



Georgia Tobacco Quit Line 7-Month Evaluation Report

2012 – 2013

**Evaluation Services Division
Research, Training & Evaluation
Alere Wellbeing, Inc.
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Overview of Study Methods

The Georgia Department of Public Health contracted with Alere Wellbeing, Inc. (formerly Free & Clear®) to evaluate the effectiveness of Georgia Tobacco Quit Line (GTQL) services by providing **annual outcomes estimates for the general population of GTQL callers.**

How was the evaluation designed?

The evaluation was designed to assess quit and satisfaction outcomes among GTQL callers who enrolled in services from July 2012 – January 2013. Callers who met evaluation inclusion criteria were **randomly selected** to participate in the evaluation, **stratified by month of program registration.** Sampling targets were planned to provide a sufficient sample size to achieve at least 95% confidence and 5% precision in quit rate estimates for the general GTQL caller population.

To be eligible for the evaluation, callers needed to complete at least one intervention call with a Quit Coach®, consent for evaluation follow-up, provide a valid phone number, speak English or Spanish, and be 18 years of age or older.¹

Selected participants were contacted approximately 7 months after they completed their first intervention call with a Quit Coach. Participants with a valid email address were first contacted via email to complete the follow-up survey online. Those who did not complete the online survey after four email reminders (and had a valid phone number in the Alere Wellbeing database) were then contacted by Alere Wellbeing survey staff to complete a phone-based survey in their preferred language (English or Spanish). 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.**

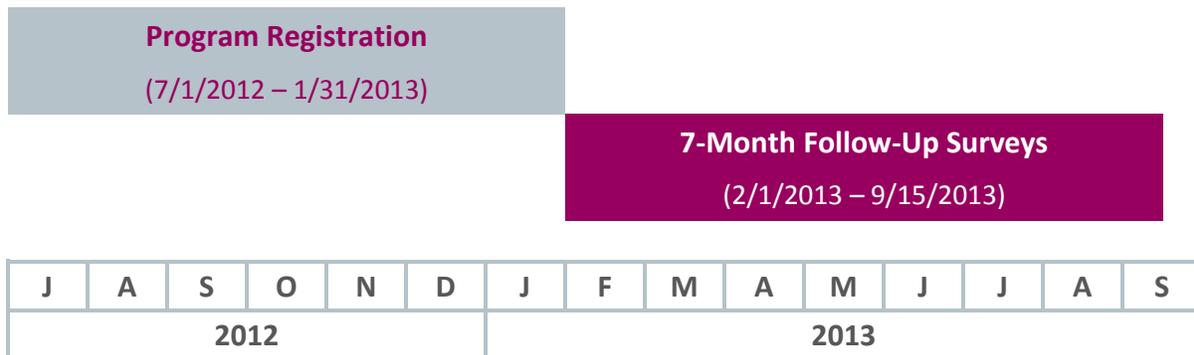


Figure 1. Evaluation timeline: Registration and follow-up survey months.

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 caller per household in the sample, as people living in the same household might influence each other’s responses. Callers 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, or their call was for information or materials only.

What tobacco cessation services did participants receive?

All participants who called the GTQL during the evaluation period (July 1, 2012 through January 31, 2013) were eligible to enroll in either a **one- or multi-call program**. The one-call program included:

- an initial assessment and coaching session with a Quit Coach,
- referrals to community-based 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.

The more intensive multi-call program included all components of the one-call program, plus up to **four** additional, proactive follow-up calls. Participants were eligible for this multi-call program if they were planning to quit in the next 30 days or had already quit; pregnant callers also had the option of enrolling in a specialized **10-call program**, regardless of when they were planning to quit.

Throughout the registration period included in this evaluation, a free 4-week supply of Nicotine Replacement Therapy (NRT) in the form of patch or gum was available through the Quit Line to uninsured callers living in specific counties;² the benefit was expanded to all uninsured callers on September 12, 2012.³ Quit Coaches provided cessation medication information and support for all callers, and also directed insured callers to their health plans for NRT and prescription medication coverage.⁴

Finally, all callers were encouraged to call the Quit Line for support as needed, and could re-enroll in the one-call program an unlimited number of times.

² On July 19, 2010, the NRT benefit was created for uninsured callers in the following counties: Appling, Atkinson, Bacon, Baldwin, Bartow, Ben Hill, Berrien, Bibb, Brantley, Brooks, Bryan, Bulloch, Catoosa, Camden, Candler, Charlton, Chatham, Chattooga, Clinch, Coffee, Cook, Crawford, Dade, Echols, Effingham, Evans, Floyd, Glynn, Gordon, Hancock, Haralson, Houston, Irwin, Jasper, Jeff Davis, Jones, Lanier, Liberty, Long, Lowndes, McIntosh, Monroe, Paulding, Peach, Pierce, Polk, Putman, Tattnall, Tift, Toombs, Turner, Twiggs, Walker, Ware, Washington, Wayne, and Wilkinson. On July 20, 2011, the NRT benefit was extended to uninsured callers in the following counties: Baker, Calhoun, Colquitt, Decatur, DeKalb, Dougherty, Early, Grady, Lee, Mitchell, Seminole, Terrell, Thomas, and Worth.

³ No GTQL enrollees were provided free NRT through the Quit Line from April 20 through November 12, 2013; this break in the NRT benefit occurred after the registration period for this evaluation had ended.

⁴ Kaiser Permanente participants enrolled in the GTQL multiple-call program were eligible to receive coupons for discounted NRT through their insurance.

Who participated in the evaluation?

A total of **826 callers were selected for the evaluation**, and **273 responded** to the survey for an overall **survey response rate of 33.1%** (see **Appendix B, Table B.1**). The most frequent reasons that callers did not complete the survey were because they could not be located due to a wrong or disconnected number (41%), or they could not be reached after all survey attempts (21%). No respondents completed the 7-month survey in Spanish.

What were the characteristics of 7-month survey respondents?

The majority of the respondents to the 7-month follow-up survey were female (62%), non-Hispanic (99%), and White (57%) or Black/African American (39%). Respondents were 48 years of age, on average, and 58% of respondents had obtained a high school degree equivalent or less (27% had not obtained their high school degree). One third of survey respondents (34%) lived in one of four health districts near the city of Atlanta (Cobb/Douglas, Fulton, East Metro, DeKalb). No callers from the Clayton Health District (also near Atlanta) completed the follow-up survey.

Over half (61%) of respondents reported the presence of at least one chronic health condition, including hypertension, chronic obstructive pulmonary disease (COPD), asthma, diabetes, and coronary artery disease (CAD) (35%, 23%, 19%, 17%, and 13%, respectively). Two in five (41%) respondents were uninsured, one third (33%) were commercially insured, and one quarter (26%) had Medicaid insurance.

At the time of enrollment, nearly all respondents smoked cigarettes (97%). Smokers consumed just under a pack of cigarettes per day on average (18 cigarettes per day). Most respondents (74%) were long-term tobacco users (20 years or more) and were highly tobacco dependent, as indicated by time to first tobacco use after waking: 72% used within 30 minutes after waking (50% within 5 minutes after waking). Half (50%) of respondents reported exposure to other tobacco users in their home and/or work environments (42% reported other smokers in their household and 13% reported other smokers in their work environment).

A more detailed presentation of survey respondents' survey call dispositions, demographics, and tobacco history information is provided in **Appendix B**.

What were the program outcomes after 7 months?

Program outcome information was collected via online survey or phone using a structured survey instrument 7 months after callers registered with the Quit Line. The section below describes key outcomes from the evaluation; additional information is provided in the following appendices:

- **Appendix A:** definitions of terms used in this section
- **Appendix C:** selected data collected in response to 7-month survey questions
- **Appendix D:** findings from analyses examining group differences in quit and satisfaction outcomes (examining variables selected by Georgia DOH)
- **Appendix E:** the complete 7-month survey instrument

As shown in Figure 2, 31% of all respondents had been tobacco free for 30 days or longer at the time of the 7-month follow-up survey (respondent quit rate). The 30-day intent-to-treat (ITT) quit rate was 10%.

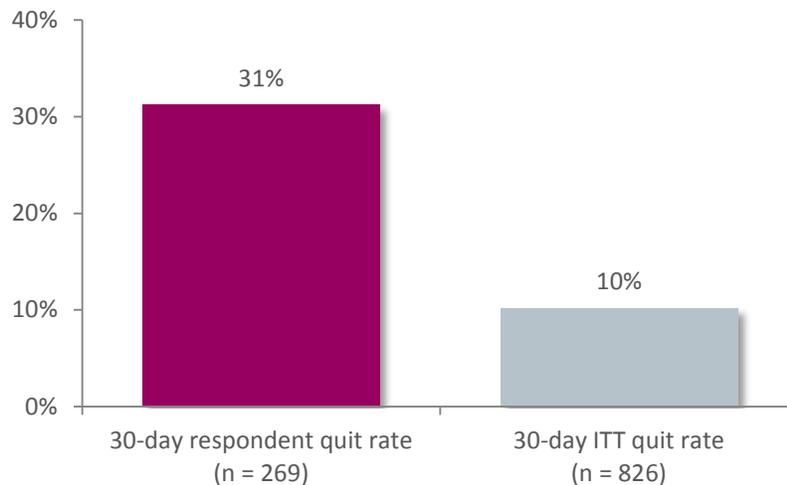


Figure 2. 30-day respondent and ITT quit rates.

In addition to the 30-day point prevalence quit rate, quit rate metrics for other time periods were also calculated. At the time of the 7-month follow-up survey:

- 41% of all respondents had been tobacco free for **24 hours or longer** (ITT: 13%)
- 37% of all respondents had been tobacco free for **7 days or longer** (ITT: 12%)
- 13% of all respondents had been tobacco free for **6 months or longer** (ITT: 4%)

Respondent quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to respondents who completed the follow-up survey.⁵ 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

⁵Those who responded “don’t know” or “refused” to the question assessing respondents’ last tobacco use are not included in the denominator for respondent quit rate analyses; these participants are, however, included in the ITT quit rate analyses denominator.

provide estimates of the “true” quit rate among the sample of callers; ITT analyses provide a conservative outcome 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 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.

Nine in ten respondents reported that they were satisfied with the program (91% overall satisfaction rate), as shown in **Figure 3**. Overall satisfaction is defined as being very, mostly, or somewhat satisfied with the program.

Almost all respondents (94%) indicated that they would recommend the program to a friend in need of similar help (Figure 3). Respondents provided reasons for why they would or would not recommend the program to a friend; these verbatim responses are included in the data set accompanying this report.

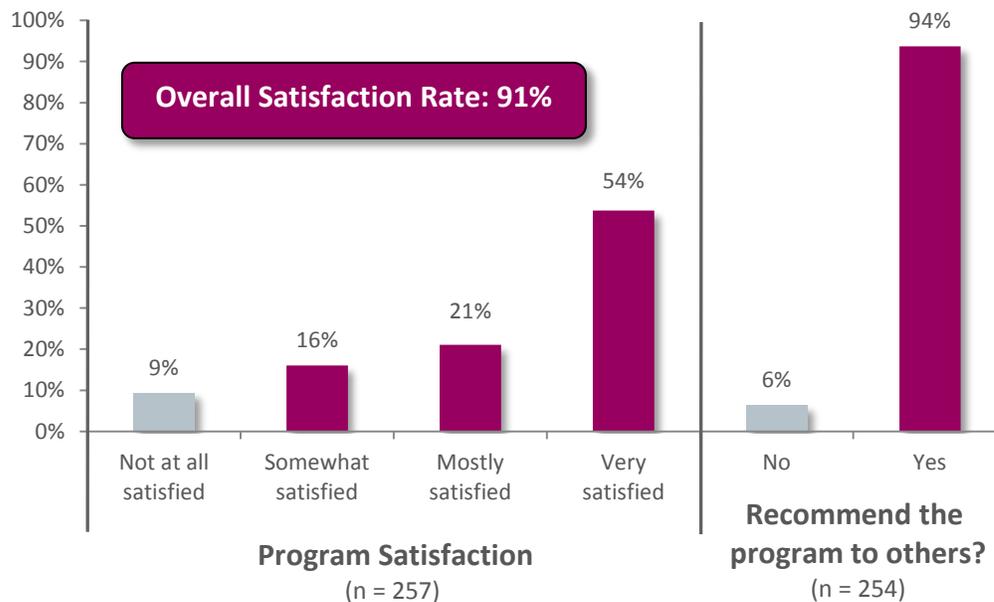


Figure 3. Overall program satisfaction and whether callers would recommend the program.

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

Two thirds (65%) of respondents reported that they had used cessation medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/varenicline) to help them quit (Figure 4). Uninsured callers to the GTQL who lived in specific counties were eligible to receive NRT patches or gum, and this benefit was expanded to all uninsured callers on September 12, 2012. This service enhancement likely contributed to the evaluation finding that uninsured respondents were most likely to report using cessation medication (77%). Cessation medications were still commonly used among both commercially insured (64%) and Medicaid-insured respondents (49%).

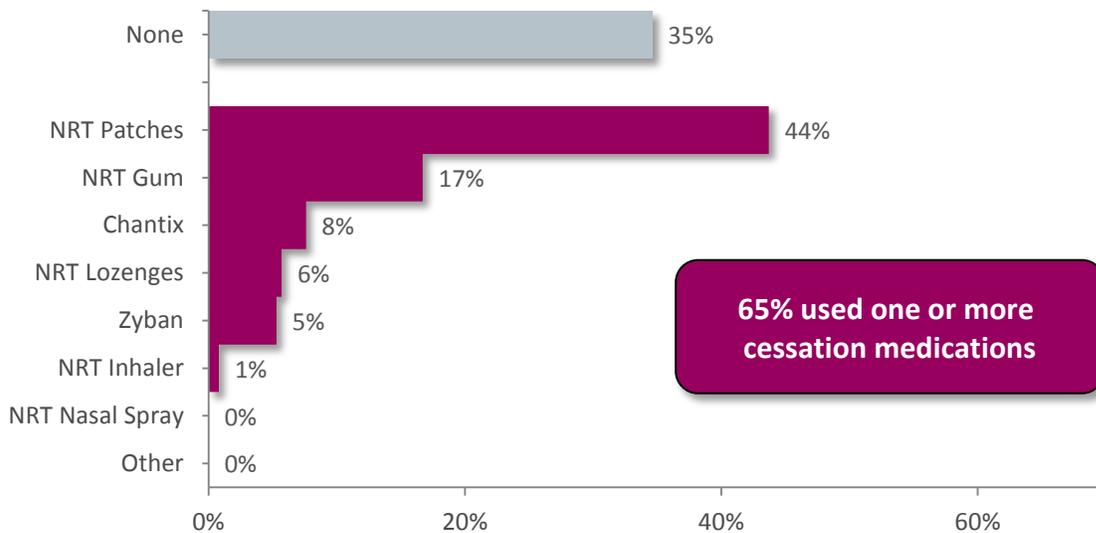


Figure 4. Medication types used ($n = 263$)⁶

Did respondents use other kinds of assistance to help them quit?

Most respondents (78%) reported using only GTQL services to help them quit. One in five (22%) reported using other kinds of assistance in conjunction with the Quit Line, most frequently support from family and/or friends (8%) or advice from a health professional (7%).

These findings suggest that the Quit Line was the primary resource supporting GTQL callers' quit attempts, underscoring the importance of providing callers with robust benefits through the Quit Line.

⁶ Zyban = Zyban, Bupropion, or Wellbutrin. Chantix = Chantix or varenicline. Respondents could report multiple types of medication used; results may not add to 100%.

Were there differences in outcomes based on callers' race or use of NRT or prescription medication?

Georgia expressed interest in examining differences in satisfaction and quit rates according to: participants' race (white vs. all races other than white) and participants' use of NRT or prescription medication since enrolling in the Quit Line (yes vs. no). See **Appendix D** for detailed results of these analyses.

Race

Observed differences in satisfaction and quit rate estimates were not statistically significant (*n.s.*)⁷ as a function of callers' race. These findings suggest that the effectiveness of the Quit Line is consistent across racial categories.

NRT or Prescription Medication Use:

Survey respondents who indicated that they had used NRT or prescription medication since enrolling with the Quit Line were significantly more likely to be satisfied with GTQL services (95% vs. 85%, $p < 0.01$). In addition, survey respondents who used NRT or prescription medication since enrolling in the Quit Line were more likely to be quit for 6 months or longer at the time of follow-up, compared to callers who did not use cessation medications (16% vs. 7%, $p < 0.05$; see **Figure 5**). Statistical comparisons using other quit rate metrics, however, were not significantly different ($ps > 0.05$).⁸

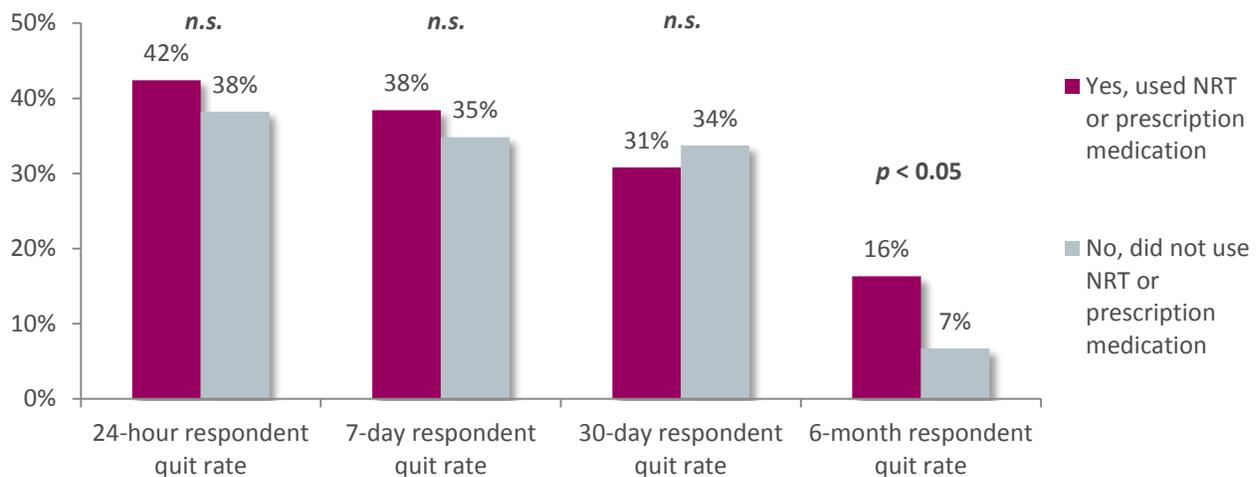


Figure 5. Respondent quit rates by cessation medication use (n = 261).

⁷ Chi-square tests of significance revealed that the differences in quit or satisfaction rates were not significant (*n.s.*), with *p*-values greater than 0.05.

⁸ Because use of NRT or prescription medication was assessed at follow-up, medication use data are not available for non-respondents; ITT quit rates could not be estimated in this case.

What was the impact of the GTQL's NRT benefit?

Quit Outcomes

Survey respondents who used NRT or prescription medications were more likely to be tobacco free for 6 months or longer than respondents who did not use NRT (see results on previous page). This finding suggests that NRT or prescription medication use is associated with sustained quits.

It is important to note that this finding is a function of **reported NRT use** and not a function of **NRT sent from the Quit Line**. An examination of NRT sent from the Quit Line found that those respondents who received NRT were significantly more likely to be quit for 24 hours (50% vs. 36%, $p < 0.05$) and 7 days (45% vs. 32%, $p < 0.05$; see **Figure 6**) at the time of the follow-up survey. In combination, these two findings suggest that any **NRT or prescription use** is associated with longer-term quits, whereas **sending NRT** to callers is associated with shorter-term quits.

This does not mean that sending NRT to callers is not beneficial to long-term quitting success; not surprisingly, respondents who were **sent NRT from the Quit Line were significantly more likely to use NRT or prescription medications** than those who were not sent NRT (84% vs. 55%, $p < 0.001$), which suggests that **sending NRT** to callers **facilitates short-term quits** and **encourages the NRT or prescription use** that is associated with longer-term quits.

When interpreting these findings, it is also important to note that the majority (93%) of participants who were sent NRT from the GTQL were uninsured (due to benefit eligibility criteria);⁹ results may have been different if NRT had also been offered to Medicaid and commercially insured participants.

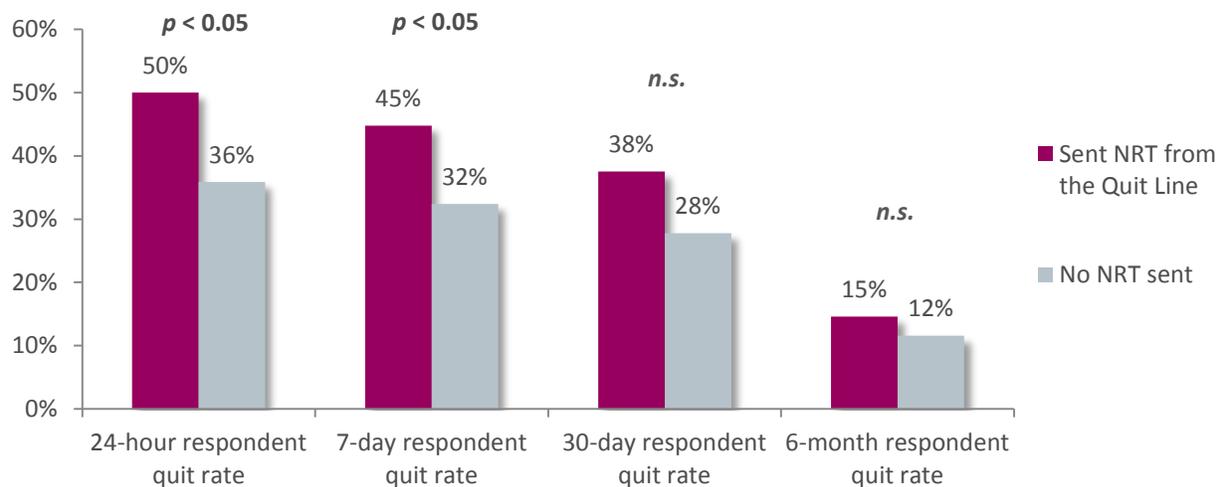


Figure 6. Respondent quit rates by NRT sent from the Quit Line (n = 269).

⁹ While commercially insured and Medicaid-insured participants were not eligible to receive NRT from the GTQL during the evaluation timeframe, a small number of respondents may have been uninsured at registration and sent NRT prior to a change in their insurance; these individuals are included in the commercial and Medicaid groups.

NRT or Prescription Use

The GTQL NRT offering likely increased NRT use among uninsured callers. Uninsured respondents (the only insurance group eligible for NRT from the Quit Line during the evaluation timeframe) were significantly more likely to use NRT or prescription medication than both commercially insured (77% vs. 64%, $p < 0.05$) and Medicaid-insured respondents (77% vs. 49%, $p < 0.001$, see **Figure 7**).

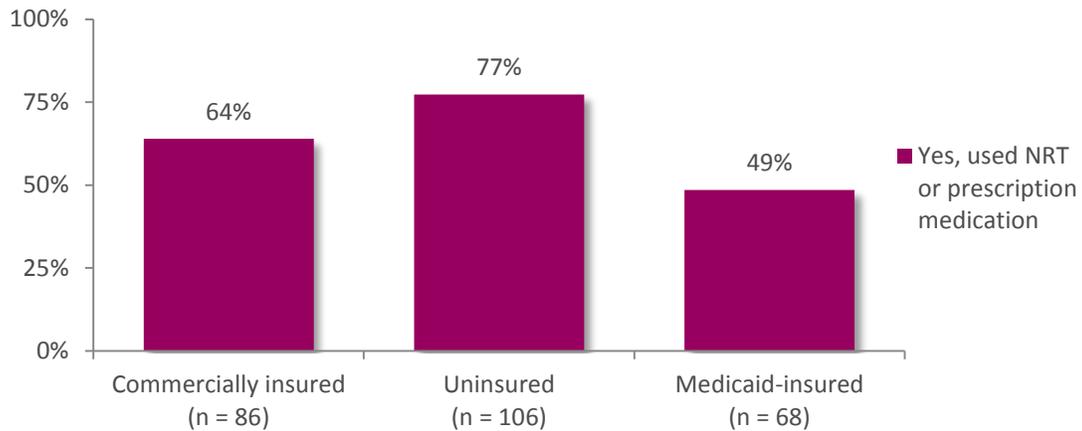


Figure 7. Use of NRT or prescription medication by insurance type.

This evaluation also found that uninsured respondents were slightly (but not significantly) less likely than commercially insured respondents to use other resources to help with quitting (18% vs. 30%).¹⁰ While a more focused evaluation would be necessary to answer these questions definitively, these findings suggest that the GTQL NRT offering increased the use of NRT and quitting success for a population that may have limited access to other cessation resources (uninsured).

The NRT offering would likely have a similar positive effect on the Medicaid population: Medicaid-insured respondents were also slightly less likely than commercially insured to use other resources (18% vs. 30%), and among those who were not sent NRT from the Quit Line, Medicaid-insured respondents were significantly less likely to use NRT or medications compared to commercially insured (42% vs. 64%, $p < 0.01$).

Satisfaction Outcomes

Program satisfaction rates were significantly higher for respondents who used NRT or prescription medications compared to those who did not (95% vs. 85%, $p < 0.01$) as well as for respondents who were sent NRT from the Quit Line compared to those who were not sent NRT (97% vs. 87%, $p < 0.05$). Because many respondents who reported using NRT were also sent NRT from the Quit Line, these groups overlap considerably; more complex analyses would be required to attribute the differences in satisfaction rates directly to either of these factors (use of NRT or medications vs. receiving NRT from the Quit Line).

¹⁰ Uninsured and Medicaid-insured respondents were equally likely to report using other resources (18% and 18%).

Among continued tobacco users, what was the impact of the program?

Survey respondents who reported at the 7-month follow-up that they had used any tobacco within the prior 30 days were considered continued tobacco users.

- **More than half (61%) of continued cigarette smokers reported smoking fewer cigarettes per day than they reported at the time of GTQL enrollment.** Continued smokers who had reduced their use smoked about 11 fewer cigarettes per day, on average.
- Continued cigarette smokers also reduced their level of dependence on tobacco from the time of enrollment to follow-up, as measured by time to first cigarette use after waking. Among continued smokers who responded to dependence questions at both enrollment and follow-up, **50% reported smoking within 5 minutes after waking at the time of enrollment, compared to only 33% at the time of the 7-month follow-up survey** (see **Table 1**, below). This represents a **33% reduction** in the number of participants reporting that they smoked within 5 minutes after waking.

Table 1. Continued Smokers: Reduction in Dependence

<i>Results are reported only for those still using tobacco or who were quit less than 30 days at the time of the follow-up survey.</i>	Continued Smokers			
	At Enrollment		At Follow-Up	
	<i>n</i>	%	<i>n</i>	%
Dependence level (time to first cigarette after waking)^{1,2}	150		150	
Within 5 minutes	75	50.0	50	33.3
6–30 minutes	51	34.0	45	30.0
31–60 minutes	13	8.7	19	12.7
> 60 minutes	11	7.3	31	20.7
Already quit	0	0.0	5	3.3

¹ Responses of “refused” and “don’t know” are excluded from analyses.

² Data are presented for all continued smokers who provided data regarding time to first cigarette on the 7-month follow-up survey, as well as time to first cigarette at the time of enrollment (baseline).

Summary and Recommendations

Summary

The Georgia Department of Health contracted with Alere Wellbeing, Inc. (formerly Free & Clear®) to evaluate the effectiveness of Georgia Tobacco Quit Line (GTQL) services. The evaluation examined a sample of 826 residents who enrolled in the GTQL program July 2012 through January 2013. A total of 273 of these callers completed a follow-up survey 7 months after enrollment, resulting in a 33.1% survey response rate.

The GTQL serves a highly tobacco dependent population that may have limited access to other resources. For example, two thirds of survey respondents were either uninsured (41%) or had Medicaid insurance (26%). More than three in four (78%) respondents reported using only GTQL services to assist their quit attempt.

The GTQL tobacco cessation program yielded the following outcomes among its participants:

- **Overall program satisfaction rate: 91%.**
- **31% of respondents had been abstinent from tobacco for 30 or more days** at the time of the 7-month follow-up survey (30-day respondent quit rate). The 30-day intent-to-treat (ITT) quit rate was 10%.
- Improvements also were shown among respondents who were not quit at the time of the 7-month follow-up:
 - 61% of continued smokers had reduced the number of cigarettes they smoked per day.
 - The proportion who smoked within 5 minutes after waking (an indicator of tobacco dependence) decreased by 33%, from 50% at baseline to 33% at follow-up.

Two thirds (65%) of respondents reported using a cessation medication, such as NRT, Zyban, or Chantix, to help them quit. This is both a positive finding and an area for potential improvement, as the combination of counseling and NRT or other pharmacotherapy is the most effective treatment method.¹¹ While NRT was provided to many uninsured GTQL callers during the registration period included in this evaluation,¹² no GTQL enrollees were provided free NRT through the Quit Line from April 20 through November 12, 2013. We applaud Georgia DOH's decision to restore the NRT benefit and expand to all callers effective November 13, 2013; this expansion will likely improve the overall program outcomes. Future evaluations could focus on differences in outcomes between callers who registered when NRT was not offered versus those who register when NRT is offered to everyone through the Quit Line. Evaluations might also examine whether certain subgroups of callers (e.g., callers with chronic health conditions) were less likely to obtain and utilize NRT on their own when it was not offered

¹¹ 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.

¹² Throughout the registration period included in this evaluation, a 4-week supply of NRT in the form of patch or gum was available through the Quit Line to uninsured callers living in specific counties; the benefit was expanded to all uninsured callers on September 12, 2012.

through the Quit Line. Future NRT benefit offerings through the GTQL could be targeted towards these callers.

Differences in program outcomes were examined as a function of callers' race and whether respondents used NRT or prescription medication for help with quitting. Satisfaction and quit rate estimates did not vary between callers who identified as white when compared to callers who identified as another race, which suggests that the Quit Line is consistently effective across racial categories. Survey respondents who had used NRT or prescription medication since enrolling with the Quit Line were significantly more likely to be satisfied with GTQL services (95% vs. 85%, $p < 0.01$). In addition, survey respondents who used NRT or prescription medication since enrolling in the Quit Line were more likely to be quit for 6 months or longer at the time of follow-up, compared to callers who did not report using cessation medications (16% vs. 7%, $p < 0.05$). While differences were observed among 24-hour, 7-day, and 30-day quit rates, none of these differences were statistically significant ($ps > 0.05$). Including medication adherence questions in future evaluations could provide meaningful detail to these findings: first, are medication users using their medications as directed; and second, does proper use of cessation medications have an impact on quit outcomes. This may be especially meaningful to assess among those callers who receive NRT from the Quit Line.

These findings indicate that the GTQL is a valuable tool in reducing tobacco use in the State of Georgia and in providing convenient and cost-effective services to Georgia tobacco users who may have limited access to other resources.

Recommendations

Services:

- Maintain or enhance service offerings to all or subgroups of GTQL callers. The North American Quitline Consortium has set a benchmark for all state quitlines to achieve a 30% responder quit rate by 2015.¹³ The GTQL met this benchmark during this evaluation timeframe (July 2012 through January 2013 registrants), but the Quit Line may fall short of this benchmark in the future if services are reduced for any or all GTQL callers.
 - Continue service offering of five-call program to all Georgia tobacco users. Research has shown 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.^{14,15}
- Consider offering combination therapy (i.e., more than one type of NRT used at the same time) to participants or subgroups of participants.
 - Use of combination therapy has been shown to increase success in quitting, and evidence suggests that it is also cost effective.¹⁶
 - If Georgia prefers not to make combination therapy available to all callers, consider opening the benefit to subgroups of callers or callers who report higher levels of tobacco dependence. Research has shown that combination therapy may be particularly effective for those with a higher level of tobacco dependence.¹⁷

Future Evaluation:

- Continue to monitor differences in outcomes for the Quit Line as a whole, and consider evaluating outcomes for priority populations (uninsured callers, pregnant callers, callers with chronic health conditions, etc.). Evaluation tools such as sample stratification or custom survey questions that focus on priority populations could help shed light on potential program improvements for these populations.
- Consider monitoring the impact of service changes and enhancements on Georgia tobacco users in total and among priority populations. The impacts that service changes and enhancements may have on the utilization of services could also be a potential topic of interest for future evaluations. This would allow Georgia to assess where benefits are most commonly used and potentially determine how to improve services in the future.

¹³ NAQC. Mission & Goals. Accessed September 21, 2011: <http://www.naquitline.org/?page=MissionGoals>

¹⁴ 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.

¹⁵ 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.

¹⁶ Smith, S. S., Keller, P. A., Kobinsky, K. H., Baker, T. B., Fraser, D. L., Bush, T., et al. (2012). Enhancing tobacco quitline effectiveness: Identifying a superior pharmacotherapy adjuvant. *Nicotine & Tobacco Research*, in press. Epub ahead of print; doi:10.1093/ntr/nts186

¹⁷ Loh, W., Piper, M. E., Schlam, T. R., Fiore, M. C., Smith, S. S., Jorenby, D. E., et al. (2012). Should all smokers use combination smoking cessation pharmacotherapy? Using novel analytic methods to detect differential treatment effects over 8 weeks of pharmacotherapy. *Nicotine & Tobacco Research, 14*, 131-141.

Appendix A. Definition of Terms Used

Program Outcomes:

- **Satisfaction rate** is defined as respondents reporting that they are “somewhat” to “very” satisfied with the program on a 4-point satisfaction scale (not at all, somewhat, mostly, very).
- A **24-hour tobacco abstinence rate** is defined as respondents being tobacco free for the last 24 hours or more at the time of the 7-month survey.
- A **7-day tobacco abstinence rate** is defined as respondents being tobacco free for the last 7 days or more at the time of the 7-month survey.
- A **30-day tobacco abstinence rate** is defined as respondents being tobacco free for the last 30 days or more at the time of the 7-month survey.
- A **6-month tobacco abstinence rate** is defined as respondents being tobacco free for the last 6 months or more at the time of the 7-month survey.
- **Tobacco abstinence rates** are calculated in two ways:
 - 1) **Respondent quit rates**: the ratio of survey respondents reporting successful cessation relative to those who completed the follow-up survey (excluding those who responded “don’t know” or “refused”), and
 - 2) **Intent-to-treat (ITT) quit rates**: 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). This measure regards non-respondents and those who responded “don’t know” or “refused” as continued tobacco users, and thus provides a more conservative quit rate.
- **Cigarette reduction rate** is calculated among those who report still using cigarettes at the 7-month follow-up and represents the difference in the number of cigarettes smoked at the time of the 7-month survey as compared to the amount smoked at the time of enrollment (baseline). Cigarette reduction is reported in two ways:
 - 1) Categorical comparison of the amount smoked at the 7-month follow-up with the amount smoked at enrollment (i.e., “fewer than at baseline” vs. “as many or more than at baseline”), and
 - 2) Mean number of cigarettes reduced among those who smoked fewer at the time of the 7-month follow-up than at enrollment (baseline).

Respondents who answered “refused” or “don’t know” to the satisfaction or tobacco use questions were excluded from the computation of the outcomes (with the exception of ITT analyses).

Other Definitions:

- **Tobacco environment** is recorded at the time of enrollment in the program and is defined as the presence of other tobacco users in the home, at work, or both.

Appendix B. Characteristics of 7-Month Survey Respondents

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

Table B.1. 7-Month Survey Call Disposition

	Total	
	<i>n</i>	%
Total sample	826	
Survey Complete	273	33.1
Not located; unable to interview (i.e., wrong # / # disconnected)	341	41.3
Completed all attempts; unable to interview	174	21.1
Refusal	34	4.1
Other; unable to interview (deceased, incomplete survey)	4	0.5

Table B.2. Demographic Characteristics of Survey Respondents (Source: Enrollment)

	Survey Respondents	
	<i>n</i>	%
Gender	273	
Female	168	61.5
Male	105	38.5
Age	273	
Mean ± (Standard Deviation)	48.1 (13.2)	
Range	18 – 76	
18 – 24	20	7.3
25 – 40	56	20.5
41 – 60	151	55.3
61 or older	46	16.8
Race	272	
White	156	57.4
Black or African American	105	38.6
American Indian or Alaskan Native	2	0.7
Asian	0	0.0
Arab or Arab American	0	0.0
Native Hawaiian/Other Pacific Islander	0	0.0
Other	9	3.3
Ethnicity	272	
Hispanic	4	1.5
Non-Hispanic	268	98.5
Education	262	
Less than grade 9	14	5.3
Grade 9 – 11, no degree	58	22.1
GED	14	5.3
High school degree	65	24.8
Some technical/trade school	4	1.5
Some college or university	55	21.0
Technical/trade school degree	11	4.2
College or university degree	41	15.6

Table B.2, cont. Demographic Characteristics of Survey Respondents (Source: Enrollment)

	Survey Respondents	
	<i>n</i>	%
Health insurance status	270	
Uninsured	110	40.7
Commercial	90	33.3
Medicaid	70	25.9
Chronic condition	272	
No	105	38.6
Yes ¹	167	61.4
Chronic condition type²	272	
Hypertension	96	35.3
Chronic Obstructive Pulmonary Disease (COPD)	62	22.8
Asthma	52	19.1
Diabetes	46	16.9
Coronary Artery Disease (CAD)	36	13.2

¹ Reported living with one or more of the condition types listed.

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

Table B.3. Survey Respondents' Health District (Source: Enrollment)

Health District	Survey Respondents	
	<i>n</i>	%
Health District	273	
District 1	33	12.1
Northwest Georgia Health District (District 1, Unit 1)	25	9.2
North Georgia Health District (District 1, Unit 2)	8	2.9
District 2	15	5.5
North Health District (District 2)	15	5.5
District 3	92	33.7
Cobb/Douglas Health District (District 3, Unit 1)	11	4.0
Fulton Health District (District 3, Unit 2)	30	11.0
Clayton Health District (District 3, Unit 3)	0	0.0
East Metro Health District (District 3, Unit 4)	11	4.0
DeKalb Health District (District 3, Unit 5)	40	14.7
District 4	17	6.2
LaGrange Health District (District 4)	17	6.2
District 5	12	4.4
South Central Health District (District 5, Unit 1)	2	0.7
North Central Health District (District 5, Unit 2)	10	3.7
District 6	13	4.8
East Central Health District (District 6)	13	4.8
District 7	2	0.7
West Central Health District (District 7)	2	0.7
District 8	38	14
South Health District (District 8, Unit 1)	16	5.9
Southwest Georgia Health District (District 8, Unit 2)	22	8.1
District 9	46	16.9
Coastal Health District (District 9, Unit 1)	24	8.8
Southeast Health District (District 9, Unit 2)	22	8.1
District 10	5	1.8
Northeast Health District (District 10)	5	1.8

Table B.4. Tobacco History and Behaviors of Survey Respondents (Source: Enrollment)

	Survey Respondents	
	<i>n</i>	%
Tobacco environment	272	
No (neither home nor work)	135	49.6
Yes (at home only)	103	37.9
Yes (at work only)	22	8.1
Yes (both at home and work)	12	4.4
Tobacco type reported at enrollment¹	273	
Cigarette	264	96.7
Cigar	11	4.0
Smokeless tobacco (SLT)	7	2.6
Pipe	2	0.7
Cigarette use per day (cpd)	264	
Mean ± (Standard Deviation)	18.0 (11.5)	
Range	0 – 60	
Number of years used tobacco	198	
Less than 1 year	0	0.0
1 – 5 years	5	2.5
6 – 19 years	47	23.7
20 or more years	146	73.7
Dependence level (time to first tobacco use after waking)	265	
Within 5 minutes	133	50.2
6 – 30 minutes	85	32.1
31 – 60 minutes	24	9.1
More than 60 minutes	23	8.7

¹ Multiple reporting; total does not add up to 100%.

Appendix C. 7-Month Follow-Up Survey Data

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

Table C.1. Program Outcomes – Satisfaction and Quit Rates (Source: Follow-Up Survey)

	Survey Respondents	
	<i>n</i>	%
Satisfaction rate¹	257	
Satisfied	233	90.7
<i>Very satisfied</i>	138	53.7
<i>Mostly satisfied</i>	54	21.0
<i>Somewhat satisfied</i>	41	16.0
Not at all satisfied	24	9.3
24-hour point prevalence tobacco abstinence rates²	Quit Rate (95% Confidence Interval)	
Respondent 24 hour quit rate ¹	40.9% (110/269) 35.0% - 47.0%	
Intent-to-treat 24 hour quit rate	13.3% (110/826) 11.1% - 15.8%	
7-day point prevalence tobacco abstinence rates²	Quit Rate (95% Confidence Interval)	
Respondent 7-day quit rate ¹	36.8% (99/269) 31.0% - 42.9%	
Intent-to-treat 7-day quit rate	12.0% (99/826) 9.9% - 14.4%	
30-day point prevalence tobacco abstinence rates²	Quit Rate (95% Confidence Interval)	
Respondent 30-day quit rate ¹	31.2% (84/269) 25.7% - 37.1%	
Intent-to-treat 30-day quit rate	10.2% (84/826) 8.2% - 12.4%	
6-month point prevalence tobacco abstinence rates²	Quit Rate (95% Confidence Interval)	
Respondent 6-month quit rate ¹	12.6% (34/269) 8.9% - 17.2%	
Intent-to-treat 6-month quit rate	4.1% (34/826) 2.9% - 5.7%	

¹ Responses of “refused” and “don’t know” are excluded from analyses.

² Tobacco abstinence percentages represent the percent abstinent from tobacco for at least 24 hours, 7 days, 30 days, or 6 months. The numerator in parentheses is the number quit and the denominator is the total number in the respective group.

Table C.2. Would Recommend the Program, Quit Attempts, and Use of Medications or Other Assistance to Help Quit (Source: Follow-Up Survey¹)

	Survey Respondents	
	<i>n</i>	%
Would recommend the GTQL to a friend in need of similar help	254	
Yes	238	93.7
No	16	6.3
Made a serious attempt to quit tobacco, since calling the Quit Line, that lasted 24 hours or longer	268	
Yes	228	85.1
No	40	14.9
Quit before enrolling	0	0.0
Used medication to help quit	263	
Yes	172	65.4
No	91	34.6
Types of medications used²	263	
NRT patches	115	43.7
NRT gum	44	16.7
Chantix/Varenicline	20	7.6
NRT lozenges	15	5.7
Zyban/Bupropion/Wellbutrin ³	14	5.3
NRT inhaler	2	0.8
NRT nasal spray	0	0.0
Other medications to help quit	0	0.0
Used other kinds of assistance (other than the Quit Line)	262	
Yes	58	22.1
No	204	77.9

¹ Responses of “refused” and “don’t know” are excluded from analyses.² Multiple reporting; total may not add up to 100%.³ Includes only those who used the medication for smoking cessation purposes.

Table C.3. Current Tobacco Users: Cigarette Dependence and Use Reduction (Source: Follow-Up Survey¹)

	Survey Respondents	
	<i>n</i>	%
<i>Results are reported only for those still using tobacco or who were quit less than 30 days at the time of the follow-up survey.</i>		
Dependence level (time to first cigarette use after waking)	155	
Within 5 minutes	52	33.5
6–30 minutes	45	29
31–60 minutes	19	12.3
> 60 minutes	34	21.9
Already quit	5	3.2
Amount of cigarettes used per day	147	
Mean ± (Standard Deviation)	13.1 (9.5)	
Range	1 – 60	
Cigarette use reduction (cigarette users only)²	147	
As many or more than baseline	58	39.5
Fewer than baseline	89	60.5
Tobacco reduction (in cigarettes per day; among callers smoking “fewer than baseline”)²	89	
Mean ± (Standard Deviation)	11.2 (9.8)	
Range	1 – 60	

¹ Responses of “refused” and “don’t know” are excluded from analyses.

² Calculated variable.

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.

Table D.1. Group Differences in Overall Satisfaction (Source: Follow-Up Survey)

	Overall Satisfaction Rates ¹	<i>p</i> -value
Race	<i>n</i> = 256	
White	88.7% (133/150)	0.20
All races other than white	93.4% (99/106)	
Used NRT or prescription medication since enrolling	<i>n</i> = 249	
Yes	95.1% (154/162)	< 0.01
No	85.1% (74/87)	

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.2. Group Differences in 24-Hour Respondent and Intent-to-Treat Quit Rates (Source: Follow-Up Survey)

	24-Hour Quit Rates ¹			
	Respondent Quit Rate	p-value	Intent-to-Treat Quit Rate	p-value
Race	n = 268		n = 821	
White	39.4% (61/155)	0.51	13.0% (61/469)	0.70
All races other than white	43.4% (49/113)		13.9% (49/352)	
Used NRT or prescription medication since enrolling	n = 261		n/a	
Yes	42.4% (73/172)	0.51	n/a	n/a ²
No	38.2% (34/89)		n/a	

¹Percentages in the 24-Hour Quit Rate columns represent the percent abstinent from tobacco for 24 hours or more at the time of the 7-month follow-up survey. The numerator in parentheses is the number quit and the denominator is the total number in the respective group category. Responses of “refused” and “don’t know” are excluded from respondent quit rate analyses.

²ITT quit rates could not be estimated in this case. Use of NRT or prescription medication was assessed at follow-up and is not available for non-respondents.

Table D.3. Group Differences in 7-Day Respondent and Intent-to-Treat Quit Rates (Source: Follow-Up Survey)

	7-Day Quit Rates ¹			
	Respondent Quit Rate	p-value	Intent-to-Treat Quit Rate	p-value
Race	n = 268		n = 821	
White	36.8% (57/155)	0.95	12.2% (57/469)	0.92
All races other than white	37.2% (42/113)		11.9% (42/352)	
Used NRT or prescription medication since enrolling	n = 261		n/a	
Yes	38.4% (66/172)	0.57	n/a	n/a ²
No	34.8% (31/89)		n/a	

¹Percentages in the 7-Day Quit Rate columns represent the percent abstinent from tobacco for 7 or more days at the time of the 7-month follow-up survey. The numerator in parentheses is the number quit and the denominator is the total number in the respective group category. Responses of “refused” and “don’t know” are excluded from respondent quit rate analyses.

²ITT quit rates could not be estimated in this case. Use of NRT or prescription medication was assessed at follow-up and is not available for non-respondents.

Table D.4. Group Differences in 30-Day Respondent and Intent-to-Treat Quit Rates (Source: Follow-Up Survey)

	30-Day Quit Rates ¹			
	Respondent Quit Rate	p-value	Intent-to-Treat Quit Rate	p-value
Race	n = 268		n = 821	
White	31.0% (48/155)	0.88	10.2% (48/469)	1.00
All races other than white	31.9% (36/113)		10.2% (36/352)	
Used NRT or prescription medication since enrolling	n = 261		n/a	
Yes	30.8% (53/172)	0.63	n/a	n/a ²
No	33.7% (30/89)		n/a	

¹Percentages in the 30-Day Quit Rate columns represent the percent abstinent from tobacco for 30 or more days at the time of the 7-month follow-up survey. The numerator in parentheses is the number quit and the denominator is the total number in the respective group category. Responses of “refused” and “don’t know” are excluded from respondent quit rate analyses.

²ITT quit rates could not be estimated in this case. Use of NRT or prescription medication was assessed at follow-up and is not available for non-respondents.

Table D.5. Group Differences in 6-Month Respondent and Intent-to-Treat Quit Rates (Source: Follow-Up Survey)

	6-Month Quit Rates ¹			
	Respondent Quit Rate	p-value	Intent-to-Treat Quit Rate	p-value
Race	n = 268		n = 821	
White	13.6% (21/155)	0.62	4.5% (21/469)	0.58
All races other than white	11.5% (13/113)		3.7% (13/352)	
Used NRT or prescription medication since enrolling	n = 261		n/a	
Yes	16.3% (28/172)	< 0.05	n/a	n/a ²
No	6.7% (6/89)		n/a	

¹Percentages in the 6-Month Quit Rate columns represent the percent abstinent from tobacco for 6 months or more at the time of the 7-month follow-up survey. The numerator in parentheses is the number quit and the denominator is the total number in the respective group category. Responses of “refused” and “don’t know” are excluded from respondent quit rate analyses.

²ITT quit rates could not be estimated in this case. Use of NRT or prescription medication was assessed at follow-up and is not available for non-respondents.

Appendix E. Copy of 7-Month Survey Instrument

Georgia Tobacco Quit Line 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? 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 called the Quit Line 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]

QA7 [ENABLE ONLY 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 YES TO QA7A]	<input type="radio"/>				
QA4B	Cigars, cigarillos, or little cigars [ENABLE IF YES TO QA7B]	<input type="radio"/>				
QA4C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF YES TO QA7C]	<input type="radio"/>				
QA4D	Chewing tobacco, snuff, or dip [ENABLE IF YES TO QA7D]	<input type="radio"/>				
QA4E	Other Tobacco Products (e.g., Bidis) [ENABLE IF YES TO QA7E]	<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="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="radio"/>	<input type="radio"/>
QA13D	Chewing tobacco, snuff, or dip (pouches or tins) [ENABLE IF QA4D = 1 OR 2]	[]	<input type="radio"/>	<input type="radio"/>
QA13E	Other Tobacco Products (e.g., Bidis) [ENABLE IF QA4E = 1 OR 2]	[]	<input type="radio"/>	<input type="radio"/>

MDS3 [ENABLE 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 called the Georgia Tobacco Quit Line on **[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 Nicotine patches
 - MDS11_MEDS.2 Nicotine gum
 - MDS11_MEDS.3 Nicotine lozenges
 - MDS11_MEDS.4 Nicotine Inhaler
 - MDS11_MEDS.8 Nicotine Nasal Spray
 - MDS11_MEDS.5 Zyban / Bupropion / Wellbutrin (only if for quitting)
 - MDS11_MEDS.6 Chantix / Varenicline
 - MDS11_MEDS.7 Other medications to help you quit? **[MDS11_MEDS.7.TEXT]** specify: _____
 - MDS11_MEDS.0 NO PRODUCTS OR MEDICATIONS (NONE)
 - MDS11_MEDS.98 REFUSED
 - MDS11_MEDS.99 DON'T KNOW

MDS12_OTHRES [ALL RESPONDENTS]

Other than calling the Quit Line 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 ADVICE FROM A HEALTH PROFESSIONAL (OTHER THAN THE QUIT LINE)
- MDS12_OTHRES.7 SUPPORT FROM FAMILY / FRIENDS
- MDS12_OTHRES.14 E-CIGARETTE
- MDS12_OTHRES.4 COUNSELING PROGRAM (OTHER THAN THE QUIT LINE – E.G., SUPPORT GROUP OR TWELVE STEP PROGRAM)
- MDS12_OTHRES.9 BEHAVIOR CHANGE (E.G., EXERCISE, STAYING BUSY, CHANGING ROUTINE)
- MDS12_OTHRES.8 SUBSTITUTES (E.G., TOOTHPICKS, STRAWS, SUNFLOWER SEEDS, REGULAR GUM)
- MDS12_OTHRES.10 SPIRITUAL OR RELIGIOUS SUPPORT
- MDS12_OTHRES.11 ALTERNATIVE MEDICINE (E.G., ACUPUNCTURE, HYPNOSIS)
- MDS12_OTHRES.2 WEBSITE (OTHER THAN WEB COACH)
- MDS12_OTHRES.3 TELEPHONE PROGRAM (OTHER THAN THE QUIT LINE)
- MDS12_OTHRES.5 SELF-HELP MATERIALS (OTHER THAN FROM THE QUIT LINE)
- MDS12_OTHRES.12 COLD TURKEY
- MDS12_OTHRES.13 TAPERING DOWN
- MDS12_OTHRES.6 SOMETHING ELSE [MDS12_OTHRES.6.TEXT] (SPECIFY: _____)
- MDS12_OTHRES.0 NONE
- MDS12_OTHRES.98 REFUSED
- MDS12_OTHRES.99 DON'T KNOW

MDS_REC [ALL RESPONDENTS.]

If a friend were in need of similar help, would you recommend the Georgia Tobacco Quit Line to him or her?

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

[IF REF or DK, SKIP TO CLOSE]

MDS_REC_A [ENABLE IF YES TO MDS_REC]

Why? PLEASE RECORD THE PARTICIPANT'S ANSWER VERBATIM. [_____]

[CONTINUE TO CLOSE]

MDS_REC_B [ENABLE IF NO TO MDS_REC]

Why not? PLEASE RECORD THE PARTICIPANT'S ANSWER VERBATIM. [_____]

[CONTINUE TO CLOSE]