

Helping **Young** **Smokers** *Quit*

Identifying Best Practices for Tobacco Cessation

Program Characteristics Survey

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Helping Young Smokers Quit is a national program supported by The Robert Wood Johnson Foundation, the National Cancer Institute and the Center for Disease Control and Prevention with direction and technical assistance provided by UIC.

In this interview, we will be talking about the current practices being implemented in your teen tobacco session program [Fill name of program]. Throughout the interview, please answer in terms of this program only, and not in terms of any larger initiatives of which your program may be a part.

General Community Context

The first set of questions is about your community, which is defined by the county in which your program operates.

PS1. In your community, what would you say is the biggest concern facing youth?

- Tobacco..... 1
 - Drug use..... 2
 - Teen pregnancy..... 3
 - Violence/gangs 4
 - Education/school dropouts 5
 - Other (Please specify)..... 6
-

PS2. Thinking about tobacco use among youth, how would you rank it as a priority concern in your community, where 1 is the lowest priority and 10 is the highest priority?

<u>Lowest priority</u>									<u>Highest priority</u>
1	2	3	4	5	6	7	8	9	10

PS3. Overall, how much of a priority would you say that the leaders in your community place on youth tobacco cessation? By community leaders, we mean elected officials, school boards, law enforcement and public health officers. Would you say it's a high priority, somewhat of a priority, or not a priority at all for your community leaders?

- High priority..... 1
- Somewhat of a priority..... 2
- Not a priority at all..... 3

PS4. Overall, how aware is the general population in your community of your teen tobacco cessation program? Would you say they are ...

- Very aware,..... 1
- Somewhat aware, or 2
- Not at all aware?..... 3→(SKIP TO Q.PS6)

PS5. Of the general population that is aware of your program, would you say that, overall, they are very supportive, somewhat supportive, or not at all supportive of your program?

- Very supportive..... 1
- Somewhat supportive..... 2
- Not at all supportive..... 3

PS6. Overall, how aware are leaders in your community of your program? (By community leaders, we mean elected officials, school boards, law enforcement and public health officers.)
Would you say they are ...

- Very aware,..... 1
- Somewhat aware, or 2
- Not at all aware?..... 3→(SKIP TO Q.PS8)

PS7. Of the community leaders who are aware of your program, would you say that, overall, they are very supportive, somewhat supportive, not too supportive, or not at all supportive of your program?

- Very supportive..... 1
- Somewhat supportive..... 2
- Not at all supportive..... 3

Program History

The next series of questions is regarding the history of your program and how it was started.

PS8. Would you say that the decision to offer a youth cessation program was primarily in response to...

Legislation with penalty for youth possession, use, and/or purchase of tobacco..... 1

A response to Health Department or Department of Education initiative or mandate 2

An initiative of leadership and staff of the organization that houses the program 3

Youth demand 4

Parent demand 5

School/teacher demand 6

Something else (Please specify)..... 7

PS9. Were the materials for your program developed internally, by individuals within your immediate organization, or by an external or parent organization, such as the American Lung Association, the American Cancer Society, or an educational materials development company?

Internal 1 → (SKIP TO Q.PS24a)

External (Please specify organization).... 2

Both internal and external (Please specify)3

PS10. Did your organization obtain the materials from that organization?

Yes 1

No 2

PS11. Did your organization purchase the materials?

Yes 1

No 2

PS12. Was your program originally designed specifically for youth tobacco users, or was it adapted from an adult program?

- Designed for youth 1
- Adapted from adult program 2
- A combination of both..... 3
- Don't know 8

PS13. Now I'm going to ask you about several criteria that may have been important in your decision to use this program. Please state whether each factor was not at all important, somewhat important, or very important.

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Very important</u>
a. Cost of the program.....	1	2	3
b. Research evidence that it had worked for others?.....	1	2	3
c. Your previous relationship, if any, with the sponsoring organization? .	1	2	3
d. Ease of adoption?.....	1	2	3
e. Recommendations by other colleagues?.....	1	2	3
f. Convincing presentation from the developers or program marketers? 1	1	2	3
g. Recommendations from experts in youth tobacco cessation?.....	1	2	3

PS14. Was there any other factor, besides those I have mentioned, that influenced your decision to use this program?

Yes (Please specify) 1 →

No 2 → (SKIP TO Q.PS16)

PS15. How important was this factor? Would you say not at all important, somewhat important or very important?

- Not at all important 1
- Somewhat important 2
- Very important 3

PS16. At the time you were considering adopting this program for your purposes, did you consider any other youth cessation programs?

- Yes..... 1
- No2→(SKIP TO Q.PS18)

PS17. What other programs did you consider?

- Helping Teens Stop Using Tobacco (TAP)... 1
 - Intervening with Teen Tobacco Users (TEG)2
 - Not on Tobacco (NOT)..... 3
 - Computers Helping Adolescents
Talk Tobacco (CHATT) 4
 - Adolescent Smoking Cessation Escaping
Nicotine & Tobacco (ASCENT) 5
 - Tobacco Free Teens 6
 - Motivational Tobacco Intervention (MTI) 7
 - Freedom from Smoking for Teens (FFST).... 8
 - Ending Nicotine Dependence (END) 9
 - Utah Teen Quit Line 10
 - Stop Teenage Addiction to Tobacco (STAT)11
 - CA Smokers' Helpline.....12
 - ButtsOut.....13
 - X-Chew Challenge.....14
 - Iwillquit.com 15
 - Science, Tobacco & You 16
 - Project Toward No Tobacco Use (TNT)..... 17
 - QuitNet.com.....18
 - Other (Please specify).....19
-

PS18. How close to the specifications of the organization you mentioned is your program implemented? Would you say...

- Very closely, 1→(SKIP TO Q.PS24a)
- Somewhat closely, or 2
- Not very closely? 3

PS19. In which of the following ways have you modified the program?
For each, please tell me yes or no.

- a. How long the program lasts
(i.e., overall length of the program)..... 1 → (If yes, ask Q.PS20)
- b. How long each contact with program
participants lasts (i.e., the length of each
program “session”) 2 → (If yes, ask Q.PS21)
- c. Format in which the program is offered 3 → (If yes, ask Q.PS22)
- d. The content of the program 4 → (If yes, ask Q.PS23)
- e. Other (Please specify) 5

PS20. How was the overall program length modified?

- Shorter 1
- Longer 2

PS21. How was the length of each program session or contact with participants modified?
Was it made...

- Shorter 1
- Longer 2

PS22. How was the format modified?

<u>From</u>	<u>To</u>
Individual face-to-face	Individual face-to-face
Group	Group
Mail	Mail
Telephone counseling	Telephone counseling
Self-help	Self-help
Internet-based program	Internet based-program
Adult-led	Adult-led
Peer-led	Peer-led

PS23. How was the content modified?

Program Setting and Modality

The next set of questions is about how and where your program is offered.

PS24. Which of the following types of tobacco use does your program address?
For each, please tell me yes or no.

- a. Cigarettes 1
- b. Smokeless tobacco..... 2
- c. Cigars..... 3
- d. Pipes 4
- e. Anything else? 4

PS25. Is your program primarily focused on tobacco cessation, or is it part of a larger program that addresses other issues such as alcohol and other drug use or mental health problems?

- Primarily tobacco..... 1 → (SKIP TO Q.PS28a)
- Other focus 2

PS26. Which of the following does your program specifically address?
For each, please tell me yes or no.

- a. Alcohol 1
- b. Other drugs..... 2
- c. Mental health 3
- d. Other (Please specify)..... 4

IF PS26a=1 OR PS26b=1, GOTO PS27. ELSE, GOTO PS28a

PS27. In general, are participants engaged in reducing or quitting use of these other substances prior to quitting tobacco, at the same time as they are quitting tobacco, or after working on quitting tobacco?

- Prior to quitting tobacco..... 1
- Same time as quitting tobacco..... 2
- After quitting tobacco..... 3

PS28. In which of the following format(s) is the smoking cessation treatment offered? For each, please tell me yes or no.

- a. Individual face-to-face counseling..... 1
 - b. In-person group meetings 2
 - c. Telephone counseling 3
 - d. Internet-based program 4
 - e. Self-help manuals 5
 - f. Anything else? (Please specify) 6
-

RTC1: IF PS28a=1, GOTO PS29a. ELSE, GOTO RTC2

PS29. How would you describe the physical setting in which the individual counseling occurs? For each of the following, please tell me yes or no.

- a. Community center 1
 - b. School classroom 2
 - c. School health clinic 3
 - d. Other school based setting 4
 - e. Church or religious center 5
 - f. Drug treatment center 6
 - g. Health clinic 7
 - h. Hospital 8
 - i. Sports/health club 9
 - j. Other (Please specify) 10
-

RTC2: IF PS28b=1, GOTO PS30a. ELSE, GOTO RTC3

PS30. How would you describe the physical setting in which the group counseling occurs?
For each of the following, please tell me yes or no.

- Community center 1
 - School classroom 2
 - School health clinic 3
 - Other school based setting 4
 - Church or religious center 5
 - Drug treatment center 6
 - Health clinic 7
 - Hospital 8
 - Sports/health club 9
 - Other (Please specify) 10
-

PS31. What is the average number of participants in an intervention group?
_____ participants

PS32. Are the treatment groups co-ed (i.e., males and females participate together)
or same sex only?

- Co-ed 1
- Males and females treated in separate groups 2
- Both co-ed and same sex groups 3

RTC3: IF PS28c=1, GOTO PS33. ELSE, GOTO RTC4

PS33. Is the phone counseling separate from a 'quit line?'

- Yes 1 → (Skip to Q.PS36)
- No 2

PS34. Is the phone counseling part of a state 'quit line?'

- Yes 1 → (Skip to Q.RTC4)
- No 2

PS35. Is the phone counseling part of a local quit line?

- Yes 1
- No 2

PS36. Is the phone counseling offered from a centralized location?

Yes 1

No 2

RTC4: IF PS28d=1, GOTO PS37. ELSE, GOTO PS38

PS37. Is the Internet site maintained by your organization?

Yes 1

No 2

Program Components

Next, I am going to read a list of information and activities that some youth cessation programs may include. For each, please tell me whether it is a part of your program.

PS38. Does your program include information about the immediate health consequences of smoking?

Yes 1

No 2

PS39. Does your program include information about the long-term health consequences of smoking?

Yes 1

No 2

PS40. Does your program include information about the strategies that are used by the tobacco companies to market tobacco to youth?

Yes 1

No 2

PS41. Now I'm going to ask you about specific components that your program may or may not include. For each, please tell me yes or no. Does your program ask participants to . . .

	<u>Yes</u>	<u>No</u>
a. Keep diaries of when they smoke?	1	2
b. Assess their level of nicotine dependence?.....	1	2
d. Practice ways of coping with temptations to smoke?	1	2
d. Practice refusing offers of cigarettes?.....	1	2
e. Sign a contract that has rewards for not smoking? 1		2
f. Sign a contract that has penalties for smoking?	1	2
g. Do any types of aversive smoking, such as puffing rapidly on cigarettes?	1	2
h. Throw away all of their smoking-related paraphernalia?	1	2
i. Practice meditation or relaxation exercises for stress reduction?	1	2
j. Change their diet in any way?	1	2
k. Increase physical activity?	1	2
l. Gradually reduce or taper their smoking?	1	2
m. Change cigarette brands?	1	2
n. Identify specific people to help them in their efforts to quit?	1	2
o. Speak to younger children about not smoking?	1	2
p. Invite a family member to participate?	1	2
q. Invite a peer/friend to participate?	1	2
r. Any other components we didn't mention? (Please specify)	1	2

PS42. Does your program include the use of any medication?

- Yes 1
- No 2 → (SKIP TO Q.PS44)

PS43. Which medications?

- a. Zyban® (bupropion) 1
 - b. Nicotine gum 2
 - c. Nicotine patch 3
 - d. Nicotine inhaler 4
 - e. Nicotine nasal spray 5
 - f. Other (Please specify) 6
-

PS44. Does your program specifically address any of the following youth-related issues? For each, please tell me yes or no.

- a. Depression..... 1
- b. Self-esteem..... 2
- c. Stress..... 3
- d. Academic performance..... 4
- e. Violence or gangs 5
- f. Employment..... 6
- g. Career planning 7
- h. Other drug use..... 8
- i. Alcohol 9

PS45. Does your program have a formal protocol for referrals to mental health professionals?

- Yes 1
- No 2

PS46. Does your program follow a 12-step model of recovery from addiction?

- Yes 1
- No 2

PS47. Are youth offered incentives, like money or class leave time, to participate in your program?

- Yes 1
- No 2 → (SKIP TO Q.PS49)

PS48. Which of the following types of incentives does your program offer?

For each, please tell me yes or no.

- a. Cash..... 1
 - b. Gift certificates 2
 - c. Leave time from class 3
 - d. Course credit 4
 - e. Gear or Trinkets..... 5
 - f. Food..... 6
 - g. Any other incentives? (Please specify) 7
-

PS49. Are parents or guardians required to participate in your program?

- Yes..... 1→(SKIP TO Q.PS52)
- No 2

PS50. Are parents or guardians allowed to participate in your program?

- Yes..... 1
- No 2→(SKIP TO Q.PS52)

PS51. Are parents or guardians encouraged to participate in your program?

- Yes..... 1
- No 2

PS52. Are friends who do not use tobacco allowed to participate in your program?

- Yes..... 1
- No 2

PS53. Does your program provide participants with any written or audio-visual materials?

- Yes..... 1
- No 2→(SKIP TO Q.PS56)

P54. Which of the following materials does your program provide?
For each, please tell me yes or no.

- a. Brochures or pamphlets 1
 - b. Manuals or workbooks 2
 - c. A website or other online materials ... 4
 - d. Anything else? (Please specify) 5
-

PS55. Would it be possible to obtain copies of these materials? If so, I can give you an address at the conclusion of our interview to mail them to us.

- Yes 1
- No 2

PS56. After completions of the initial program, are there booster treatment contacts provided? By booster treatment contacts, we mean additional contacts that provide services after the completion of the actual program.

- Yes 1
- No 2 → (SKIP TO Q.PS59)
- Sometimes 3

PS57. How many booster contacts do you offer?

_____ contacts

PS58. When do the booster contacts occur?

PS59. Does your program follow-up, or contact participants without providing further service, after they complete the program?

- Yes 1
- No 2 → (SKIP TO Q.PS70)

PS60. How many follow-ups do you conduct?

_____ follow-up(s)

PS61. How soon after the end of the program does the first follow-up occur?

PS62. Approximately what percentage of participants complete the first follow-up?
_____ percent

IF PS60=1, GO TO PS67

PS63. How long after the end of the program does the second follow-up occur?

PS64. Approximately what percentage of participants complete the second follow-up?
_____ percent

IF PS60=2, GO TO PS67

PS65. How long after the end of the program does the last follow-up occur?

PS66. Approximately what percentage of participants complete the third [last] follow-up?
_____ percent

PS67. Is parental or guardian consent required for participants to be contacted for follow-up?
Yes 1
No 2

PS68. Which of the following pieces of information does your program collect during follow-up?
For each, please tell me yes or no.

- a. Current smoking status 1
- b. Experiences with smoking since leaving program 2
- c. Biochemical validation of quitting 3
- d. Anything else? (Please specify) 4

IF PS68C=1, GO TO PS69, ELSE, GO TO PS70

PS69. What type of biochemical validation do you use?

- Carbon monoxide testing 1
- Salivary cotinine 2
- Urine cotinine 3
- Other (Please specify) 4

Enrollment Criteria

PS70. Now I have some questions about how youth come to be enrolled in your program. Is enrollment voluntary or mandatory, or both?

- Voluntary only 1→(SKIP TO Q.PS73)
- Mandatory only 2→(SKIP TO Q.PS77a)
- Both..... 3

PS71. About what percentage of youth who participate in your program enter on a voluntary basis?

_____ percent
(IF 100%, SKIP TO Q.PS73)

PS72. So the remaining (100-PS71 answer) enter on a mandatory basis, is that correct?

- Yes 1
 - No (Please specify) 2
-

The following questions are about voluntary enrollment only. We will ask a later series of questions about mandatory enrollment. So first, thinking of voluntary enrollment in your program...

PS73. Do participants enroll themselves, do adults enroll them, or both?

- Voluntary – self-referral 1→(SKIP TO Q.PS75a)
- Voluntary – adult referral 2
- Both..... 3

PS74. Can parents or guardians enroll youth without the youth’s consent?

- Yes 1
- No 2

PS75. How is the program advertised or promoted?
For each of the following, please tell me yes or no.

- a. Flyers at school/community center/church... 1
 - b. Notices in school/community newspaper..... 2
 - c. Advertisements on TV/radio 3
 - d. Adult encouragement/networking (e.g., school nurse or social worker)(person-to-person).... 4
 - e. Peer outreach/networking 5
 - f. Referrals from other participants..... 6
 - g. Referrals from adult (e.g., physician, teacher, school nurse)..... 7
 - h. Anything else? (Please specify) 8
-

PS76. What advertisement or promotion method do you think is most effective?

- Flyers at school/community center/church..... 1
 - Notices in school/community newspaper..... 2
 - Advertisements on TV/radio 3
 - Adult encouragement/networking (e.g., school nurse or social worker)(person-to-person)..... 4
 - Peer outreach/networking 5
 - Referrals from other participants..... 6
 - Referrals from adult (e.g., physician, teacher, school nurse)..... 7
 - Other (Please specify)..... 8
-

RTC5: If PS70=1, GOTO PS78.

PS77. What are the circumstances that lead to mandatory enrollment? (Please circle all that apply.)

- Punishment for possession or use of tobacco.... 1
- Punishment for purchase of tobacco..... 2
- Youth can enroll instead of paying a fine 3
- Parent/guardian referral 4

PS78. Does your program accept youth who use tobacco occasionally, but who are not yet daily users?

Yes..... 1

No 2→(SKIP TO Q.PS80)

PS79. What is the minimum level of tobacco use required to enroll in your program?

PS80. Does your program have any other specified criteria that disqualify potential participants from enrolling?

Yes..... 1

No 2→(SKIP TO Q.PS82)

PS81. What are these criteria?

PS82. Does your program notify the parent or guardian of a participant's enrollment?
Would you say yes, no or sometimes?

Yes..... 1

No 2

Sometimes..... 3

PS83. Is parental or guardian consent required for youth to participate in your program?
Would you say yes, no or sometimes?

Yes..... 1

No 2→(SKIP TO Q.PS85)

Sometimes..... 3

PS84. Do you see parental or guardian consent as a barrier to participation in your program?

Yes..... 1

No 2

PS85. Does your program get reimbursement from health insurance?

Yes..... 1

No 2

PS86. Does your program charge participants a fee?

Yes 1

No 2→(SKIP TO Q.PS88)

PS87. Would you please describe the fee structure for me?

Program Operation

PS88. Excluding boosters and follow-ups, how many contacts with participants does your program include?

_____ contacts

PS89. Does your program do biochemical validation during any of these contacts?

Yes 1

No 2→(SKIP TO Q.PS91)

PS90. What type of biochemical validation do you use?

Carbon monoxide testing 1

Salivary cotinine 2

Urine cotinine 3

Other (Please specify) 4

PS91. Are participants dropped if they do not meet minimum participation requirements?

Yes 1

No 2→(SKIP TO Q.PS93)

PS92. What are the requirements?

PS93. On average, how long is each contact?

PS94. Excluding boosters and follow-ups, over what period of time does your program run?

- a. _____ Days, 1
- b. _____ Weeks,..... 2
- c. _____ Months,..... 3
- d. _____ School semesters,..... 4
- e. _____ School years, or 5
- f. _____ Other? (Please specify) 6

PS95. Over the last 12 months, how many youth have participated in your tobacco cessation program?

_____ youth

PS96. Over the last 12 months, about what percentage of youth who started your program completed the entire program?

_____ percent

PS97. Are there any other parts of your program that I did not ask about?

Client Characteristics

Now I want to turn to some questions about your program participants.

PS98. How would you describe the racial and ethnic mix of clients served by your program within the last 12 months? Has it served primarily served clients from one racial or ethnic group, or has it served more than one race or ethnic group?

- Primarily one group 1
- More than one group 2 → (SKIP TO Q.PS100a)

PS99. Has it primarily served African American, Asian-Pacific Islander, Latino, Native American, non-Latino White or some other group?

- African American 1
- Asian-Pacific Islander 2
- Latino 3
- Native American 4
- Non-Latino White 5
- Other (Please specify) 6

SKIP TO Q.PS101

PS100. Which of the following racial or ethnic groups has the program served in the past 12 months. For each, please tell me yes or no.

- a. African American or Black 1
- b. Asian-Pacific Islander 2
- c. Latino 3
- d. Native American 4
- e. Non-Latino White 5
- f. Other (Please specify) 6

PS101. Does your program serve both male and female youth, males only, or females only?

- Both 1
- Males only 2
- Females only 3

PS102. Approximately what percentage of program participants fall into the following age ranges?

- a. 12-14 years (Pre high school) _____%
- b. 15-18 years (High school) _____%
- c. 19-24 years (Post high school) _____%

Program Staffing

Now I have some questions for you about your program staff. When I ask about “FTE” employees, that means “full-time equivalent.” For example, two half-time employees would equal one full-time equivalent.

PS103. Currently, how many paid FTE employees provide treatment for youth tobacco cessation?
_____ FTE employees

PS104. Currently, how many FTE volunteers provide treatment for youth tobacco cessation? By volunteers, we mean people who are not being paid to provide teen tobacco cessation services by yours or any other organization, and for whom providing such services cannot be considered part of their job.

0 volunteers 1 → (SKIP TO Q.PS107)

_____ FTE volunteers 2

PS105. Is there a written job description for these volunteers?

Yes 1

No 2

PS106. Which of the following ways does your organization recruit volunteers.
For each, please tell me yes or no.

a. Classified ads in major newspapers 1

b. Classified ads in neighborhood papers
and newsletters 2

c. Posters or flyers on bulletin boards 3

d. Word of mouth 4

e. Mass mailings 5

f. Anything else? (Please specify) 6

PS107. Are the individuals who provide cessation services or intervention to youth specifically trained in smoking cessation counseling?

Yes 1

No 2 → (SKIP TO Q.PS112)

PS108. How is this training provided? Is it...

Provided in-house by the program,..... 1

Provided by an outside organization, or 2

Or does your organization hire only certified
Smoking cessation counselors?..... 3→(SKIP TO Q.PS112)

No coded response applicable (Please specify) 4

PS109. How many hours of training does your program require?

_____ hours

PS110. Do you also require these individuals to have certification in smoking cessation counseling?

Yes..... 1

No 2→(SKIP TO Q.PS112)

PS111. Who provides the certificates?

PS112. Is there a written facilitator guide or manual?

Yes..... 1

No 2

PS113. Do the individuals who provide treatment receive formal performance evaluations?

Yes..... 1

No 2

PS114. Which of the following describes the professional backgrounds of your program's staff involved in direct provision of services to participants? For each, please tell me yes or no.

- a. Physician 1
- b. Nurse 2
- c. Dental professional..... 3
- d. Teacher..... 4
- e. Coach 5
- f. Social worker 6
- g. School counselor 7
- h. Certified health educator 8
- i. Trained tobacco counselor 9
- j. Youth peer 10
- k. Anything else? (Please specify) ..11

Program Funding

This next series of questions concerns how your program is funded.

PS115. What are the approximate annual costs to operate (i.e., the operating budget) your youth cessation program in 2002?

_____ dollar amount..... 1
Don't know 8

PS116. On a scale from 1 to 5, where 1 is not at all adequate and 5 is very adequate, how adequate do you think the funding is for your program?

<u>Not at all</u>					<u>Very</u>
<u>adequate</u>					<u>adequate</u>
1	2	3	4	5	

PS117. I am going to read you a list of potential funding sources. For each, please specify whether none, some, most, or all of your program operating funds come from that source.

Local government funding, such as from municipal government school district or the local health department? Would you say...

None, 1
Some,..... 2
Most, or 3
All? 4

PS118. State government, such as the board of education or the state health department? Would you say...

None, 1
Some,..... 2
Most, or 3
All? 4

PS119. Community-level not-for-profit or voluntary organizations? Would you say...

None, 1
Some,..... 2
Most, or 3
All? 4

PS120. State-level not-for-profit or voluntary organizations? Would you say...

- None, 1
- Some,..... 2
- Most, or 3
- All? 4

PS121. National not-for-profit or voluntary organizations? Would you say...

- None, 1
- Some,..... 2
- Most, or 3
- All? 4

IF PS86=2, GO TO PS123

PS122. Fees from participants? Would you say...

- None, 1
- Some,..... 2
- Most, or 3
- All? 4

PS123. Is there any other funding source I haven't mentioned?

- Yes (Please specify)..... 1
- _____
- No 2→(SKIP TO Q.PS125)

PS124. Would you say none, some, most, or all of your program operating funds come from this source?

- None 1
- Some..... 2
- Most 3
- All 4

PS125. Thinking about all of the funding sources for your program, which would you say provides the *most* funding?

- Local government (e.g., municipal government school district, local health department)..... 1
 - State government (e.g., state board of education, state health department) 2
 - Community-level not-for-profit or voluntary organization 3
 - State-level not-for-profit or voluntary organization 4
 - National not-for-profit or voluntary organization 5
 - Fees from participants..... 6
 - Other (Please specify)..... 7
-

PS126. Think about the funding source that provides most of your financial support. Did you have to submit a formal application to receive the funding?

- Yes 1
- No 2

PS127. Are you required to file financial reports?

- Yes 1
- No 2

PS128. Are you required to file operating or progress reports?

- Yes 1
- No 2

Program Evaluation

The next set of questions is about program evaluation.

PS129. Which of the following does your program consider its primary indicator of success for participants. Would you say...

- The intention to quit..... 1→(SKIP TO Q.PS131)
 - Cutting down on tobacco consumption..... 2→(SKIP TO Q.PS131)
 - Quitting during or after the program 3
 - Or continued non-smoking after the program 4
 - All of the above 5
 - No coded response applicable, (Please specify) 6→(SKIP TO Q.PS131)
-

PS130. For how long after the program has ended does the participant need to remain quit to be considered a success?

- a. ____ Days, 1
- b. ____ Weeks,..... 2
- c. ____ Months,..... 3
- d. ____ School semesters,..... 4
- e. ____ School years, or 5
- f. ____ Other..... 6

PS131. Does your program include an evaluation component?

- Yes..... 1
- No 2→(SKIP TO Q.PS146)

PS132. Which of the following measures does the evaluation include?

For each, please tell me yes or no.

- a. Attendance tracking..... 1
 - b. Follow-up with participants
after the program 2
 - c. User satisfaction/program ratings 3
 - d. Quitting data 4
 - e. Biochemical validation 5
 - f. Cost of program administration..... 6
 - g. Anything else? (Please specify) 7
-

PS133. Which of the following describes the purpose of your evaluation?
For each, please tell me yes or no.

- a. To monitor cessation outcomes 1
- b. To plan for program improvement..... 2
- c. To identify most/least effective program component 3
- d. To get feedback to improve outcomes and satisfaction..... 4
- e. To evaluate counselors 5
- f. To evaluate program materials 6
- g. Anything else? (Please specify) 7

PS134. Is the information for evaluation collected using a standard written protocol or survey?

- Yes 1
- No 2

PS135. Is the information collected by the same or different people than those who deliver the treatment?

- The same people as deliver the treatment ... 1
- Different people than deliver the treatment... 2
- Both..... 3

PS136. Would you be willing to share your evaluation tools with us?

- Yes 1
- No 2

PS137. Who are the chief audiences for evaluation results?

PS138. Is consent required for evaluation?

- Yes 1
- No 2 → (SKIP TO Q.PS141)

PS139. From whom is consent required?

- Participants 1
- Parents or guardians 2
- Other, Specify 3

PS140. On average, what proportion of participants provide consent for follow-up?
_____ percent

RTC6: IF PS9=2 OR 3, GOTO PS141. ELSE, GOTO RTC7

PS141. Is the evaluation conducted at your site only, or across multiple sites?

- Site specific..... 1
- Program wide 2

RTC7: IF PS131=1 or PS141=1, GOTO PS142. ELSE, GOTO PS143

PS142. Would it be possible to obtain a copy of your evaluation reports or evaluation reporting form?

- Yes..... 1
- No 2

PS143. Has your program ever undergone an *external* evaluation of client or participant outcomes?

- Yes..... 1
- No 2

PS144. Has your program ever undergone an *external* evaluation to assess how you deliver your program?

- Yes..... 1
- No 2

RTC8: IF PS143=1 or PS144=1, GOTO PS145. ELSE, GOTO PS146

PS145. Would it be possible to obtain a copy of those evaluation reports?

- Yes..... 1
- No 2

PS146. Would it be possible to obtain copies of any materials that describe your program?

Yes..... 1

No 2

PS147. I am going to list some challenges that are sometimes encountered by programs. For each one, please tell me if it has been very challenging, somewhat challenging or not too challenging.

	<u>Very challenging</u>	<u>Somewhat challenging</u>	<u>Not too challenging</u>	<u>NOT APPLICABLE</u>
a. Enrolling a sufficient number of participants	1	2	3	4
b. Hiring appropriate staff.....	1	2	3	4
c. Retaining hired staff	1	2	3	4
d. Recruiting staff volunteers	1	2	3	4
e. Retaining staff volunteers	1	2	3	4
f. Keeping participants in the program	1	2	3	4
g. Obtaining follow-up information from participants.....	1	2	3	4
h. Obtaining sufficient operating funds for the program.....	1	2	3	4
i. Obtaining appropriate locations for program sessions	1	2	3	4
j. Obtaining computer equipment for the program.....	1	2	3	4
k. Maintaining the support of leadership for the program.....	1	2	3	4
l. Obtaining parental or guardian consent for treatment.....	1	2	3	4
m. Obtaining parental or guardian consent for follow-up.....	1	2	3	4
n. Anything else? (Please specify)	1	2	3	4

PS148. How likely do you think it is that your program will still be operating one year from now?
Would you say very likely, somewhat likely, or not too likely?

Very likely 1

Somewhat likely..... 2

Not too likely 3

Informant Characteristics

We're almost finished. I just have a few questions about you.

PS149. How long have you worked with the program?

PS150. Is the direction of the program your primary work responsibility, or is it one of many responsibilities of your job?

Primary responsibility 1 → (SKIP TO Q.PS152)

One of many responsibilities 2

PS151. How would you describe your larger role within the organization (e.g., school nurse, director of youth services at community center)?

PS152. What is the highest level of education you have completed?

High school 1

Some college 2

Bachelor's degree 3

Some graduate work 4

Master's degree or higher 5

PS153. Thank you very much for your time and cooperation with our project. Would you like us to send you a copy of the study results?

Yes 1

No 2