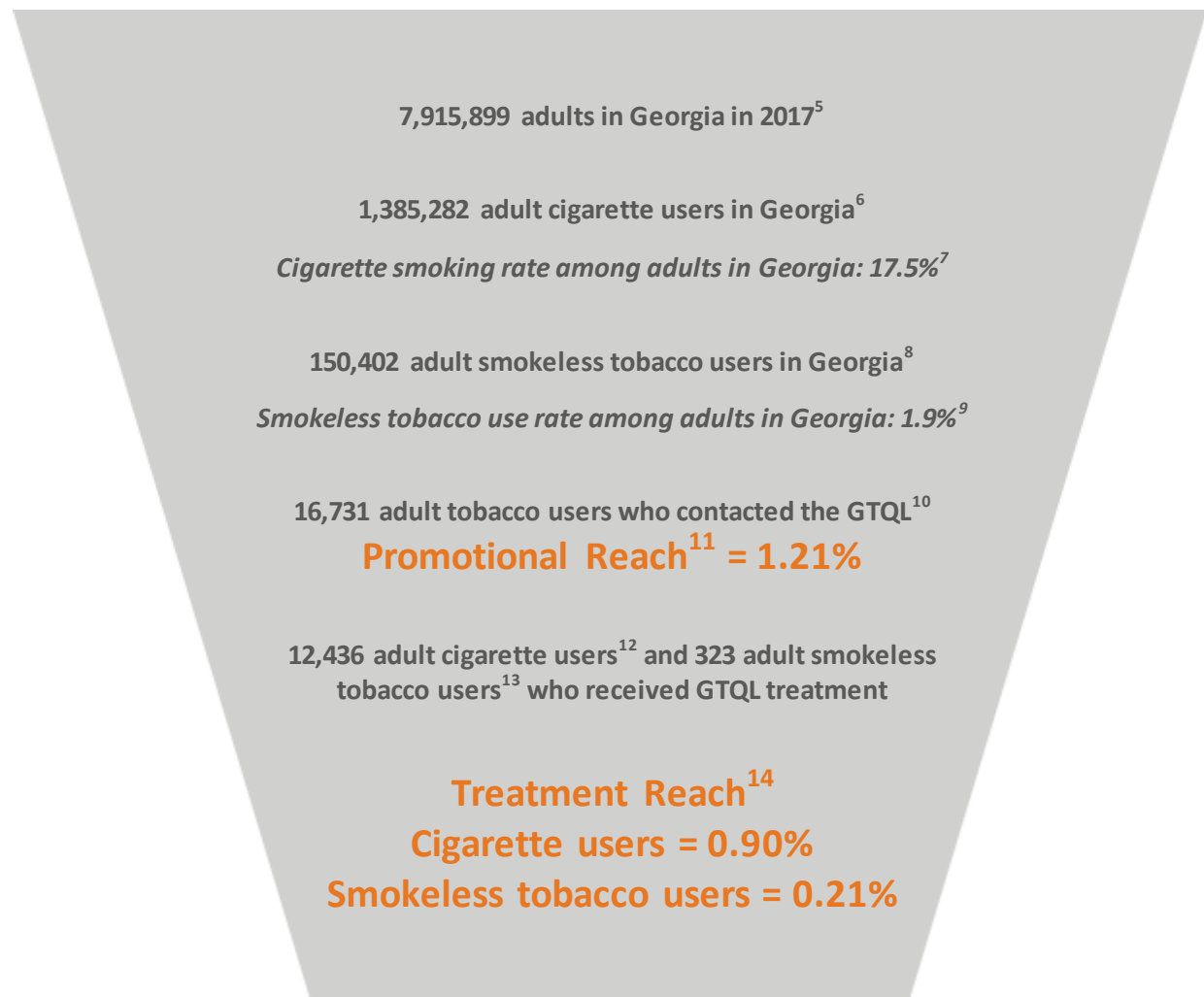


Figure 2. Promotional and treatment reach of the GTQL

⁵ United States Census (2017). Retrieved December 7, 2018, from <https://www.census.gov/quickfacts/ga>

⁶ Calculated using adult smoking prevalence rate from 2018 KFF analysis of 2017 BRFSS data, cited below.

⁷ Kaiser Family Foundation (2018). Percent of Adults Who Smoke. Retrieved December 7, 2018, from <http://kff.org/other/state-indicator/smoking-adults/>

⁸ Calculated using smokeless tobacco prevalence rate from the CDC Morbidity and Mortality Weekly Report cited below (5).

⁹ CDC (2018). State-Specific Prevalence of Tobacco Product Use Among Adults — United States, 2014–2015. MMWR, 67(3);97–102. Retrieved December 7, 2018, from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a3.htm>.

¹⁰ Includes all participants 18 years or older who contacted the GTQL for any reason including intervention requested, materials only, general questions, etc. All contacted the GTQL between January 1, 2017 and December 31, 2017.

¹¹ Calculated by dividing the number of adult tobacco users (cigarette or smokeless) who called the GTQL in 2017 by the number of adult cigarette users in Georgia in 2017.

¹² Includes all participants 18 years or older who were self-reported cigarette users and completed at least one coaching call with the GTQL from January 1, 2017 through December 31, 2017.

¹³ Includes all participants 18 years or older who were self-reported smokeless tobacco users and completed at least one coaching call with the GTQL from January 1, 2017 through December 31, 2017.

¹⁴ Calculated by dividing the number of adult cigarette users receiving GTQL treatment by the number of adult cigarette users in Georgia. This calculation was repeated for smokeless tobacco users with the most recently available prevalence data.

What tobacco cessation services did participants receive?

All tobacco users who called the GTQL during the evaluation period (from March 1, 2017 through February 28, 2018) were eligible for a one-call tobacco cessation program. The one-call program included:

- an initial coaching session with a Quit Coach[®],
- referrals to community-based tobacco cessation resources (when requested),
- written educational materials (Quit Guide), and
- access to Web Coach[®], an interactive, web-based tobacco cessation tool designed to complement and enhance phone-based counseling.

Callers who were planning to quit in the next 30 days or had already quit were eligible for the more intensive multi-call program. The multi-call program included all components of the one-call program, plus up to four additional, proactive follow-up calls. Callers were also eligible for a 4-week supply of nicotine replacement therapy (NRT; patch or gum).

Pregnant callers were eligible for the Intensive 10-Call Program for Pregnant Tobacco Users (regardless of insurance type or readiness to quit). This program provided intensive behavioral support tailored to unique needs during pregnancy and also included postpartum contact to prevent relapse. Pregnant participants in this program are eligible for all components of the one-call program, plus up to nine additional, proactive follow-up calls.

All multi-call program participants are permitted an unlimited number of re-enrollments in the multi-call program.¹⁵ Callers are encouraged to call the Quit Line for support as needed, regardless of their program.

¹⁵ Callers are eligible for NRT once every 12 months.

Who participated in the 7-month evaluation?

In total, 1255 GTQL participants were included in this evaluation, and 420 responded to the follow-up survey for a 33.5% unweighted response rate (34.9% weighted response rate).

Demographics

As shown in **Figure 3**, survey respondents commonly spoke English (100%), were not currently pregnant, planning pregnancy, or breastfeeding (94%), completed high school or greater (69%), reported one or more chronic health conditions (68%), and were female (63%). About half were age 41 - 60 (51%), identified as White (47%), or identified as Black or African American (46%). The average respondent age was 53.3. Respondents were split across insurance types: 31% were uninsured, 29% were Medicaid-insured, 22% were Medicare-insured, and 18% were commercially insured.

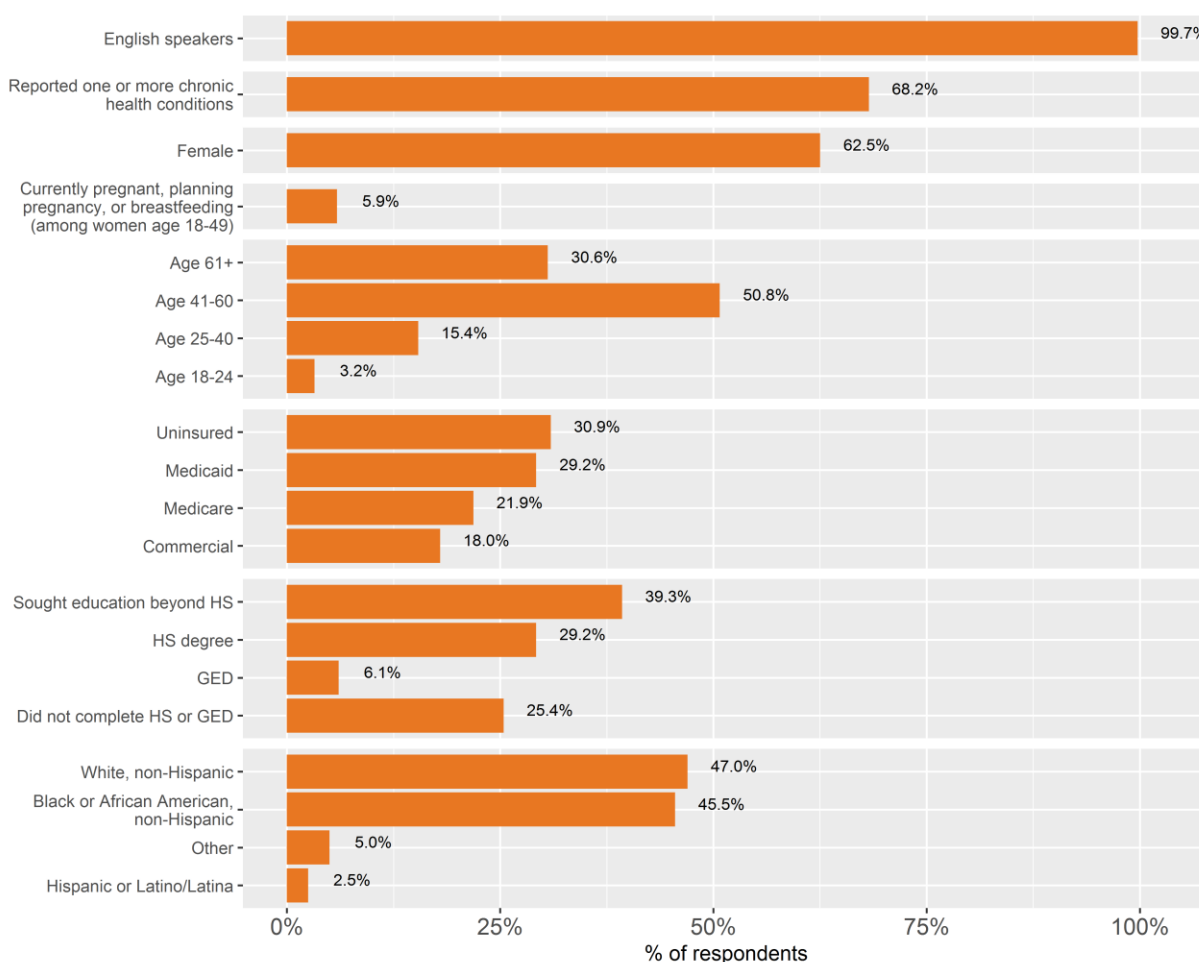


Figure 3. GTQL survey respondent demographics, weighted total

Tobacco use history

Upon enrollment in GTQL services, respondents were typically cigarette users (96%) smoking 16.6 cigarettes per day, on average. A small percentage reported using cigars (4%), smokeless tobacco (3%), other tobacco types (1%), and pipes (0%). 43% of cigarette users reported using within 5 minutes of waking, which is a sign of high nicotine dependency. Most cigarette users reported smoking every day (94%) and reported using for 20 years or longer (83%) (see **Figure 4**).

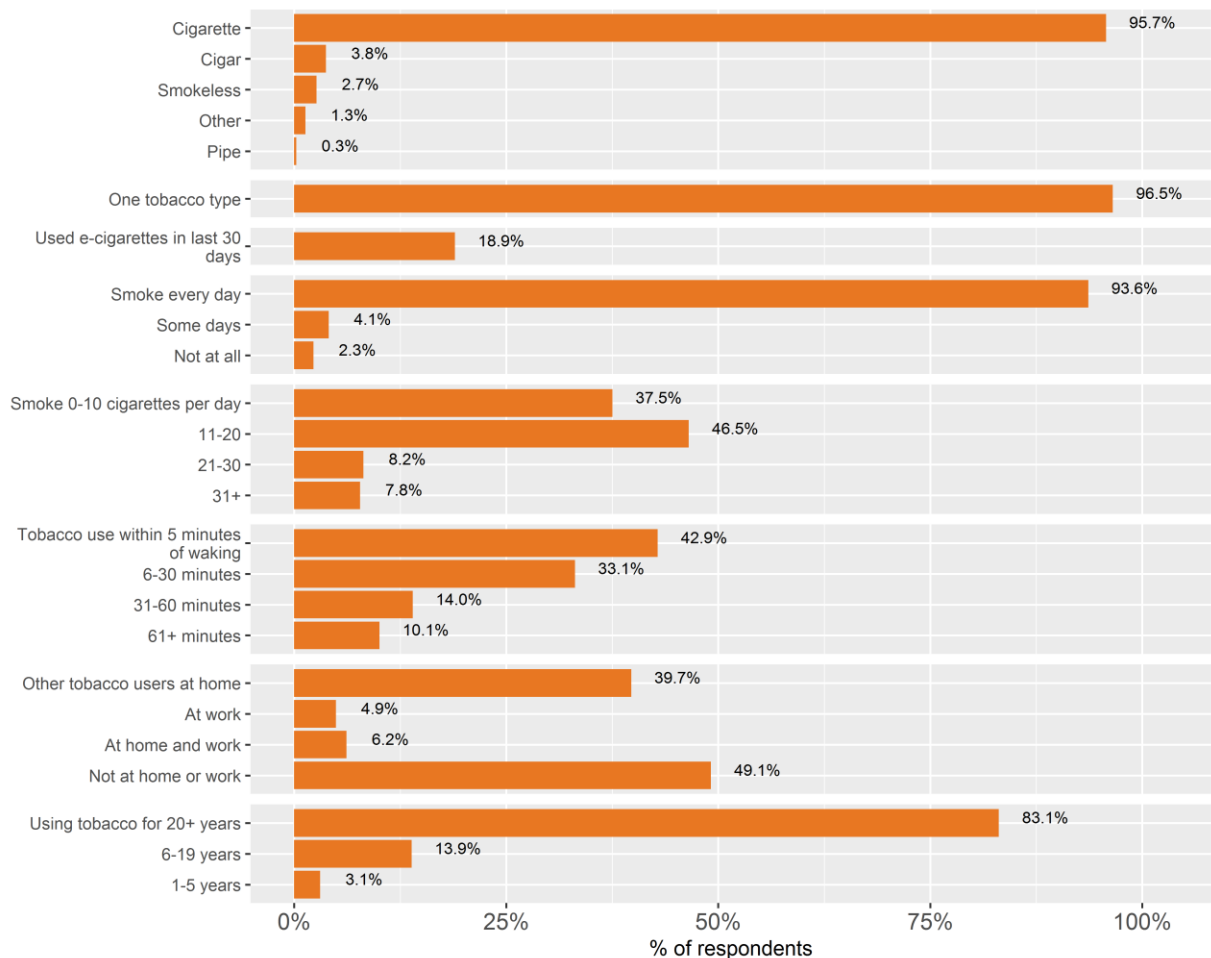


Figure 4. GTQL survey respondent tobacco use history, weighted total

Program utilization

Figure 5 below shows program utilization. All participants sampled for the evaluation enrolled in the multi-call program. Respondents completed 2 calls on average; 25% completed 3 or more calls. Most were self-referred to the program (97%); a small number were referred by a provider (3%). The majority were sent NRT (94%); respondents were most commonly sent patches (79%), though some were sent gum (14%).

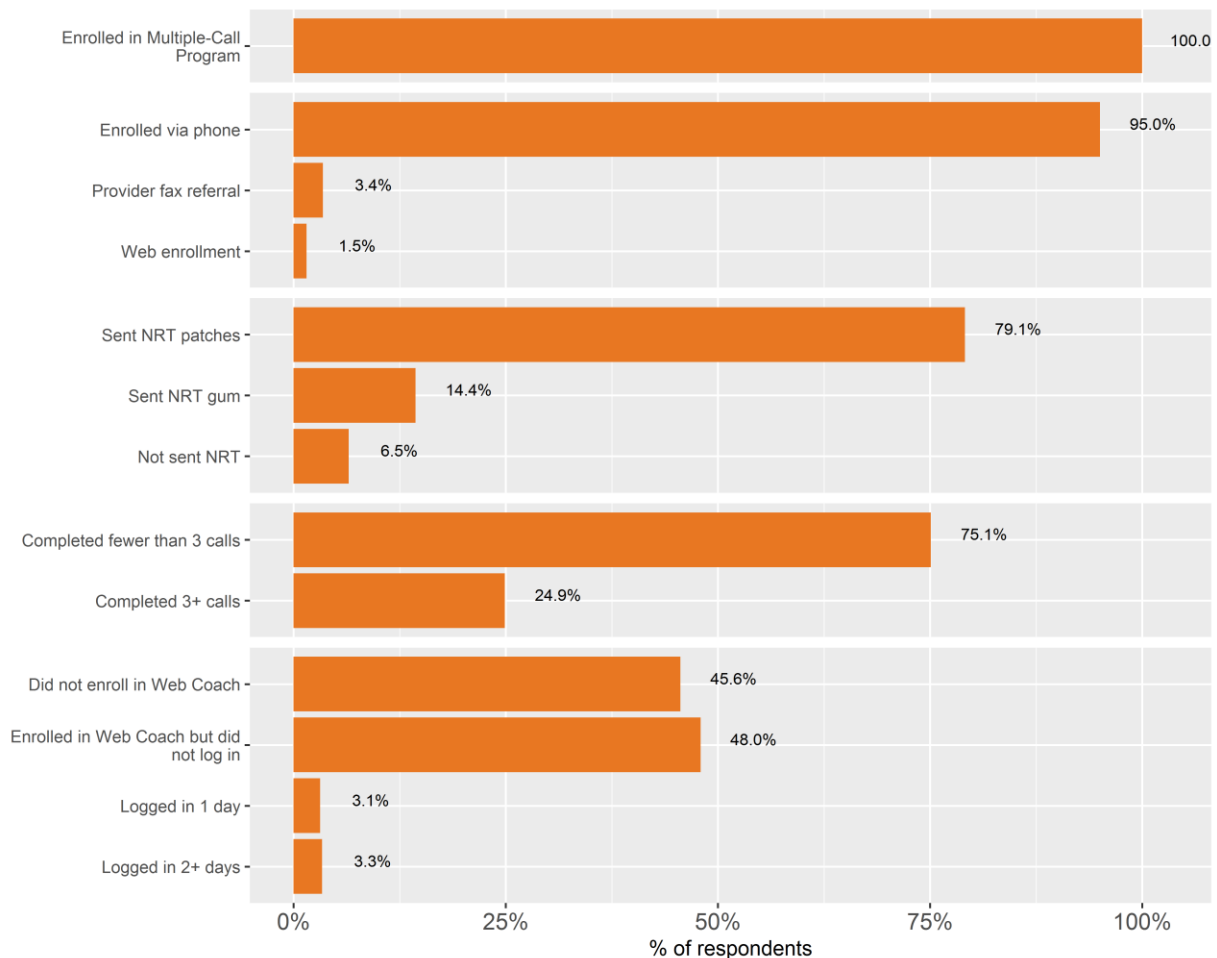


Figure 5. GTQL survey respondent program utilization, weighted total

What were the program outcomes after 7 months?

Program outcome information was collected by means of 7-month follow-up surveys. Data collected in response to 7-month survey questions are presented in **Appendix C**, and a copy of the 7-month survey instrument is included in **Appendix E**.

What were the satisfaction outcomes of survey respondents?

Satisfaction rates were high among GTQL multi-call respondents (93%, weighted total). Overall satisfaction is defined as being very, mostly, or somewhat satisfied with GTQL services. In addition to the overall satisfaction rate, 96% of GTQL callers indicated that they would recommend the GTQL to a friend in need of similar help. Respondents' full verbatim responses are included in the data set accompanying this report; several example responses are included on the following page.

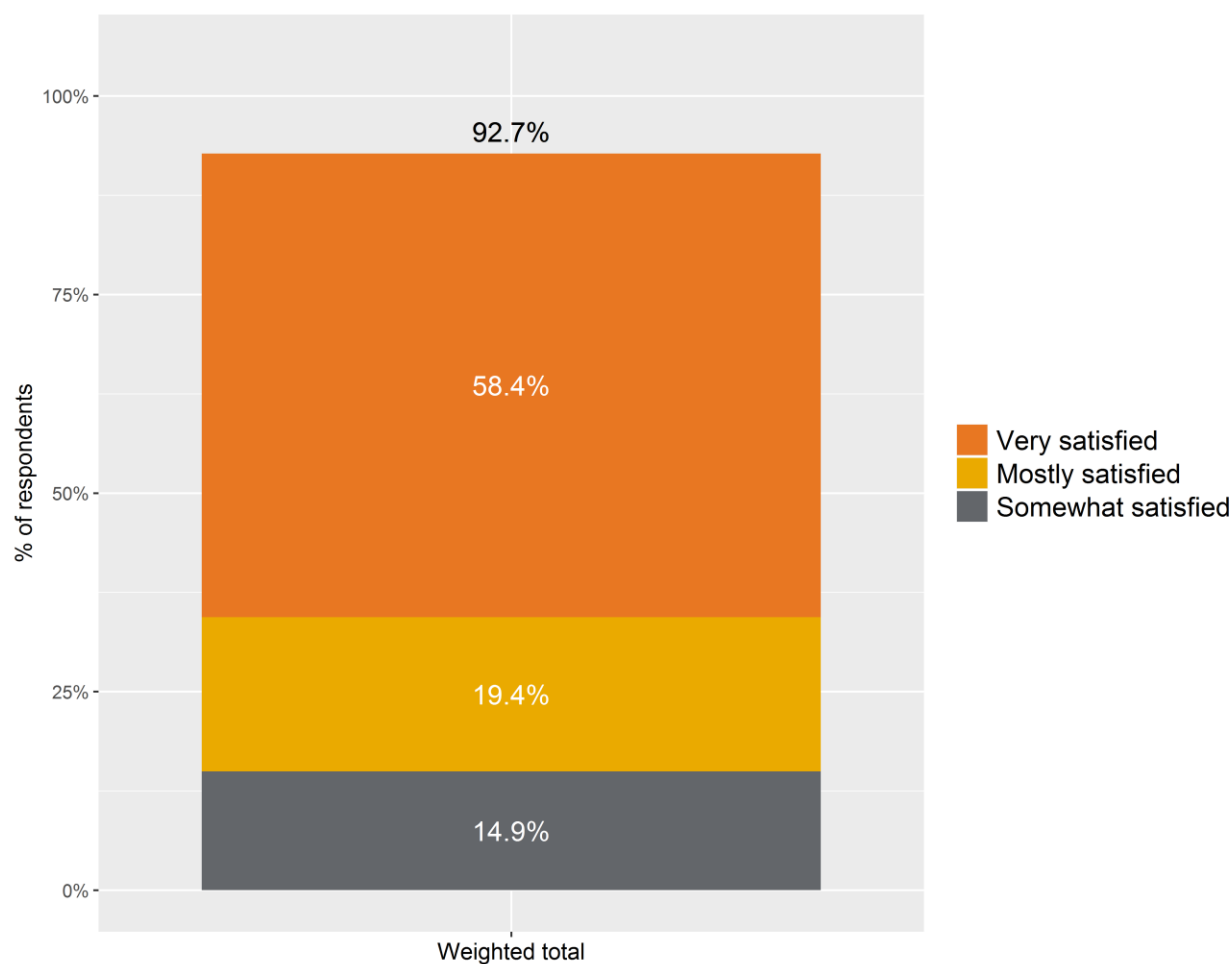


Figure 6. Overall satisfaction rate, weighted total

Why would you recommend the GTQL to a friend in need of similar help?

"I think it is helpful having the Quit Coach call you and if you need patches or gum they can send it to you. It's always good to have the extra support there."

"It is a good program. [I] used to smoke 20 cigarettes a day before [I] was pregnant, and now [I] smoke 15 cigarettes. [I try] to do a task when [I] want a cigarette to delay smoking."

"It is an excellent program. Every time you want to smoke, the [Quit Line] encourages you not to smoke."

"The coach does try to motivate you and they constantly check on you to make sure you're on the right path. Once you request for the gum or patches they send them out very quickly & it's very helpful."

"The coach was good to have someone to speak to, it was the best thing that could have happened to me. Someone I could express my feelings to and discuss how tough it was to stop."

"It's non-invasive. It's wonderful that you guys provide patches for people and it's a great resource to talk to other smokers that are trying to quit. It's provided great information for trying to quit and it's a wonderful program."

"I had failed twice before. Every time you welcomed me back. They asked what triggered me each time."

"It worked for me and not only did it work for me, they made it affordable for me. All I had to bring to the table was my commitment."

"I found it very effective, I like the follow up calls and the gum was a good idea."

"I think that most people have the desire to quit and need to. It's hard to quit but they do have the desire to. The service you offer would help them get started, they're not alone."

"It helps, the chewing gum helped. I would chew the gum whenever I felt like smoking and it really helped."

"You are very helpful, and you seem to genuinely care, and as you do not ask for payment. You send the patches out free, and they are expensive. With the coaches, and printed materials, you guys do seem to really want to help."

What were the quit outcomes for GTQL callers?

Respondent and intent-to-treat (ITT) quit rates are presented in Appendix C. Respondent quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to respondents who responded to the last tobacco use question.¹⁶ ITT quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to those who were selected for the follow-up survey (regardless of whether or not they completed the survey). ITT and respondent analyses both provide estimates of the “true” quit rate among the sample of callers; ITT analyses provide a conservative end estimate by assuming that all sampled callers who were not reached are still using tobacco, whereas respondent analyses provide a quit rate based only on “known” participant-reported information. The “true” tobacco quit rate most likely falls somewhere in between the ITT and respondent quit rate estimates. If the majority of survey non-respondents do not respond because they have continued to use tobacco, the ITT quit rate would be a better estimate, whereas if non-response is primarily a function of other variables (e.g., changed phone number, busy schedules, preference not to respond to telephone surveys, etc.), the “true” quit rate may be closer to the respondent estimate. Respondent and ITT quit rates are calculated at 7-day and 30-day prevalence points, where 30-day estimates, for example, measure the percent who report having been abstinent from tobacco for 30 days or longer at the time of the follow-up survey.

Respondent quit rates (weighted total with 95% confidence interval [CI]):

- 7-day: 40% (95% CI [36% - 45%])
- 30-day: 32% (95% CI [28% - 37%])

ITT quit rates (weighted total with 95% confidence interval [CI]):

- 7-day: 14% (95% CI [12% - 16%])
- 30-day: 11% (95% CI [9% - 13%])

¹⁶ Those who responded “do not know” or “refused” to the question assessing respondents’ last tobacco use are not included in the denominator for respondent quit rate analyses.

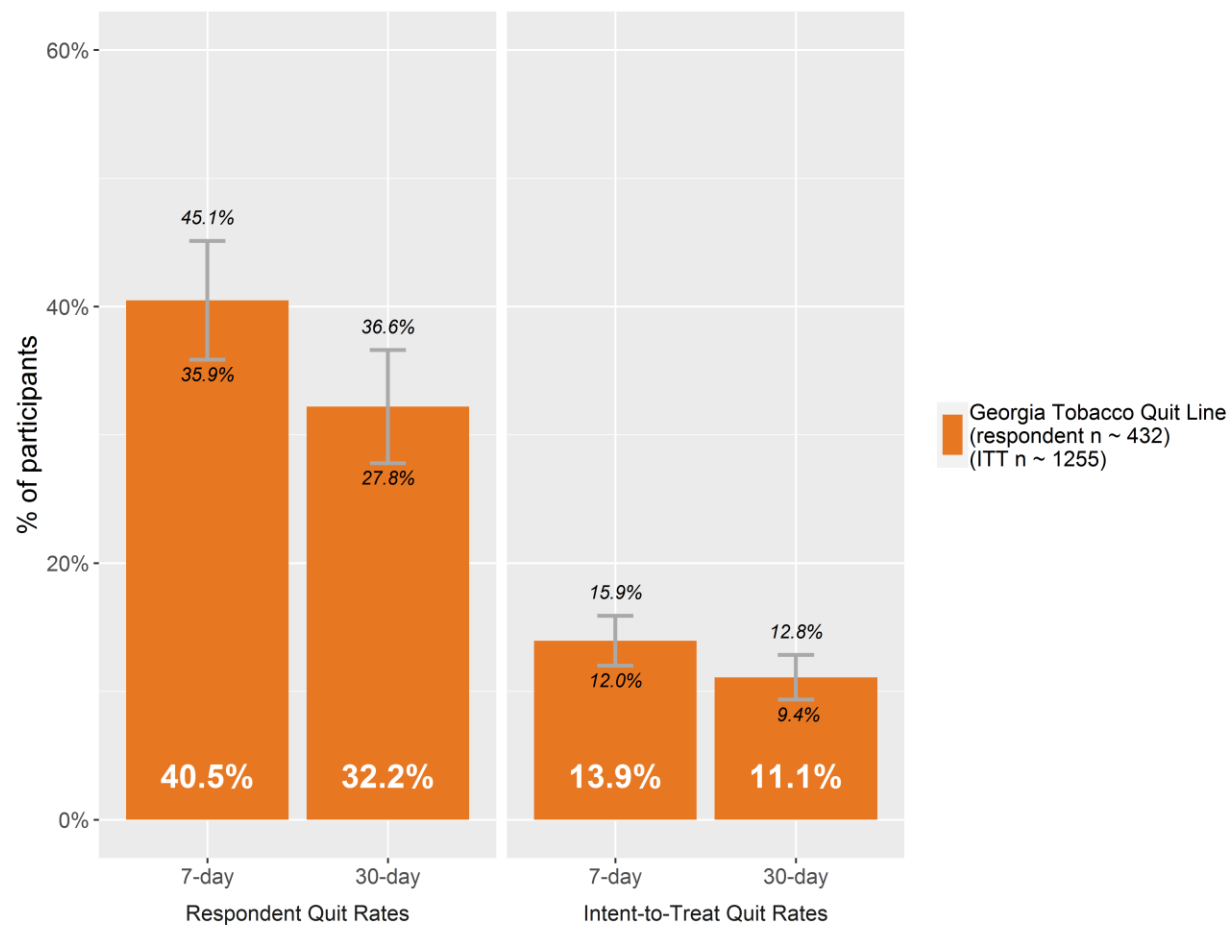


Figure 7. 7- and 30-day quit rate estimates with 95% confidence intervals, weighted total

Secondary quit rate: conventional tobacco + ENDS

The tobacco plus ENDS quit rate is defined as being abstinent from both conventional tobacco and ENDS for the last 30 or 7 days or more at the time of the 7-month survey. This quit rate is calculated as:

Numerator (for both respondent and ITT analyses):

1. Determine the percentage reporting successful ENDS cessation among those who both:
 - report successful conventional tobacco cessation and
 - answer the last ENDS use question on the follow-up survey (excluding responses of “don’t know” or “refused”).
2. Apply this percentage to all survey respondents reporting successful conventional tobacco cessation (regardless of whether or not they answered the last ENDS use question).

Denominators:

1. Respondent analyses: All those who answer the last tobacco use question on the follow-up survey (excluding responses of “don’t know” or “refused”).
2. ITT analyses: All those selected for follow-up.

As shown in **Figure 8**, 28% of GTQL respondents had been quit from tobacco and ENDS for at least 30 days at follow-up.

Tobacco + ENDS respondent quit rates (weighted total with 95% confidence interval [CI]):

- 7-day: 36% (95% CI [32% - 41%])
- 30-day: 28% (95% CI [24% - 33%])

Tobacco + ENDS ITT quit rates (weighted total with 95% confidence interval [CI]):

- 7-day: 12% (95% CI [9% - 16%])
- 30-day: 10% (95% CI [7% - 13%])

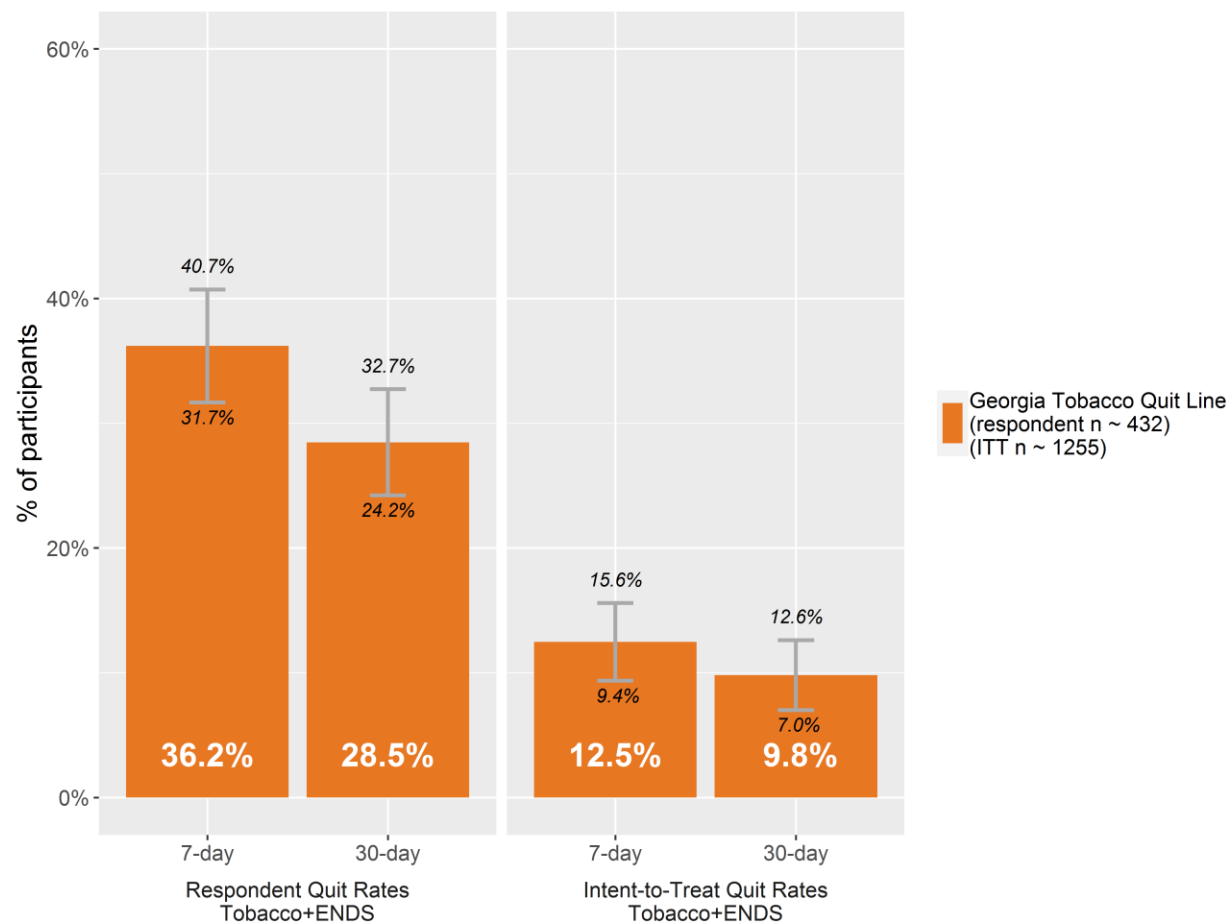


Figure 8. 7- and 30-day secondary quit rate estimates with 95% confidence intervals, weighted total

Were there differences in outcomes based on caller characteristics or program utilization?

As reported in Appendix D, differences in satisfaction and quit rates among Year 6 respondents were examined as a function of five variables of interest: e-cigarette use at follow-up, number of calls completed, NRT benefit, insurance type, and chronic health condition status.

Satisfaction rates among subgroups of GTQL callers

As shown in **Figure 9**, satisfaction rates varied as a function of NRT benefit.

- There was a significant difference in satisfaction rates between those who were sent NRT (94%) and those who were not sent NRT (75%) ($p < 0.001$).

There were no significant differences as a function of e-cigarette use at follow-up, number of calls completed, insurance type, or chronic health condition status.

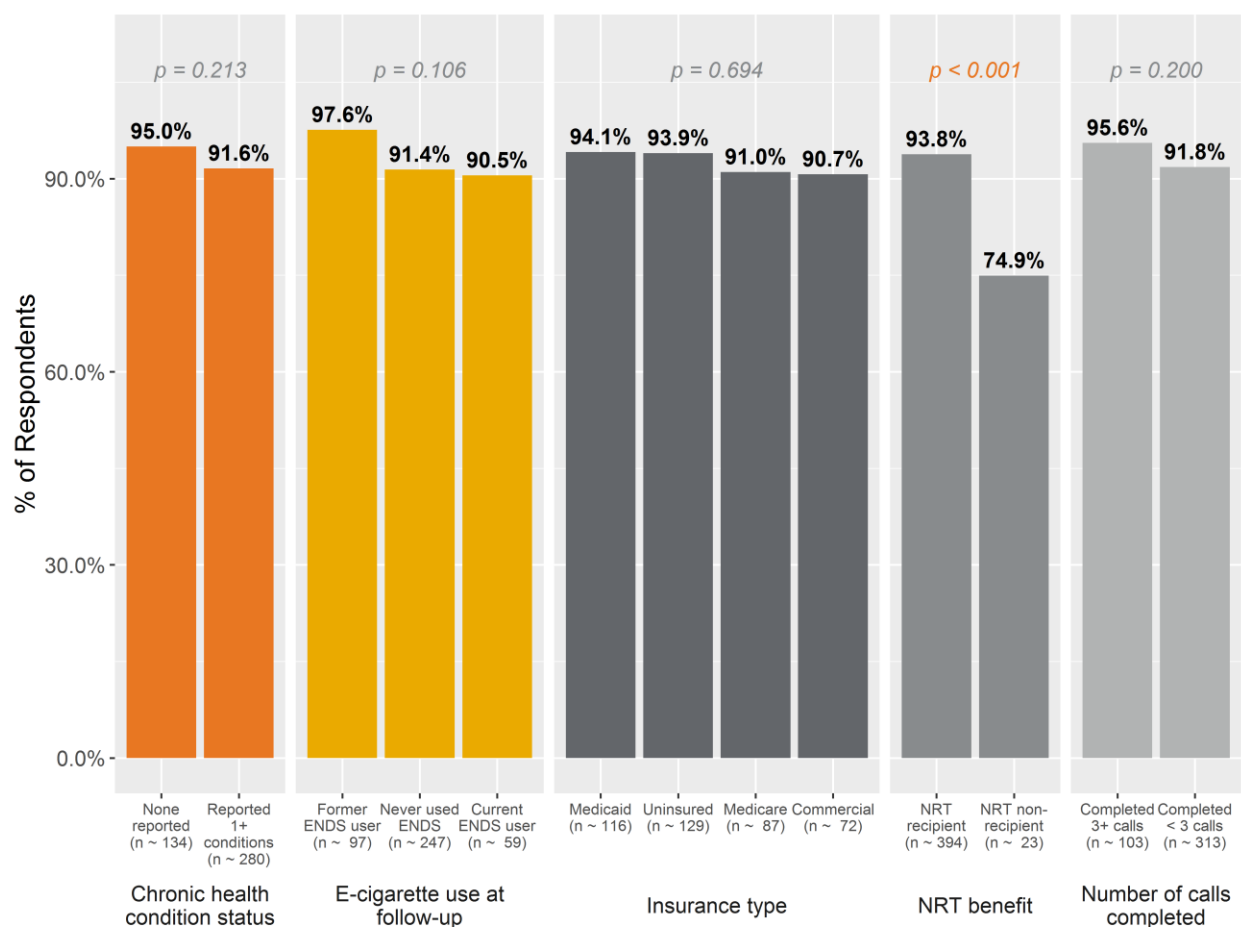


Figure 9. Satisfaction rates by variables of interest - weighted comparisons

Quit rates among subgroups of GTL callers

Respondent quit rates varied as a function of one variable of interest: number of calls completed. ITT quit rates varied as a function of number of calls completed.

NRT benefit: There were no significant differences in 30-day respondent quit rates between those who were sent NRT (32%) and those who were not sent NRT (30%) ($p = 0.791$). There were no significant differences in 30-day ITT quit rates between those who were sent NRT (11%) and those who were not sent NRT (9%) ($p = 0.565$).

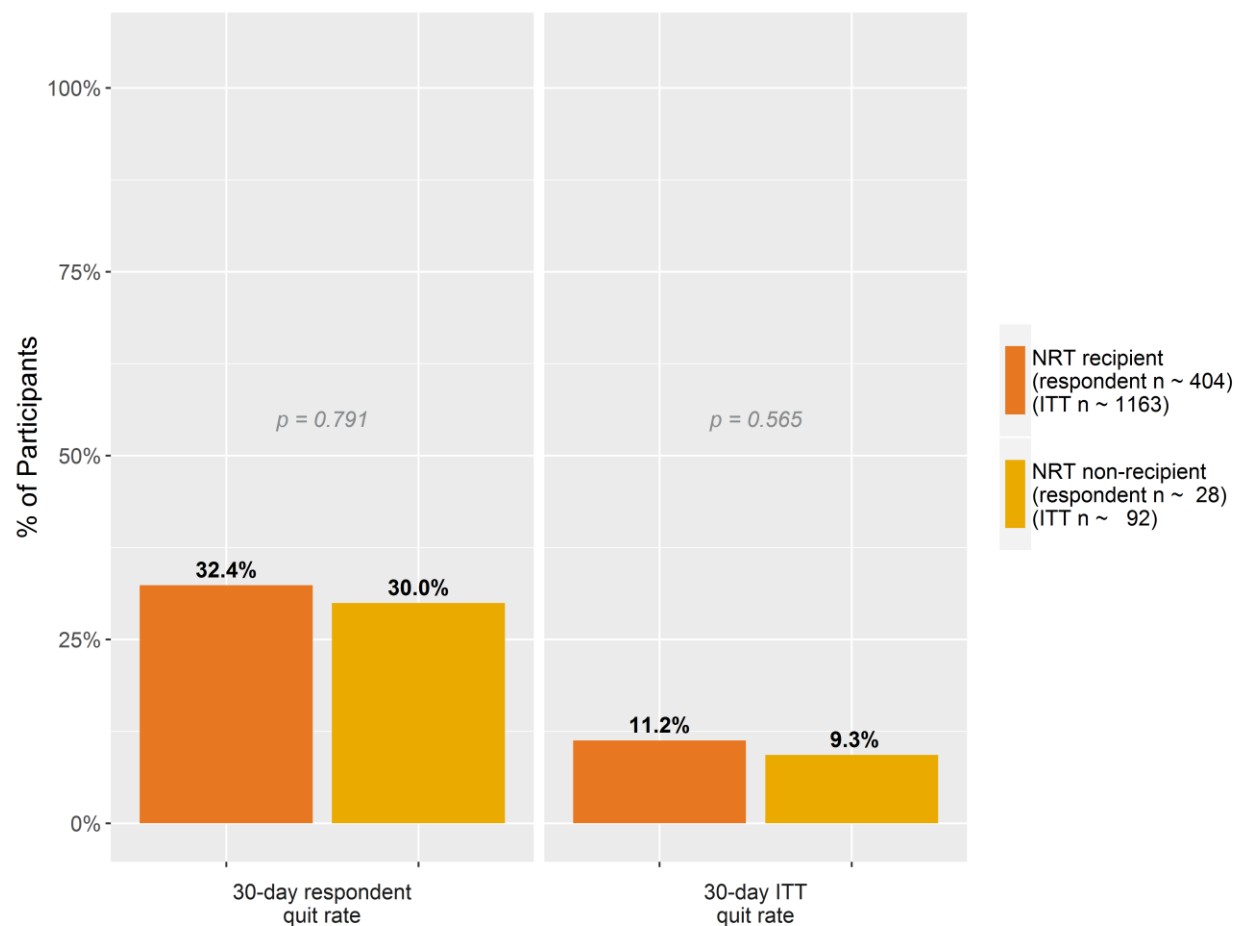


Figure 10. 30-day respondent and ITT quit rates by NRT benefit - weighted comparisons

Insurance type: There were no significant differences in 30-day respondent quit rates between commercially insured participants (41%), Medicaid-insured participants (31%), uninsured participants (30%), and Medicare-insured participants (29%) ($p = 0.319$). There were no significant differences in 30-day ITT quit rates between commercially insured participants (13%), Medicare-insured participants (12%), Medicaid-insured participants (11%), and uninsured participants (9%) ($p = 0.352$).

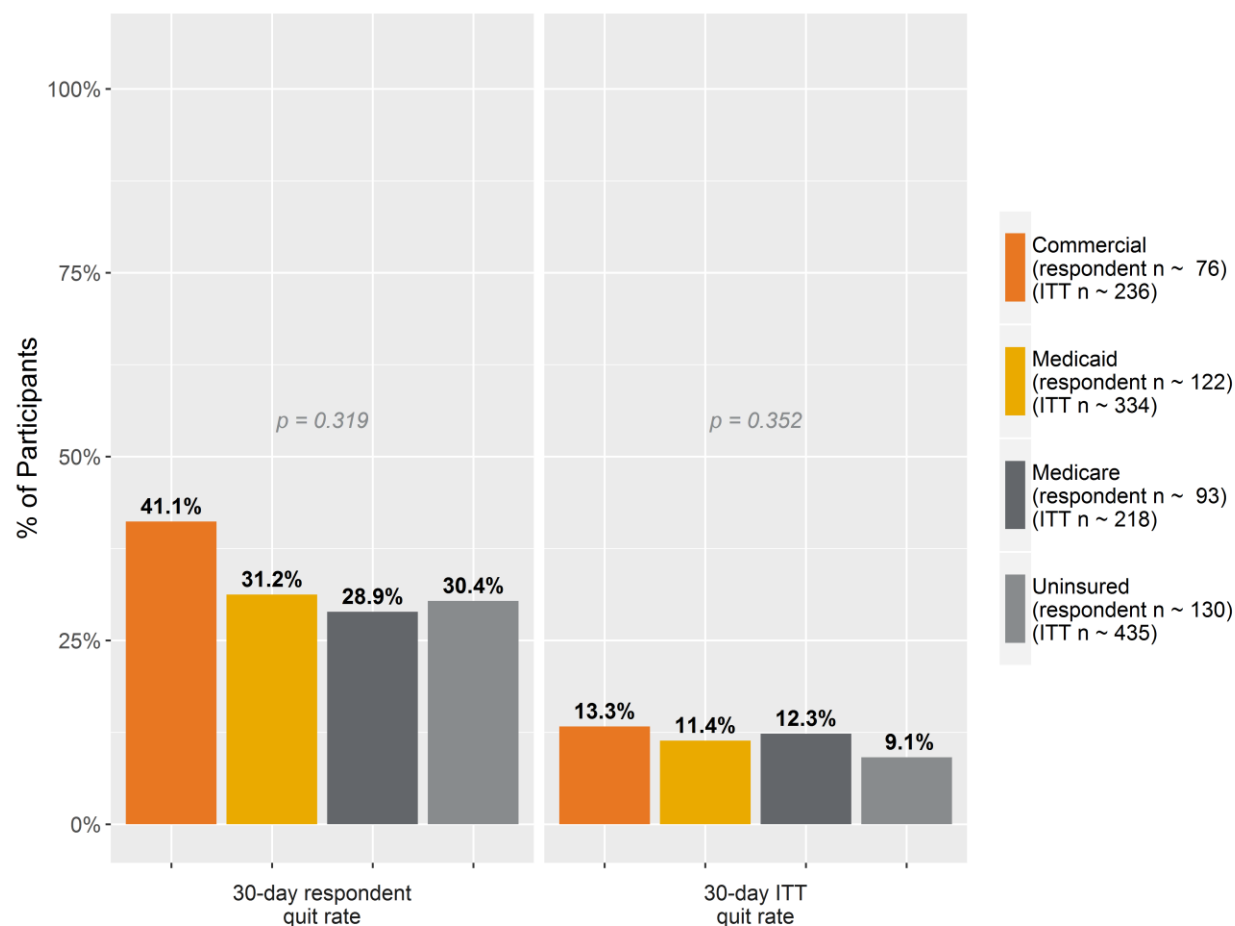


Figure 11. 30-day respondent and ITT quit rates by insurance type - weighted comparisons

Chronic health condition status: There were no significant differences in 30-day respondent quit rates between those who did not report a chronic health condition (35%) and those who reported one or more chronic health conditions (31%) ($p = 0.350$). There were no significant differences in 30-day ITT quit rates between those who reported one or more chronic health conditions (11%) and those who did not report a chronic health condition (11%) ($p = 0.607$).

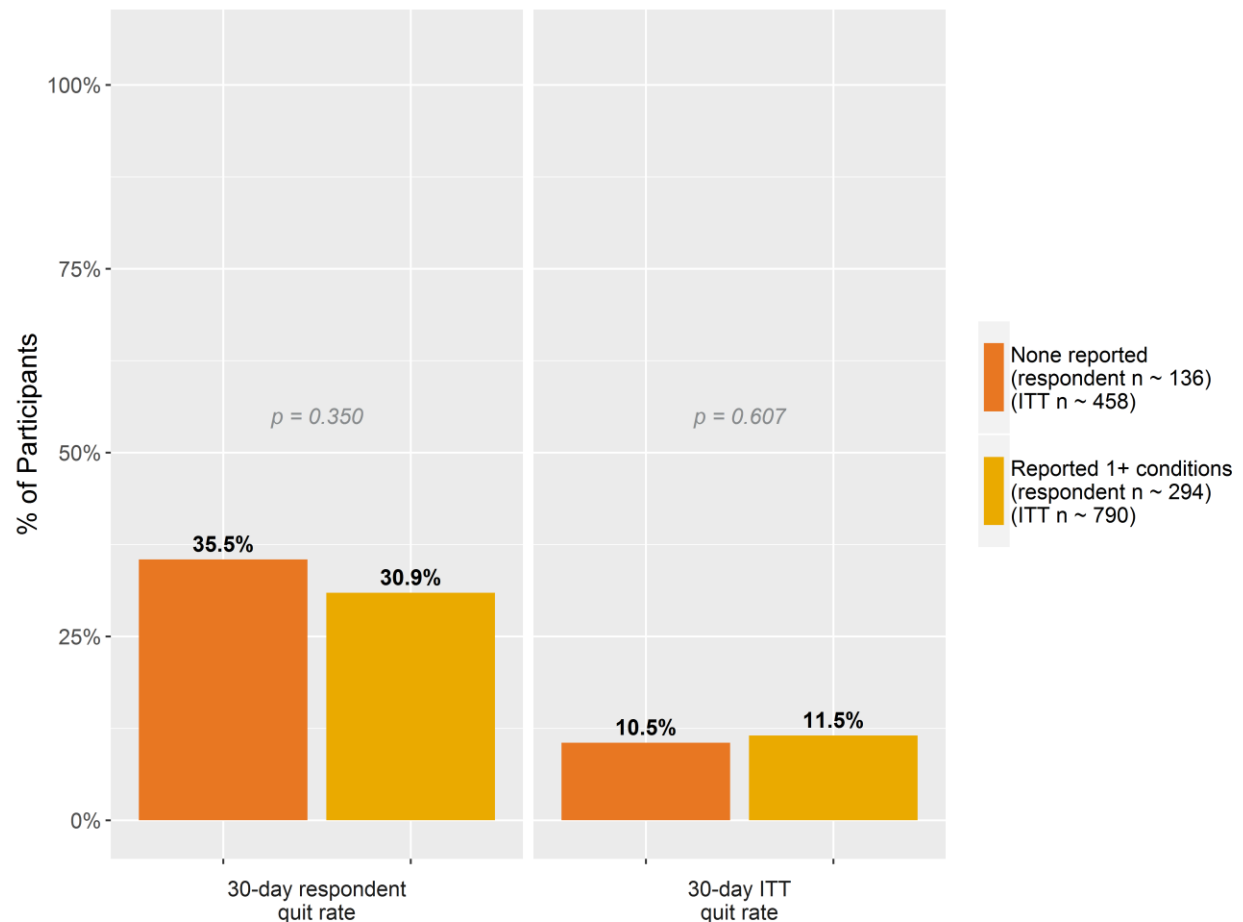


Figure 12. 30-day respondent and ITT quit rates by chronic health condition status - weighted comparisons

Number of calls completed: There was a significant difference in 30-day respondent quit rates between those who completed more than 3 calls (44%) and those who completed fewer than 3 calls (28%) ($p = 0.002$). There was a significant difference in 30-day ITT quit rates between those who completed more than 3 calls (23%) and those who completed fewer than 3 calls (9%) ($p < 0.001$).

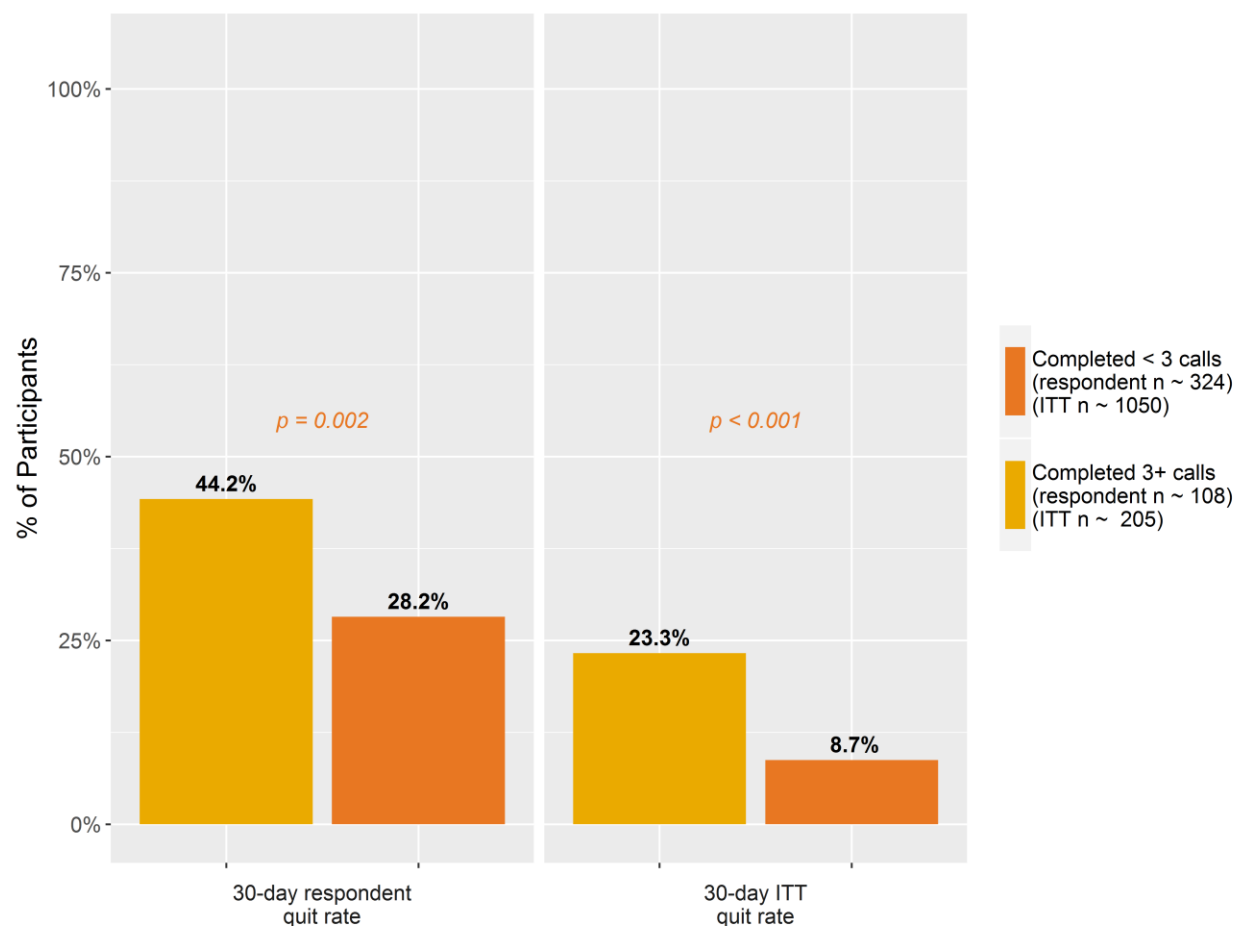


Figure 13. 30-day respondent and ITT quit rates by number of calls completed - weighted comparisons

E-cigarette use at follow-up: There were no significant differences in 30-day respondent quit rates between those who had never used e-cigarettes (36%), those who were current e-cigarette users (28%), and those who were former e-cigarette users (28%) ($p = 0.226$). Because e-cigarette use was assessed at follow-up, comparisons of ITT quit rates were not possible.

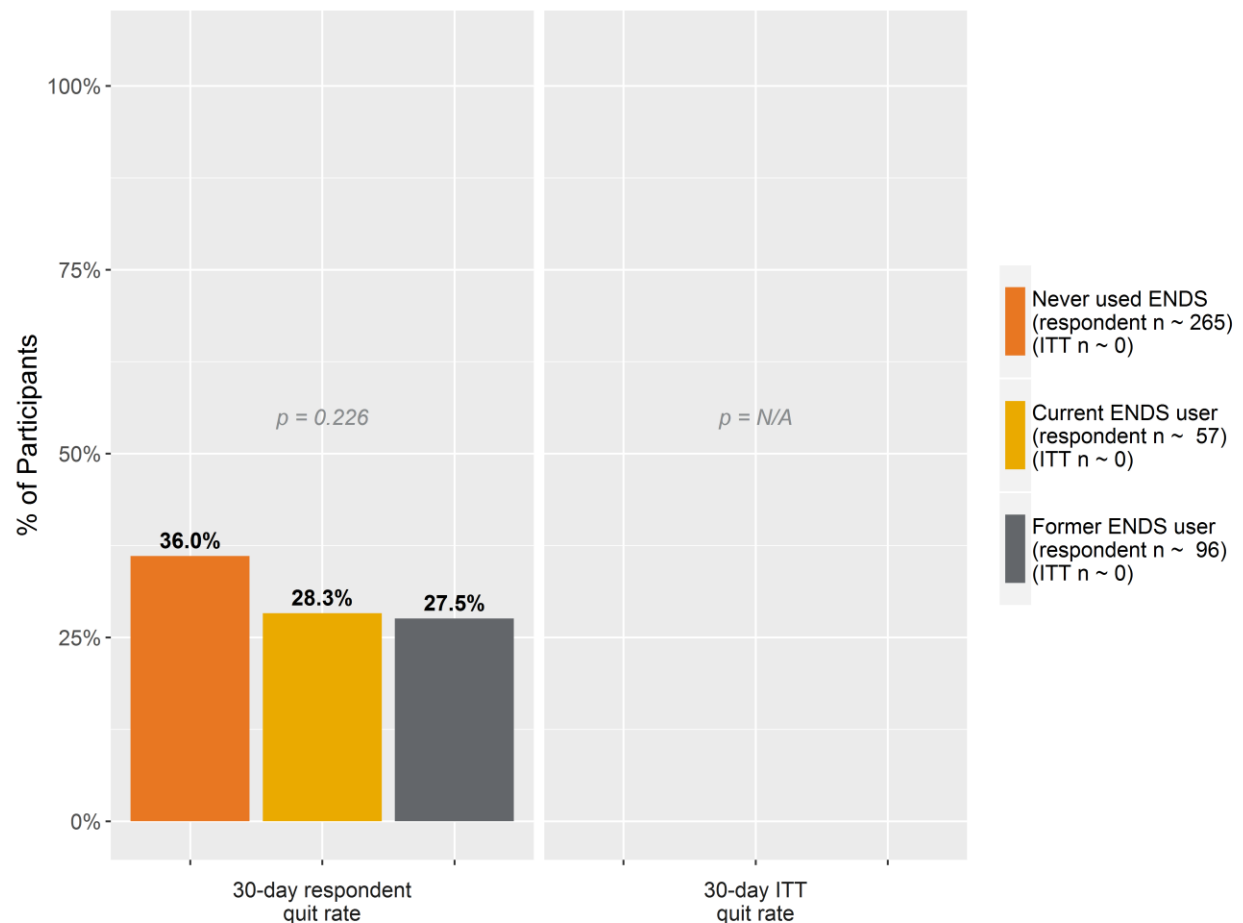


Figure 14. 30-day respondent and ITT quit rates by e-cigarette use at follow-up - weighted comparisons

Among continued smokers, what was the impact of the program?

Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers. Among continued cigarette smokers, 64% (weighted total) of GTQL callers reported smoking fewer cigarettes per day at follow-up than at the time of enrollment. About three fifths of respondents (60%, weighted total) had cut down by at least 25%, and about two fifths of respondents (38%, weighted total) had reduced their use by at least 50%. Continued smokers who had reduced their use had cut down by an average of 10.3 cigarettes per day (SD = 8.5; see **Table 1**).

Table 1. Current Smokers: Cigarette Use Reduction and Intention to Quit (Source: Enrollment and Follow-Up Survey^{1, 2})

	Weighted Total %
Number of cigarettes used per day	n ~ 213
Mean ± (Standard Deviation)	12.2 (10.1)
Range	1 – 40
Cigarette use reduction (cigarette users only)³	n ~ 202
As many or more than baseline	35.7
Fewer than baseline	64.3
<i>Reduced by at least 25%</i>	59.6
<i>Reduced by at least 50%</i>	38.3
Tobacco reduction (in cigarettes per day; among callers smoking "fewer than baseline" only)³	n ~ 129
Mean ± (Standard Deviation)	10.3 (8.5)
Range	1 – 40

¹ Results are reported only for those still using cigarettes or quit less than 30 days at the time of the follow-up survey.

² Responses of "refused" and "don't know" are excluded from analyses.

³ Calculated variable; reported only for continued smokers who provided data regarding number of cigarettes smoked per day at enrollment (baseline) and again during the 7-month follow-up survey.

Continued smokers also reduced their level of dependence on tobacco, as measured by time to first cigarette after waking and daily smoking. Among continued smokers, 49% of GTQL callers reported smoking within 5 minutes after waking at the time of enrollment, compared to only 29% at the time of the 7-month follow-up survey (**Figure 15** and **Table 2**). This represents a reduction of 41% in the proportions of continued smokers who had a cigarette within 5 minutes after waking.

Continued cigarette users also reported less frequent smoking at follow-up compared to enrollment (**Figure 15** and **Table 2**). Among those who had smoked a cigarette in the 30 days prior to their follow-up survey, 95% of GTQL callers had reported smoking every day at enrollment. At follow-up, 73% reported smoking every day, representing a 23% reduction in the proportion of daily smokers.

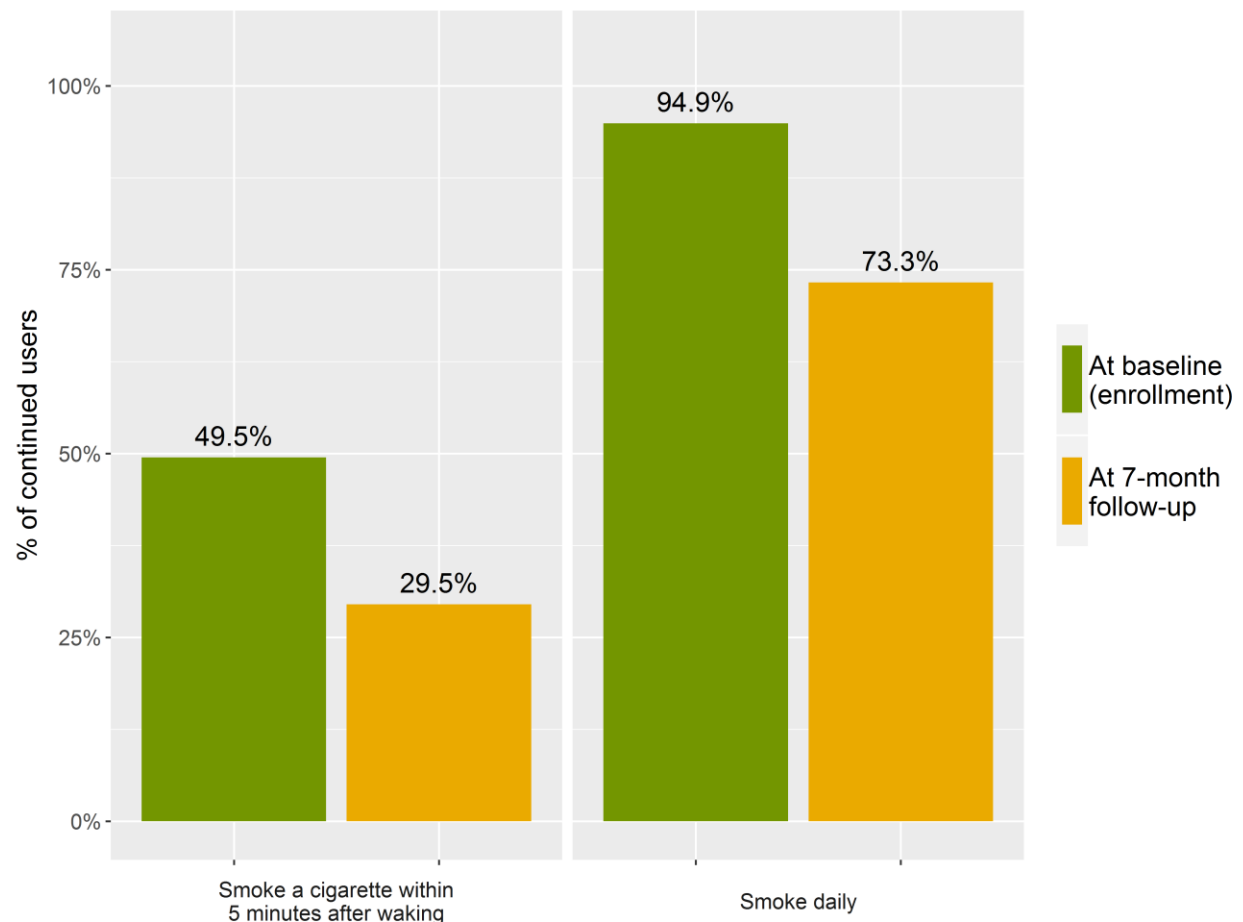


Figure 15. Current cigarette users: Change in dependence level and smoking frequency from baseline to follow-up

Table 1. Current Cigarette Users: Reduction in Dependence and Smoking Frequency (Source: Enrollment and Follow-Up)¹

	Weighted Total	
	At Enrollment	At Follow-Up
	%	%
Time to first cigarette after waking²	n ~ 205	n ~ 205
Within 5 minutes	49.5	29.5
6-30 minutes	34.1	34.5
31-60 minutes	10.3	15.9
More than 60 minutes	6.1	17.6
Already quit	0	2.6
Cigarette use frequency³	n ~ 228	n ~ 228
Every day	94.9	73.3
Some days	3.7	23.5
Not at all	1.4	3.2

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² To accurately assess change in time to first use, data are presented only for those continued users who provided data regarding time to first cigarette on both registration and at 7-month follow-up.

³ To accurately assess change in daily smoking, data are presented only for those continued users who provided data regarding cigarette use frequency on both registration and at 7-month follow-up.

Did respondents use NRT or other medications to help them quit?

About four fifths of respondents (80%) reported at 7-month follow-up that they had used medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/Varenicline) to help them quit. Nicotine patches were the most commonly used medication, used by about two in three respondents (63%). Around three in five respondents (63%) used only one type of medication, and 17% reported that they had used two or more medication types since enrollment.

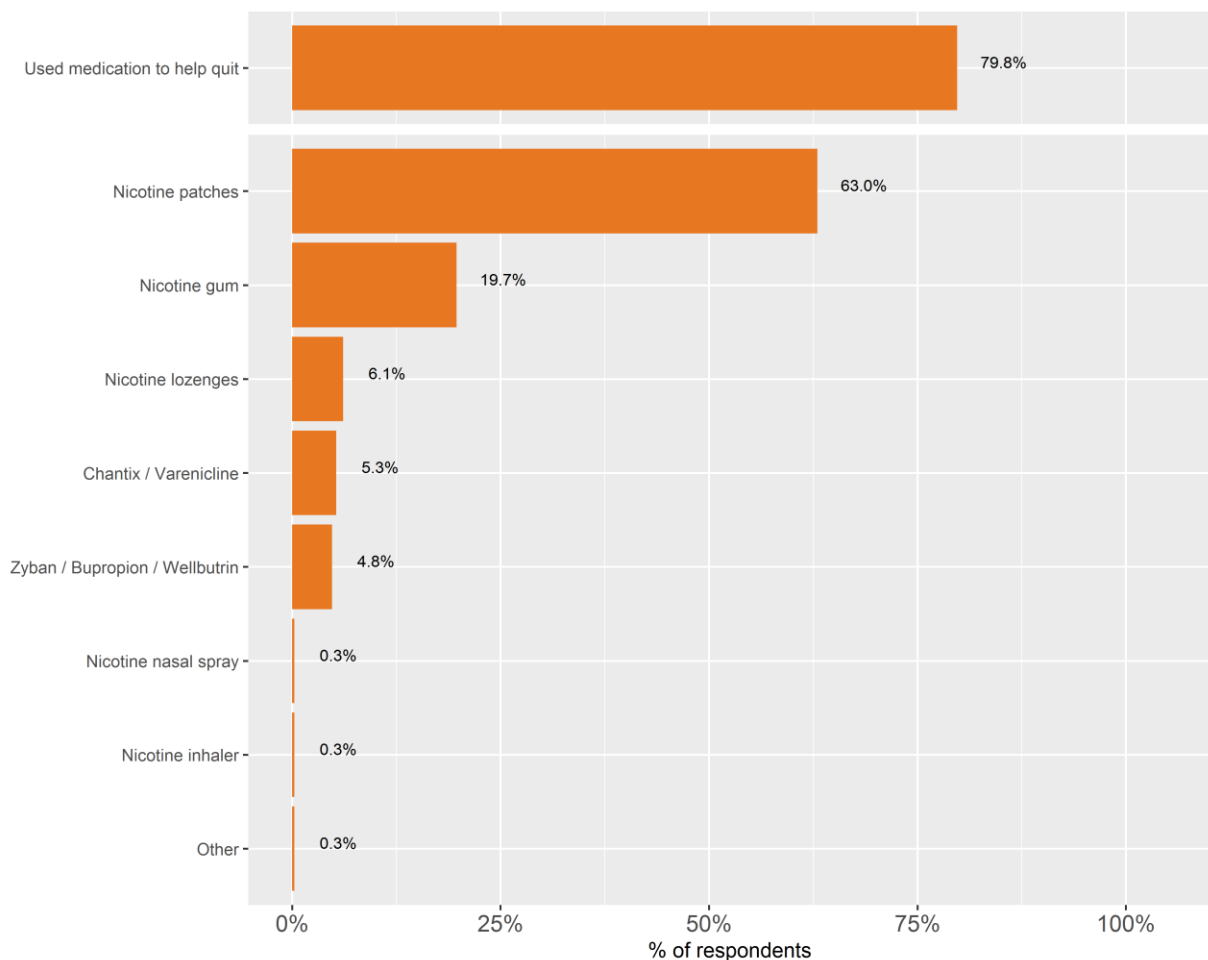


Figure 16. Medication types used since enrollment, weighted

Did respondents use other resources to help them quit?

About three in four respondents (74%) reported that the GTQL was the only resource they used in their quit efforts. Other resources used included advice from a health professional (10%), support/advice from family and friends (8%), tapering down (4%), substitutes (e.g., regular gum, toothpick) (3%), behavior/routine change (3%), and spiritual or religious support (3%).

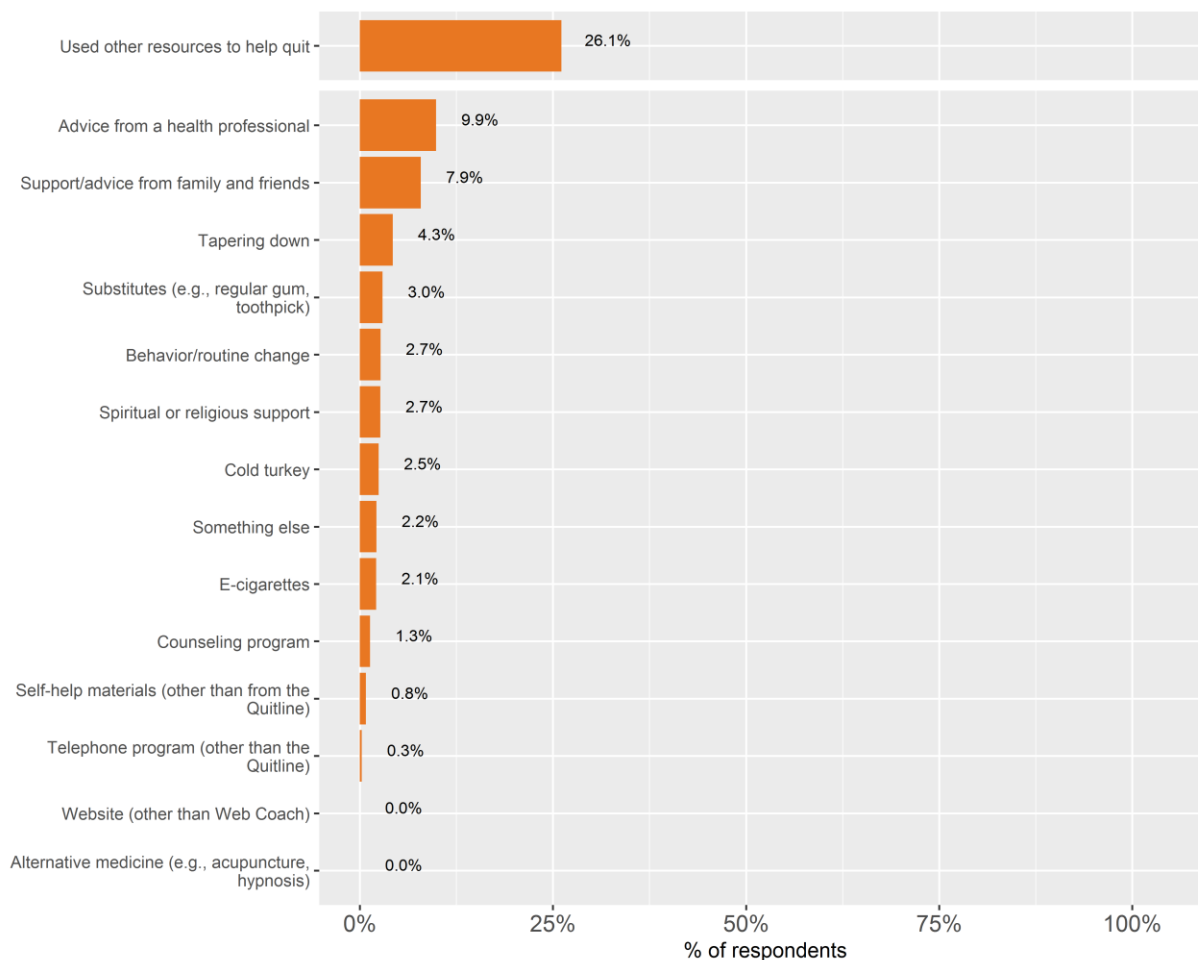


Figure 17. Other resources used to help quit, weighted

How did pregnant and postpartum callers benefit from the GTQL?

A total of 146 C10 participants were included in analyses; 31 responded to the follow-up survey for a C10 program response rate of 21%. **All estimates described in this subsection should be considered provisional and interpreted with caution, as a small number of additional responses could significantly alter estimates.**

The majority of respondents (29/30) who responded to the survey question assessing satisfaction were satisfied with the GTQL C10 program. Data on last tobacco use was available for 31 participants. Overall, about half of respondents reported being abstinent from tobacco for at least 7 and 30 days. **These estimates should be considered provisional and interpreted with caution.** Initial findings show positive results for survey respondents (respondent quit rates):

7-day: 55% (17/31)

95% CI: [37% - 72%]



30-day: 52% (16/31)

95% CI: [34% - 69%]



ITT quit rates:

- 7-day: 12% (17/146; 95% CI [6% - 17%])
- 30-day: 11% (16/146; 95% CI [6% - 16%])

Summary

This evaluation summarizes the results of the 7-month follow-up survey administered to callers who registered with the GTQL from March 1, 2017 through February 28, 2018 (12 registration months). In addition to assessing satisfaction and quit outcomes for GTQL callers, this evaluation also examined outcomes for those enrolled in the GTQL Intensive 10-Call Program for Pregnant Tobacco Users (C10).

Reach rates

In 2017, promotional reach for the GTQL was 1.21%. Treatment reach percentages for cigarette smokers and smokeless tobacco users were 0.9% and 0.21%, respectively.

Response rates

A total of 420 GTQL callers completed the follow-up survey approximately 7 months after enrollment, resulting in a 34.9% weighted response rate. Among C10 participants from this evaluation period, 31 responded to the survey for a 21.2% response rate.

Respondent characteristics at enrollment

Respondents to the evaluation survey typically spoke English, were not currently pregnant, planning pregnancy, or breastfeeding, completed high school or greater, reported one or more chronic health conditions, and were female. About half were age 41 - 60, identified as White, and identified as Black or African American. The majority were cigarette smokers who reported smoking every day and reported using for 20 years or longer. All participants sampled for the evaluation enrolled in the multi-call program, and completed 2 calls on average.

Satisfaction outcomes

The majority of survey respondents (93%) were satisfied (very, mostly, or somewhat) with GTQL services and would recommend the program to a friend (96%).

Quit rate outcomes

The GTQL achieved positive quit outcomes for respondents. Among the weighted total, 32% had been abstinent from tobacco for 30 days or longer, and 40% had been abstinent for 7 days or longer. ITT 30-day and 7-day quit rates were 11% and 14%, respectively.

Statistical differences in outcomes between subgroups

Statistical comparisons examining differences in outcomes based on variables of interest showed several statistically significant differences in satisfaction and quit rates.

Satisfaction rates varied as a function of NRT benefit.

- There was a significant difference in satisfaction rates between those who were sent NRT (94%) and those who were not sent NRT (75%) ($p < 0.001$).

Respondent quit rates varied as a function of one variable of interest: number of calls completed. ITT quit rates varied as a function of number of calls completed.

- There was a significant difference in 30-day respondent quit rates between those who completed more than 3 calls (44%) and those who completed fewer than 3 calls (28%) ($p = 0.002$).
- There was a significant difference in 30-day ITT quit rates between those who completed more than 3 calls (23%) and those who completed fewer than 3 calls (9%) ($p < 0.001$).

Use of cessation medications

About four fifths of respondents (80%) reported that they had used medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/Varenicline) to help them quit. Nicotine patches were the most commonly used medication, used by about two in three respondents (63%).

Cigarette use and tobacco dependence reduction among continued smokers

Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers. Among the weighted total of continued cigarette smokers:

- 64% had reduced their smoking by an average of 10 cigarettes per day.
- The proportion of continued smokers who used tobacco within 5 minutes after waking (an indicator of tobacco dependence) decreased by 41% , and the proportion who smoked every day decreased by 23%.
- 79% indicated that they intended to quit within the next 30 days.

Benefits of the GTQL C10 program for pregnant callers

A total of 146 C10 participants were attempted for follow-up; 31 responded for a response rate of 21%.

Due to small sample sizes, all estimates should be considered provisional and interpreted with caution.

- Satisfaction: 97% (29/30) were satisfied with the program.
- 30-day respondent quit rate: 52% (16/31) had been quit for at least 30 days at the time of 7-month follow-up.

Conclusions

Overall, outcomes from this evaluation year were positive. The GTQL exceeded the North American Quitline Consortium (NAQC) benchmark of a 30% 30-day respondent quit rate, and satisfaction rates were high for the program.

Findings around the relationship between quit rates and call completion offer an area for improvement. Participants who completed 3 or more calls has significantly higher respondent and ITT quit rates compared to those who completed fewer than 3 calls. The GTQL should consider strategies to improve call engagement, such as split shipment NRT. This NRT benefit structure requires that a participant complete an additional call to receive an additional NRT shipment, which acts as an incentive for participants to complete more calls. This type of strategy could drive quit rates even higher. It may also help to increase satisfaction rates, as this evaluation found that participants who received NRT were more likely to be satisfied with GTQL services.

The treatment reach rate for cigarette users improved slightly over 2016 (0.75% in 2016, 0.9% in 2017; see Year 5 evaluation report for 2016 reach rate calculations). Georgia should consider offering additional program offerings such as Stand Alone Web Coach and Individual Services. These additional program offerings may push rates even higher, as it may attract tobacco users who do not want phone services. For example, research has shown that the Stand Alone Web Coach offering attracts younger, healthier tobacco users.¹⁷ Offering a variety of programs allows tobacco users to choose the program with which they are most likely to engage.

Although the goal of GTQL services is tobacco abstinence, the majority of continued smokers reduced their tobacco use and dependence. Given that it often takes multiple quit attempts to obtain success, these findings reflect important progress towards abstinence for continued smokers. Tobacco reduction, even when prolonged abstinence has not been achieved, yields health benefits and increases the likelihood of success in subsequent quit attempts.¹⁸

Outcomes for C10 participants appear positive, with high quit rates and satisfaction rates. If the program offerings and surveying continues, more reliable outcomes estimates will be available in future reports.

Overall, these findings indicate that the services provided by the GTQL are crucial in reducing tobacco use in Georgia. This evaluation documents numerous favorable findings (e.g., quit rates, satisfaction, tobacco use reduction) for GTQL callers, as well as identifying areas for improvement (e.g., improving outcomes by adopting strategies to raise call engagement).

¹⁷ Nash, CM, Vickerman, KA, Kellogg, ES, Zbikowski, SM. (2015). Utilization of a Web-Based vs Integrated Phone/Web Cessation Program Among 140,000 Tobacco Users: An Evaluation Across 10 Free State Quitlines. *J Med Internet Res* 2015;17(2):e36. DOI: 10.2196/jmir.3658

¹⁸ Hughes, J. R., & Carpenter, M. J. (2006). Does smoking reduction increase future cessation and decrease disease risk? A qualitative review. *Nicotine & Tobacco Research*, 8 (6), 739-749.

Recommendations

Services

- Maintain or enhance service offerings to GTQL callers. The North American Quitline Consortium (NAQC) set a benchmark for all state quitlines to achieve a 30% 30-day responder quit rate by 2015. The GTQL met this benchmark during this evaluation timeframe (March 2017 through February 2018 registrants), but the Quit Line may fall below this goal if services are not maintained.
 - Continue offering the multi-call program to all participants, and consider offering Stand Alone Web Coach® and/or Individual Services to GTQL callers. Offering a variety of program options may attract new tobacco users who do not want to use phone counseling. Providing a variety of service options with NRT and allowing participants to choose the program that best fits their needs can result in higher reach rates and maintained or improved quit rates, potentially at lower cost to the State.
 - Consider expanding the NRT benefit to include an 8-week supply of NRT, structured as a split shipment. Offering a more comprehensive NRT benefit may drive quit rates even higher.
 - If providing a more robust NRT benefit through the GTQL is not feasible, offer digital or print materials with tips on how to access the NRT benefit through a participant's insurance coverage. Quit Coach® staff should be trained to review these materials with callers so participants can more easily supplement their Quit Line NRT benefit with NRT through their insurance.
- Consider strategies to encourage engagement in coaching calls and NRT adherence. This evaluation found that more engaged participants tended to be more likely to quit. Additionally, previous research has found that more intensive tobacco cessation programs (e.g., multiple proactive coaching calls) in combination with NRT yields the highest quit rates and is a cost effective means of improving public health.^{19,20} Possible strategies:
 - If offering split shipment NRT, highlight to participants that they must speak to Quit Coach® staff at least one additional time to receive their next NRT shipment.
 - Stress appropriate NRT use to avoid and address medication side effects.
 - Use the newly launched Text2Quit text messaging program to enhance engagement, such as reminding participants when to expect coaching calls.

¹⁹ Hollis, J. F., McAfee, T. A., Fellows, J. L., Zbikowski, S. M., Stark, M., & Riedlinger, K. (2007). The effectiveness and cost effectiveness of telephone counseling and the nicotine patch in a state tobacco quitline. *Tobacco Control*, 16, i53-59. doi:10.1136/tc.2006.019794.

²⁰ Fiore, M. C., Jaen, C. R., Baker, T. B., et al. (2008). Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

- At \$0.37 per pack, Georgia's cigarette excise tax is one of the lowest in the country (the national average is \$1.79 per pack).²¹ Continue efforts to increase this tax and earmark a portion of the resulting revenue for the Quit Line; an increase could provide funding to expand or enhance services for GTQL callers.
 - Resulting revenue could also be used to fund a promotional campaign for the GTQL. This could help increase the promotional and treatment reach rates of the GTQL. With adequate funding, NAQC estimates that quitlines can reach 6% of tobacco users in a state.²²

Future Evaluation

- Consider an ongoing evaluation plan, which avoids breaks in surveying. This ongoing survey plan will eventually provide for larger samples and allow for more rigorous outcome estimation among smaller priority populations, such as pregnant and postpartum callers. It also allows for comparisons between years to detect changes in program outcomes over time.
- Consider an engagement analysis to assess the use of the newly launched Text2Quit program (launched August 2018). This could help inform the State as to who is using the program, and quantify its effect on engagement.
- Consider examining the characteristics of callers who are less engaged in the program. This may inform the State as to whether certain services are more appealing to different populations, which can help build the case for expanding GTQL service offerings.

²¹ Campaign for Tobacco Free Kids. State Cigarette Excise Tax Rates and Rankings. Retrieved March 16, 2017 from <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf>

²² NAQC. (2009). Increasing Reach of Tobacco Cessation Quitlines: A Review of the Literature and Promising Practices. (C. Bronar, MA, J.Saul, PhD). Phoenix, AZ.

Appendix A. Weighting of Evaluation Data

The purpose of this evaluation was to obtain accurate outcome estimates for GTQL callers in total as well as separately for pregnant participants in the Intensive 10-Call Program for Pregnant Tobacco Users (C10). To ensure that reliable estimates for each subgroup could be calculated, a census was conducted of all C10 enrollees; GTQL adult callers were selected using a random sampling method stratified by month of registration.

As a result of this variable sampling strategy, subgroup proportions in the sample were not equal to subgroup proportions in the caller population. As described in Table A.1., below, C10 participants made up a small proportion (1.4%) of those eligible for evaluation. Due to the sampling plan, C10 participants had a higher likelihood of being selected for evaluation than non-C10 participants. This means that C10 were overrepresented in the evaluation sample.

To improve the accuracy of outcome estimates for the GTQL as a whole, we employed a statistical weighting strategy to account for the differential probability of selection for callers in each subgroup based on the sampling design. Without weighting, outcome estimates for GTQL callers in aggregate would be biased in the direction of C10 participants. Since outcomes may vary based on pregnancy or postpartum status/participation in C10, the weighting procedures were employed to account for the sampling design; these procedures resulted in proportions of responses more in line with those expected from all eligible GTQL callers in total.

Table A.1. Weighting to Account for Differential Sampling Probabilities for GTQL Callers – Year 6 Total

	All Eligible GTQL Callers	Unweighted Sample	Weighted Sample	Unweighted Respondent Data	Weighted Respondent Data
Adult multi-call participants	98.6%	88.4%	98.6%	92.6%	99.2%
C10 participants	1.4%	11.63%	1.4%	7.4%	0.8%

Appendix B. Respondent Characteristics

Tables in this appendix present data regarding the disposition of 7-month survey calls for all participants in the selected Year 6 sample, as well as data regarding respondent demographics, tobacco history and use behaviors, program characteristics, and program utilization.

Table B.1. Survey Disposition — Unweighted Groups with Weighted Totals

	Respondents				Unweighted Total		Weighted Total
	MC Program		C10				
	n	%	n	%	n	%	%
Survey disposition	1109		146		1255		
Survey Complete	389	35.1	31	21.2	420	33.5	34.9
<i>Phone Complete</i>	352	31.7	28	19.2	380	30.3	31.6
<i>Online Complete</i>	37	3.3	3	2.1	40	3.2	3.3
Not located; unable to interview (e.g. wrong #/ # disconnected)	267	24.1	57	39.0	324	25.8	24.3
Completed all attempts; unable to interview	340	30.7	43	29.5	383	30.5	30.6
Refusal	83	7.5	11	7.5	94	7.5	7.5
Other; unable to interview (deceased, incomplete survey)	30	2.7	4	2.7	34	2.7	2.7

Table B.2. Demographic Characteristics of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Gender	389		31		
Female	242	62.2	31	100.0	62.5
Male	147	37.8	0	0.0	37.5
Pregnancy status	72		31		
Yes, currently pregnant, planning pregnancy, or breastfeeding	2	2.8	23	74.2	5.9
Not currently pregnant, planning pregnancy, or breastfeeding	70	97.2	8	25.8	94.1
Language	389		31		
English	388	99.7	31	100.0	99.7
Spanish	1	0.3	0	0.0	0.3
Age	389		31		
Mean ± (Standard Deviation)	53.5 (12.9)		29.3 (6.3)		53.3 (13.3)
Range	18–85		19–46		18 – 85
Age	389		31		
18-24	12	3.1	7	22.6	3.2
25-40	58	14.9	23	74.2	15.4
41-60	199	51.2	1	3.2	50.8
>60	120	30.8	0	0.0	30.6
Race/ethnicity	359		27		
Black or African American, non-Hispanic	164	45.7	7	25.9	45.5
Hispanic or Latino/Latina	9	2.5	0	0.0	2.5
Other	18	5.0	1	3.7	5.0
White, non-Hispanic	168	46.8	19	70.4	47.0

Table B.2., cont. Demographic Characteristics of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Education	362		27		
Less than grade 9	23	6.4	0	0.0	6.3
Grade 9-11, no degree	69	19.1	7	25.9	19.1
GED	22	6.1	1	3.7	6.1
High school degree	106	29.3	6	22.2	29.2
Some technical/tradeschool	4	1.1	0	0.0	1.1
Some college or university	66	18.2	9	33.3	18.3
Technical/tradeschool degree	14	3.9	1	3.7	3.9
College or university degree	58	16.0	3	11.1	16.0
Health insurance status	371		29		
Commercial	68	18.0	3	10.0	18.0
Medicaid	109	28.9	20	66.7	29.2
Medicare	83	22.0	1	3.3	21.9
Uninsured	117	31.0	6	20.0	30.9
Chronic health conditions	387		31		
None reported	122	31.5	19	61.3	31.8
Reported one or more of the conditions listed	265	68.5	12	38.7	68.2
Chronic health conditions ²	389		31		
Chronic Obstructive Pulmonary Disease (COPD)	115	29.6	0	0.0	29.3
Asthma	80	20.6	6	19.4	20.6
Diabetes	85	21.9	4	12.9	21.8
Type 1 Diabetes	10	2.6	0	0.0	2.5
Type 2 Diabetes	73	18.8	4	12.9	18.7
Diabetes type not specified	2	0.5	0	0.0	0.5
Coronary Artery Disease (CAD)	59	15.2	1	3.2	15.1
High Blood Pressure	140	36.0	7	22.6	35.9
High Cholesterol	1	0.3	0	0.0	0.3
None reported	122	31.4	19	61.3	31.6

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Multiple reporting; total may not add up to 100%

Table B.3. Tobacco History and Behaviors of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Participant lives or works with other tobacco users	362		28		
No (neither home nor work)	178	49.2	13	46.4	49.1
Yes (at home only)	144	39.8	10	35.7	39.7
Yes (at work only)	18	5.0	0	0.0	4.9
Yes (both at home and work)	22	6.1	5	17.9	6.2
Tobacco type reported at enrollment ²	374		31		
Cigarette	358	95.7	30	96.8	95.7
Smokeless tobacco (SLT)	10	2.7	0	0.0	2.7
Cigar	14	3.7	2	6.5	3.8
Pipe	1	0.3	0	0.0	0.3
Other	5	1.3	0	0.0	1.3
Number of types of tobacco used	374		31		
One type	361	96.5	30	96.8	96.5
Two or more types	13	3.5	1	3.2	3.5
Cigarettes per day (CPD)	357		28		
Mean ± (Standard Deviation)	16.6 (10.4)		15.5 (7.0)		16.6 (10.6)
Range	0 – 60		5 – 30		0 – 60
Smoking level (based on CPD)	357		28		
0-10 cpd	134	37.5	10	35.7	37.5
11-20 cpd	166	46.5	14	50.0	46.5
21-30 cpd	29	8.1	4	14.3	8.2
31+ cpd	28	7.8	0	0.0	7.8

Table B.3., cont. Tobacco History and Behaviors of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Time to first tobacco use after waking (TTFU)	365		29		
Within 5 minutes	156	42.7	17	58.6	42.9
6-30 minutes	121	33.2	8	27.6	33.1
31-60 minutes	51	14.0	4	13.8	14.0
More than 60 minutes	37	10.1	0	0.0	10.1
Current cigarette use frequency at enrollment	348		27		
Every day	326	93.7	24	88.9	93.6
Some days	14	4.0	3	11.1	4.1
Not at all	8	2.3	0	0.0	2.3
Number of years used tobacco	361		28		
1-5 years	11	3.0	1	3.6	3.1
6-19 years	48	13.3	23	82.1	13.9
20 years or more	302	83.7	4	14.3	83.1
'Do you currently use electronic cigarettes/e- cigarettes/vapor cigarettes?'	364		28		
Yes	69	19.0	5	17.9	18.9
No	295	81.0	23	82.1	81.1

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Multiple reporting; total may not add up to 100%

Table B.4. Key Program Components of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment or Intervention Calls)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Method of entry	389		31		
Phone call	370	95.1	26	83.9	95.0
Fax referral	13	3.3	5	16.1	3.4
Web enrollment	6	1.5	0	0.0	1.5
Method of entry	389		31		
Self-referred (phone or web)	376	96.7	26	83.9	96.6
Provider-referred (fax or electronic referral)	13	3.3	5	16.1	3.4
Treatment intensity	389		31		
Multiple-Call Program	389	100.0	31	100.0	100.0
Number of calls completed	389		31		
1 call	195	50.1	6	19.4	49.9
2 calls	98	25.2	9	29.0	25.2
3 calls	48	12.3	5	16.1	12.4
4 calls	15	3.9	3	9.7	3.9
5 or more calls	33	8.5	8	25.8	8.6
Number of calls completed	389		31		
Mean ± (Standard Deviation)	2.0 (1.3)		3.2 (2.0)		2.0 (1.3)
Range	1 – 6		1 – 8		1 – 8
Call completion rate	389		31		
Fewer than 3 calls	293	75.3	15	48.4	75.1
3 or more calls	96	24.7	16	51.6	24.9

Table B.4., cont. Key Program Components of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment or Intervention Calls)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
NRT benefit status	389		31		
NRT recipient	365	93.8	17	54.8	93.5
NRT non-recipient	24	6.2	14	45.2	6.5
NRT sent to participant	389		31		
None	23	5.9	14	45.2	6.2
One type - patches	310	79.7	13	41.9	79.4
One type - gum	56	14.4	4	12.9	14.4
Participant provided email address and was sent Web Coach login	389		31		
No	178	45.8	8	25.8	45.6
Yes	211	54.2	23	74.2	54.4
Number of days participants logged into Web Coach (among those sent Web Coach login information)	211		23		
0 days	186	88.2	20	87.0	88.1
1 day	12	5.7	2	8.7	5.7
2 days	10	4.7	0	0.0	4.7
3 or more days	3	1.4	1	4.3	1.5
Web Coach participation	389		31		
Did not enroll in Web Coach	178	45.8	8	25.8	45.6
Logged in 0 days	186	47.8	20	64.5	48.0
Logged in 1 day	12	3.1	2	6.5	3.1
Logged in 2+ days	13	3.3	1	3.2	3.3

Appendix C. 7-Month Survey Data

Tables in this appendix display data collected during the 7-month follow-up survey for callers in the selected sample.

Table C.1. Program Outcomes: Satisfaction and Recommending the Quitline (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Satisfaction	370		30		
Satisfied	343	92.7	29	96.7	92.7
<i>Very satisfied</i>	216	58.4	17	56.7	58.4
<i>Mostly satisfied</i>	72	19.5	5	16.7	19.4
<i>Somewhat satisfied</i>	55	14.9	7	23.3	14.9
Not Satisfied	27	7.3	1	3.3	7.3
Would recommend the Quitline to a friend in need of similar help	365		30		
No	16	4.4	1	3.3	4.4
Yes	349	95.6	29	96.7	95.6

¹ Responses of "refused" and "don't know" are excluded from analyses.

Table C.1., cont. Program Outcomes: Quit Outcomes (Source: Follow-Up Survey)

	Phone Program Respondents						Weighted Total
	MC Program			C10			
	% (quit/group total)			% (quit/group total)			
Respondent quit rates ¹							
7-day respondent quit rate	40.4% (155/384)			54.8% (17/31)			40.5%
7-day Confidence Interval	35.5% - 45.3%			37.3% - 72.4			35.9% - 45.1%
30-day respondent quit rate	32.0% (123/384)			51.6% (16/31)			32.2%
30-day Confidence Interval	27.4% - 36.7%			34.0% - 69.2%			27.8% - 36.6%
Intent-to-treat quit rates							
7-day intent-to-treat quit rate	14.0% (155/1109)			11.6% (17/146)			13.9%
7-day Confidence Interval	11.9% - 16.1%			6.4% - 16.9%			12.0% - 15.9%
30-day intent-to-treat quit rate	11.1% (123/1109)			11.0% (16/146)			11.1%
30-day Confidence Interval	9.2% - 12.9%			5.9% - 16.0%			9.4% - 12.8%

¹ Responses of "refused" and "don't know" are excluded from analyses.

Table C.2. Quit Attempts and Quit Status (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Made a serious attempt to quit tobacco lasting 24 hours or longer since calling the Quitline	208		12		
Yes	164	78.8	8	66.7	78.8
No	44	21.2	4	33.3	21.2
When last used tobacco or smoked a cigarette (even a puff or pinch)	384		31		
Within the last 24 hours	210	54.7	13	41.9	54.6
Within the last 7 days, but more than 24 hours ago	19	4.9	1	3.2	4.9
Within the last month, but more than 7 days ago	32	8.3	1	3.2	8.3
Within the last 3 months, but more than 1 month ago	47	12.2	8	25.8	12.4
Within the last 6 months, but more than 3 months ago	45	11.7	4	12.9	11.7
Within the last 9 months, but more than 6 months ago	23	6.0	3	9.7	6.0
Within the last 12 months, but more than 9 months ago	4	1.0	0	0.0	1.0
12 months ago or longer	4	1.0	1	3.2	1.1
When last used e-cigarette or vaping device	376		29		
Within the last 24 hours	32	8.5	5	17.2	8.6
Within the last 7 days, but more than 24 hours ago	5	1.3	0	0.0	1.3
Within the last month, but more than 7 days ago	15	4.0	1	3.4	4.1
Within the last 3 months, but more than 1 month ago	16	4.3	1	3.4	4.2
Within the last 6 months, but more than 3 months ago	21	5.6	2	6.9	5.6
Within the last 9 months, but more than 6 months ago	4	1.1	3	10.3	1.1
Within the last 12 months, but more than 9 months ago	5	1.3	0	0.0	1.3
12 months ago or longer	40	10.6	5	17.2	10.7
Never used	238	63.3	12	41.4	63.1

¹ Responses of "refused" and "don't know" are excluded from analyses.

Table C.3. Current Tobacco Users: Type and Frequency of Use (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	
Tobacco type used in the last 30 days ²	244		13		
Cigarettes	235	96.3	13	100.0	96.3
Cigars, cigarillos, or little cigars	16	6.6	0	0.0	6.5
Chewing tobacco, snuff, dip	5	2.0	0	0.0	2.0
Pipes	1	0.4	0	0.0	0.4
Other	1	0.4	0	0.0	0.4
Number of types of tobacco used in last 30 days	254		14		
One type	230	90.6	13	92.9	90.6
Two or more type	14	5.5	0	0.0	5.5
No tobacco types	10	3.9	1	7.1	4.0
Current cigarette use frequency	235		13		
Every day	170	72.3	10	76.9	72.4
Some days	57	24.3	3	23.1	24.2
Not at all	8	3.4	0	0.0	3.4

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Multiple reporting; total may not add up to 100%

Table C.4. Current Tobacco Users: Dependence and Amount Used (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Dependence level (time to first cigarette after waking)	217		13		
Within 5 minutes	64	29.5	5	38.5	29.5
6-30 minutes	73	33.6	4	30.8	33.6
31-60 minutes	36	16.6	0	0.0	16.5
> 60 minutes	39	18.0	4	30.8	18.1
ALREADY QUIT	5	2.3	0	0.0	2.3
Cigarettes per day (CPD) at follow-up	201		12		
Mean ± (Standard Deviation)	12.2 (9.8)		8.3 (6.7)		12.2 (10.1)
Range	1 – 80		1 – 20		1– 80

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table C.5. Current Tobacco Users: Cigarette Use Reduction and Intention to Quit (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Cigarette use reduction (cigarette users only)	191		11		
Fewer than baseline	123	64.4	6	54.5	64.3
As many or more than	68	35.6	5	45.5	35.7
Tobacco reduction (in cigarettes per day) ²	191		11		
Reduced by at least 25%	114	59.7	5	45.5	59.6
Reduced by at least 50%	73	38.2	5	45.5	38.3
Reduction in cigarettes per day (among callers smoking fewer than baseline)	123		6	6	
Mean ± (Standard Deviation)	10.3 (8.2)		13.3 (10.8)		10.3 (8.5)
Range	1 – 40		2 – 29		1– 40
Change in dependence (time to first cigarette after waking)	194		11		
Reduced dependence	87	44.8	4	36.4	44.8
Did not change or reduce dependence (did not increase time to first cigarette)	107	55.2	7	63.6	55.2
Intent to quit using tobacco in next 30 days	199		14		
No	30	15.1	3	21.4	15.1
Yes	169	84.9	11	78.6	84.9

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Calculated variable.

Table C.6. Use of Medications to Help Quit Since Calling the Quitline (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Used medication to help quit?	375		30		
Yes	300	80.0	16	53.3	79.8
No	75	20.0	14	46.7	20.2
Types of medications used ²	375		30		
Nicotine patches	237	63.2	12	40.0	63.0
Nicotine gum	74	19.7	6	20.0	19.7
Chantix / Varenicline	20	5.3	0	0.0	5.3
Nicotine lozenges	23	6.1	2	6.7	6.1
Zyban / Bupropion / Wellbutrin ³	18	4.8	2	6.7	4.8
Nicotine inhaler	1	0.3	0	0.0	0.3
Nicotine nasal spray	1	0.3	0	0.0	0.3
Other	1	0.3	0	0.0	0.3
Number of types of medication used	375		30		
None	75	20.0	14	46.7	20.2
One Medication	236	62.9	12	40.0	62.7
Two Medications	53	14.1	2	6.7	14.1
Three or More Medications	11	2.9	2	6.7	3.0

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Multiple reporting; total may not add up to 100%.

³ Only if used for quitting tobacco.

Table C.7. Use of Other Resources to Help Quit Since Calling the Quitline (Source: Follow-Up Survey¹)

	Phone Program Respondents				Weighted Total %
	MC Program		C10		
	n	%	n	%	%
Used other kinds of assistance (other than the Quitline)	372		29		
Yes	97	26.1	9	31.0	26.1
No	275	73.9	20	69.0	73.9
Other kinds of assistance used ²	372		29		100
Advice from a health professional	37	9.9	0	0.0	9.9
E-cigarettes	8	2.2	0	0.0	2.1
Support/advice from family and friends	29	7.8	6	20.7	7.9
Counseling program	5	1.3	0	0.0	1.3
Substitutes (e.g., regular gum, toothpick)	11	3.0	1	3.4	3.0
Behavior/routine change	10	2.7	1	3.4	2.7
Cold turkey	9	2.4	2	6.9	2.5
Spiritual or religious support	10	2.7	0	0.0	2.7
Website (other than Web Coach)	0	0.0	0	0.0	0.0
Alternative medicine (e.g., acupuncture, hypnosis)	0	0.0	0	0.0	0.0
Self-help materials (other than from the Quitline)	3	0.8	0	0.0	0.8
Tapering down	16	4.3	0	0.0	4.3
Telephone program (other than the Quitline)	1	0.3	0	0.0	0.3
Something else	8	2.2	1	3.4	2.2
None	275	73.9	20	69.0	73.9

¹ Responses of "refused," "don't know," and "not collected" are excluded from analyses.

² Multiple reporting; total may not add up to 100%

Appendix D. Group Difference Analyses

Tables in this appendix present results from analyses examining group differences in program satisfaction and tobacco quit rates, as measured at the time of the 7-month follow-up survey. All frequencies represent the weighted total and are approximate.

Table D.1. Group Differences in Overall Satisfaction – Weighted among GTQL Year 6 Participants (Source: Follow-Up Survey)

	% satisfied	Total satisfied	Group total	p-value
NRT benefit				
NRT recipient	93.8%	369	394	<0.001
NRT non-recipient	74.9%	17	23	
Insurance type				
Commercial	90.7%	65	72	0.694
Medicaid	94.1%	109	116	
Medicare	91.0%	79	87	
Uninsured	93.9%	121	129	
Chronic health conditions				
None reported	95.0%	127	134	0.213
Reported one or more of the conditions listed	91.6%	257	280	
Call engagement				
Fewer than 3 calls	91.8%	287	313	0.2
3 or more calls	95.6%	99	103	
ENDS use				
Never used ENDS	91.4%	226	247	0.106
Current ENDS user	90.5%	53	59	
Former ENDS user	97.6%	95	97	

¹ Percentages represent the percent satisfied (very, mostly, or somewhat) with GTQL services. The numerator in parentheses is the number satisfied and the denominator is the total number in the respective group category. Responses of “refused” and “don’t know” are excluded from analyses.

Table D.3. Group Differences in 30-Day Respondent and Intent-to-Treat Quit Rates – Weighted among GTQL Year 6 Participants (Source: Follow-Up Survey)

	30-day Quit Rates							
	Respondent				ITT			
	% quit	Total quit	Group total	p-value	% quit	Total quit	Group total	p-value
NRT benefit								
NRT recipient	32.4%	131	404	0.791	11.2%	131	1,163	0.565
NRT non-recipient	30.0%	9	28		9.3%	9	92	
Insurance type								
Commercial	41.1%	31	76	0.319	13.3%	31	236	0.352
Medicaid	31.2%	38	122		11.4%	38	334	
Medicare	28.9%	27	93		12.3%	27	218	
Uninsured	30.4%	40	130		9.1%	40	435	
Chronic health conditions								
None reported	35.5%	48	136	0.35	10.5%	48	458	0.607
Reported one or more of the conditions listed	30.9%	91	294		11.5%	91	790	
Call engagement								
Fewer than 3 calls	28.2%	91	324	0.002	8.7%	91	1,050	<0.001
3 or more calls	44.2%	48	108		23.3%	48	205	
ENDS use								
Never used ENDS	36.0%	95	265	0.226	35.7%	95	267	0.196
Current ENDS user	28.3%	16	57		27.2%	16	59	
Former ENDS user	27.5%	26	96		27.2%	26	97	

Appendix E. Copy of Survey Instrument

Georgia Tobacco Quit Line Year 6 7-Month Follow-Up Survey

INTRO

I will now begin the survey:

- ☐ BEGIN SURVEY (1) [CONTINUE TO SA6MDS]
- ☐ REFUSED (98) [SKIP TO CLOSE]

SA6MDS [ALL RESPONDENTS]

Overall, how satisfied were you with the service you received from the Quit Line program or Web Coach®? Would you say...

- ☐ Very satisfied (1)
- ☐ Mostly satisfied (2)
- ☐ Somewhat satisfied (3)
- ☐ Not at all satisfied (4)
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

QA1 [ALL RESPONDENTS]

Since you first enrolled in the program around [REGISTRATION DATE], 7 months ago, did you stop using tobacco for 24 hours or longer because you were trying to quit?

- ☐ NO (0)
- ☐ YES (1)
- ☐ QUIT BEFORE ENROLLING (97)
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

QA6 [ALL RESPONDENTS]

When did you last smoke a cigarette or use tobacco, even a puff or pinch? Please do not include electronic or e-cigarette use.

- ☐ Within the last 24 hours (1) [CONTINUE TO QA7]
- ☐ Within the last 7 days, but more than 24 hours ago (2) [CONTINUE TO QA7]
- ☐ Within the last month, but more than 7 days ago (3) [CONTINUE TO QA7]
- ☐ Within the last 3 months, but more than 1 month ago (4) [SKIP TO MDS11_MEDS]
- ☐ Within the last 6 months, but more than 3 months ago (5) [SKIP TO MDS11_MEDS]
- ☐ Within the last 9 months, but more than 6 months ago (6) [SKIP TO MDS11_MEDS]
- ☐ Within the last 12 months, but more than 9 months ago (7) [SKIP TO MDS11_MEDS]
- ☐ 12 months or longer (8) [SKIP TO MDS11_MEDS]
- ☐ REFUSED (98) [SKIP TO MDS11_MEDS]
- ☐ DON'T KNOW (99) [SKIP TO MDS11_MEDS]

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QA6_ENDS [ALL RESPONDENTS]

When did you last use an e-cigarette or other “vaping” product?

- ☐ Within the last 24 hours (1) [CONTINUE TO QA7]
- ☐ Within the last 7 days, but more than 24 hours ago (2) [CONTINUE TO QA7]
- ☐ Within the last month, but more than 7 days ago (3) [CONTINUE TO QA7]
- ☐ Within the last 3 months, but more than 1 month ago (4) [SKIP TO MDS11_MEDS]
- ☐ Within the last 6 months, but more than 3 months ago (5) [SKIP TO MDS11_MEDS]
- ☐ Within the last 9 months, but more than 6 months ago (6) [SKIP TO MDS11_MEDS]
- ☐ Within the last 12 months, but more than 9 months ago (7) [SKIP TO MDS11_MEDS]
- ☐ 12 months or longer (8) [SKIP TO MDS11_MEDS]
- ☐ Never used e-cigarettes/ “vaping” products (9) [SKIP TO MDS11_MEDS]
- ☐ REFUSED (98) [SKIP TO MDS11_MEDS]
- ☐ DON'T KNOW (99) [SKIP TO MDS11_MEDS]

QA7 [ENABLE IF QA6 = 1, 2, OR 3]

Which of the following tobacco products do you use now or have you used in the last 30 days?

		YES (1)	NO (0)	REFUSED (98)	DON'T KNOW (99)
QA7A	Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7B	Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7D	Chewing tobacco, snuff, or dip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7E	Other Tobacco Products (e.g., Bidis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF ANY TOBACCO TYPES SELECTED (QA7A-QA7E = YES), CONTINUE TO QA4]

[IF NO TOBACCO TYPES SELECTED (NO, REFUSED, DK), JUMP TO MDS8]

QA4 [ENABLE IF QA7A-E = 1]

Do you currently [SMOKE/USE] [TOBACCO TYPE] every day, some days, or not at all?

		Every day (1)	Some days (2)	Not at all (3)	REFUSED (98)	DON'T KNOW (99)
QA4A	Cigarettes [ENABLE IF QA7A=YES]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4B	Cigars, cigarillos, or little cigars [ENABLE IF QA7B=YES]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF QA7C=YES]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4D	Chewing tobacco, snuff, or dip [ENABLE IF QA7D=YES]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4E	Other Tobacco Products (e.g., Bidis) [ENABLE IF QA7E=YES]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[IF NOT AT ALL, REFUSED, OR DK TO ALL TOBACCO TYPES ABOVE, AND QA7A = YES, SKIP TO MDS3]

[IF NOT AT ALL, REFUSED, OR DK TO ALL TOBACCO TYPES ABOVE, AND QA7A = NO, REFUSED, OR DK, SKIP TO MDS8]

QA8 [ENABLE IF QA4A = 1 OR 2]

How many cigarettes do you smoke per day on the days that you smoke cigarettes?

- ☐ [QA8A.TEXT] ____ CIGARETTES PER DAY (1) [MIN = 1; MAX = 97]
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

QA13 [ENABLE IF QA4B-E = 1 OR 2]

How many [TOBACCO TYPE] do you [SMOKE/USE] per week during the weeks that you smoke/use?

		ENTER AMOUNT [MIN = 1; MAX = 997]	REFUSED (998)	DON'T KNOW (999)
QA13B	Cigars, cigarillos, or little cigars [ENABLE IF QA4B = 1 OR 2]	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
QA13C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF QA4C = 1 OR 2]	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
QA13D	Chewing tobacco, snuff, or dip (pouches or tins) [ENABLE IF QA4D = 1 OR 2]	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
QA13E	Other Tobacco Products (e.g., Bidis) [ENABLE IF QA4E = 1 OR 2]	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

MDS3 [ENABLE IF QA7A = YES TO CIGS]

How soon after you wake up do you smoke your first cigarette?

- ☐ Within 5 minutes (1)
- ☐ 6-30 minutes (2)
- ☐ 31-60 minutes (3)
- ☐ > 60 minutes (4)
- ☐ Already quit (5)
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

MDS8 [ENABLE IF QA6 = 1, 2, or 3]

Do you intend to quit using tobacco within the next 30 days?

- ☐ YES (1)
- ☐ NO (0)
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

MDS11_MEDS [ALL RESPONDENTS]

Since you first enrolled in the program around [REGISTRATION DATE], 7 months ago, have you used any of the following products or medications to help you quit?

- [YES = 1; NO = 0]
- | | |
|---------------|---|
| MDS11_MEDS.1 | <input type="checkbox"/> Nicotine patches |
| MDS11_MEDS.2 | <input type="checkbox"/> Nicotine gum |
| MDS11_MEDS.3 | <input type="checkbox"/> Nicotine lozenges |
| MDS11_MEDS.4 | <input type="checkbox"/> Nicotine inhaler |
| MDS11_MEDS.8 | <input type="checkbox"/> Nicotine nasal spray |
| MDS11_MEDS.5 | <input type="checkbox"/> Zyban / Bupropion / Wellbutrin (only if for quitting) |
| MDS11_MEDS.6 | <input type="checkbox"/> Chantix / Varenicline |
| MDS11_MEDS.7 | <input type="checkbox"/> Other medications to help you quit? [MDS11_MEDS.7.TEXT] specify: _____ |
| MDS11_MEDS.0 | <input type="checkbox"/> NO PRODUCTS OR MEDICATIONS (NONE) |
| MDS11_MEDS.98 | <input type="checkbox"/> REFUSED |
| MDS11_MEDS.99 | <input type="checkbox"/> DON'T KNOW |

[IF MEDS_COUNT >= 2 → CONTINUE TO COMBO_MEDS1_SC]

[IF MEDS_COUNT < 2 AND PATCH, GUM, OR LOZENGES = 1 → SKIP TO MEDUSEQL_INTRO; ELSE SKIP TO MDS12_OTHRES]

[IF MDS11_MEDS = NONE, REF, OR DK, AND PATCH, GUM, OR LOZENGES = 1 → SKIP TO MEDUSEQL_INTRO; ELSE SKIP TO MDS12_OTHRES]

MDS12_OTHRES [ALL RESPONDENTS]

Other than enrolling in the program or using medications, did you use any other kinds of assistance to help you quit over the past 7 months, such as advice from a health professional, or other kinds of quitting assistance?

- [YES = 1; NO = 0]
- | | |
|-----------------|---|
| MDS12_OTHRES.1 | <input type="checkbox"/> Advice from a health professional (other than the phone program or Web Coach®) |
| MDS12_OTHRES.7 | <input type="checkbox"/> Support from family / friends |
| MDS12_OTHRES.14 | <input type="checkbox"/> E-cigarette |
| MDS12_OTHRES.4 | <input type="checkbox"/> Counseling program (other than the phone program or Web Coach® – e.g., support group or twelve step program) |
| MDS12_OTHRES.9 | <input type="checkbox"/> Behavior change (e.g., exercise, staying busy, changing routine) |
| MDS12_OTHRES.8 | <input type="checkbox"/> Substitutes (e.g., toothpicks, straws, sunflower seeds, regular gum) |
| MDS12_OTHRES.10 | <input type="checkbox"/> Spiritual or religious support |
| MDS12_OTHRES.11 | <input type="checkbox"/> Alternative medicine (e.g., acupuncture, hypnosis) |
| MDS12_OTHRES.2 | <input type="checkbox"/> Website (other than Web Coach®) |
| MDS12_OTHRES.3 | <input type="checkbox"/> Telephone program (other than the phone program) |
| MDS12_OTHRES.5 | <input type="checkbox"/> Self-help materials (other than from the phone program or Web Coach®) |
| MDS12_OTHRES.12 | <input type="checkbox"/> Cold turkey |
| MDS12_OTHRES.13 | <input type="checkbox"/> Tapering down |
| MDS12_OTHRES.6 | <input type="checkbox"/> Something else [MDS12_OTHRES.6.TEXT] (specify: _____) |
| MDS12_OTHRES.0 | <input type="checkbox"/> NONE |
| MDS12_OTHRES.98 | <input type="checkbox"/> REFUSED |
| MDS12_OTHRES.99 | <input type="checkbox"/> DON'T KNOW |

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MDS_REC [ALL RESPONDENTS]

If a friend were in need of similar help, would you recommend the Georgia Tobacco Quit Line phone program and/or Web Coach® to him or her?

- ☐ YES (1) [CONTINUE TO MDS_REC_A]
- ☐ NO (0) [CONTINUE TO MDS_REC_B]
- ☐ REFUSED (98)
- ☐ DON'T KNOW (99)

MDS_REC_A [ENABLE IF YES TO MDS_REC]

Why? [_____]

MDS_REC_B [ENABLE IF NO TO MDS_REC]

Why not? [_____]