

Helping Young Smokers Quit

Identifying Best Practices for Tobacco Cessation

Helping Young Smokers Quit: Identifying Best Practices in Tobacco Cessation

Sustainability Survey

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In this interview, we will be talking about the current practices being implemented in your teen tobacco cessation 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.

SS1

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	

SS2

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 priority1
- Somewhat of a priority.....2
- Not a priority at all.....3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS3

Is there an organized group in your community that works to reduce youth tobacco use?

- Yes1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS4

How difficult or easy do you think it would be for young smokers who want to quit to find a smoking cessation program in your community? Would you say it would be...

- Very difficult,1
- Somewhat difficult,2
- Neither difficult nor easy,3
- Somewhat easy, or4
- Very easy?5
- NCRA7
- DON'T KNOW8
- REFUSED9

SS5

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.SS7)
- NCRA7 → (SKIP TO Q.SS7)
- DON'T KNOW8 → (SKIP TO Q.SS7)
- REFUSED9 → (SKIP TO Q.SS7)

SS6

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 supportive1
- Somewhat supportive.....2
- Not at all supportive.....3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS7

Overall, how aware are parents in your community of your teen tobacco cessation program? Would you say they are...

- Very aware.....1
- Somewhat aware, or2
- Not at all aware?.....3 → (SKIP TO Q.SS9)
- NCRA7 → (SKIP TO Q.SS9)
- DON'T KNOW8 → (SKIP TO Q.SS9)
- REFUSED9 → (SKIP TO Q.SS9)

SS8

Of the parents who are aware of your program, would you say that, overall, they are...

- Very supportive,.....1
- Somewhat supportive or.....2
- Not at all supportive.....3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS9

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.SS11)
- NCRA..... 7 → (SKIP TO Q.SS11)
- DON'T KNOW 8 → (SKIP TO Q.SS11)
- REFUSED..... 9 → (SKIP TO Q.SS11)

SS10

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
- NCRA 7
- DON'T KNOW 8
- REFUSED 9

SS11

Overall, how aware are leaders in your organization of your program? Would you say they are...

- Very aware, 1
- Somewhat aware, or 2
- Not at all aware? 3 → (SKIP TO Q.SS13)
- NCRA..... 7 → (SKIP TO Q.SS13)
- DON'T KNOW 8 → (SKIP TO Q.SS13)
- REFUSED..... 9 → (SKIP TO Q.SS13)

SS12

Of the leaders in your organization who are aware of your program, would you say that, overall, they are...

- Very supportive..... 1
- Somewhat supportive, 2
- Not at all supportive?..... 3
- NCRA..... 7
- DON'T KNOW 8
- REFUSED..... 9

Program History

The next series of questions is about the history of your smoking cessation program, including how it was started.

SS15

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 or school that houses the program,	3
Youth demand,.....	4
Parent demand,.....	5
School/teacher demand, or.....	6
Something else (SPECIFY)	7

Tobacco Settlement Money.....	8
DON'T KNOW	98
REFUSED	99

SS16

To the best of your knowledge, in what year was the youth smoking cessation program first offered at your organization?

_____ Year	
NCRA	97 (SKIP TO SS16b)
DON'T KNOW	98 (SKIP TO SS16b)
REFUSED	99 (SKIP TO SS16b)

SS16a

So the program has been operating for (2006-SS16 answer +1) year(s)?

YES	1 → (SKIP TO SS17)
NO	2
NCRA	7
DON'T KNOW	8
REFUSED	9

SS16b

To the best of your knowledge, about how many years has the program been operating at your organization?

_____ Year(s)
_____ Month(s)

SS17

During those [fill years/months in operation], was the program ever considered a “trial” or “pilot” program?

- Yes.....1
- No.....2 → (SKIP TO Q.SS19)
- NCRA7 → (SKIP TO Q.SS19)
- DON'T KNOW8 → (SKIP TO Q.SS19)
- REFUSED9 → (SKIP TO Q.SS19)

SS18

Has the program made a transition from trial or pilot status to permanent status in your organization?

- Yes.....1
- No.....2 → (SKIP TO Q.SS20)
- NCRA7 → (SKIP TO Q.SS20)
- DON'T KNOW8 → (SKIP TO Q.SS20)
- REFUSED9 → (SKIP TO Q.SS20)

SS19

What is your best estimate of how permanent your program is in your organization? Would you say...

- Very permanent,.....1
- Moderately permanent,2
- Minimally permanent, or.....3
- Not permanent at all?4
- NCRA7
- DON'T KNOW8
- REFUSED9

SS20

During the period since the program was first offered at your organization, was there any time that your organization stopped offering the program and then started offering it again?

- Yes.....1
- No.....2 → (SKIP TO Q.SS23)
- NCRA7 → (SKIP TO Q.SS23)
- DON'T KNOW8 → (SKIP TO Q.SS23)
- REFUSED9 → (SKIP TO Q.SS23)

SS21

The following statements describe reasons why a program may stop being offered. Thinking about when the program stopped and started again, please tell me whether each reason was very important, somewhat important, or not at all important for your program.

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not at all important</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. There was nobody to run the program.....	1	2	3	7	8	9
b. There was no space to hold the program.....	1	2	3	7	8	9
c. There was not enough money for the program.....	1	2	3	7	8	9
d. There were not enough youth signed up for the program...	1	2	3	7	8	9
e. There were not enough youth mandated to participate in the program.....	1	2	3	7	8	9
f. Anything else? (SPECIFY).....	1	2	3	7	8	9

SS22

The following statements describe reasons why a program may start being offered again. Please tell me whether each reason was very important, somewhat important, or not at all important for your program.

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not at all important</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. A staff member was hired or assigned to run the program.....	1	2	3	7	8	9
b. Space to hold the program became available.....	1	2	3	7	8	9
c. Funding became available to run the program.....	1	2	3	7	8	9
d. There was enough youth signed up for the program.....	1	2	3	7	8	9
e. There was enough youth mandated to participate in the program.....	1	2	3	7	8	9
f. Anything else? (SPECIFY).....	1	2	3	7	8	9

Now I am going to ask you some questions about the program as it is currently being offered.

SS23

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.SS35)

External (SPECIFY ORGANIZATION).....2

Both internal and external (SPECIFY).....3

NCRA 7 → (SKIP TO Q.SS35)

DON'T KNOW 8 → (SKIP TO Q.SS35)

REFUSED 9 → (SKIP TO Q.SS35)

SS24

Did your organization obtain the materials from that organization?

Yes.....	1
No.....	2 → (SKIP TO Q.SS26)
NCRA.....	7 → (SKIP TO Q.SS26)
DON'T KNOW.....	8 → (SKIP TO Q.SS26)
REFUSED.....	9 → (SKIP TO Q.SS26)

SS25

Did your organization purchase the materials?

Yes.....	1
No.....	2
NCRA.....	7
DON'T KNOW.....	8
REFUSED.....	9

SS26

What is the name of the externally developed smoking cessation treatment package that your program adopted?

ACS: American Cancer Society.....	1
ASCENT: Adolescent Smoking Cessation Escaping Nicotine & Tobacco.....	2
ButtsOut.....	3
CA Smokers' Helpline.....	4
CHAT: Computers Helping Adolescents Talk Tobacco.....	5
END: Ending Nicotine Dependence.....	6
FFST: Freedom from Smoking for Teens.....	7
Iwillquit.com.....	8
MTI: Motivational Tobacco Intervention.....	9
NOT: Not on Tobacco.....	10
QuitNet.com.....	11
Science, Tobacco & You.....	12
STAT: Stop Teenage Addiction to Tobacco.....	13
TAP: Helping Teens Stop Using Tobacco.....	14
TATU: Teens Against Tobacco Use.....	15
TEG: Intervening with Teen Tobacco User.....	16
TNT: Project Toward No Tobacco Use.....	17
Tobacco Free Teens.....	18
Utah Teen Quit Line.....	19
Other (SPECIFY).....	20
<hr/>	
NCRA.....	97
DON'T KNOW.....	98
REFUSED.....	99

SS27

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 both3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS28

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>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Cost of the program.....	1	2	3	7	8	9
b. Research evidence that it had worked for others	1	2	3	7	8	9
c. Your previous relationship, if any, with the sponsoring organization	1	2	3	7	8	9
d. Ease of adoption.....	1	2	3	7	8	9
e. Recommendations by other colleagues.....	1	2	3	7	8	9
f. Convincing presentation from the developers or program marketers	1	2	3	7	8	9
g. Recommendations from experts in youth tobacco cessation	1	2	3	7	8	9

Now thinking about the externally developed smoking cessation treatment package that your program adopted...

SS29

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

- Very closely,1 → (SKIP TO Q.SS35)
- Somewhat closely, or.....2
- Not very closely?3

SS30

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. How long the program lasted (i.e., overall length of program).....1 IF YES, ASK Q.SS31	2	7	8	9	
b. How long each contact with program participants lasted (i.e., the length of each program "session" or contact)1 IF YES, ASK Q.SS32	2	7	8	9	
c. Format in which the program was offered.....1 IF YES, ASK Q.SS33	2	7	8	9	
d. The content of the program1 IF YES, ASK Q.SS34	2	7	8	9	
e. Other (SPECIFY).....1	2	7	8	9	

SS31

How was the overall program length modified?

Shorter	1
Longer.....	2
NCRA	7
DON'T KNOW	8
REFUSED	9

SS32

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

Shorter	1
Longer.....	2
NCRA	7
DON'T KNOW	8
REFUSED	9

SS33

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

SS34

How was the content modified?

SS35

Were there any externally developed programs that your organization considered, but decided not to adopt?

- Yes..... 1
- No..... 2 → (SKIP TO Q.SS38)
- NCRA 7 → (SKIP TO Q.SS38)
- DK..... 8 → (SKIP TO Q.SS38)
- REFUSED 9 → (SKIP TO Q.SS38)

SS36

What is the name of the externally developed smoking cessation treatment package(s) that your organization considered but decided not to adopt? [multiple choices OK]

- ACS: American Cancer Society..... 1
 - ASCENT: Adolescent Smoking Cessation Escaping
Nicotine & Tobacco 2
 - ButtsOut..... 3
 - CA Smokers' Helpline..... 4
 - CHAT: Computers Helping Adolescents Talk Tobacco..... 5
 - END: Ending Nicotine Dependence 6
 - FFST: Freedom from Smoking for Teens 7
 - Iwillquit.com..... 8
 - MTI: Motivational Tobacco Intervention..... 9
 - NOT: Not on Tobacco..... 10
 - QuitNet.com..... 11
 - Science, Tobacco & You... 12
 - STAT: Stop Teenage Addiction to Tobacco..... 13
 - TAP: Helping Teens Stop Using Tobacco 14
 - TATU: Teens Against Tobacco Use..... 15
 - TEG: Intervening with Teen Tobacco User 16
 - TNT: Project Toward No Tobacco Use..... 17
 - Tobacco Free Teens 18
 - Utah Teen Quit Line 19
 - Other (SPECIFY) 20
-
- DON'T KNOW 98
 - REFUSED 99

SS37

Now I'm going to ask you about several criteria that may have been important in your decision **not** to use the externally developed program(s). 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>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Cost of the program.....	1	2	3	7	8	9
b. Lack of research evidence that it had worked for others.....	1	2	3	7	8	9
c. Difficulty of adoption.....	1	2	3	7	8	9
d. Poor or no recommendations by other colleagues.....	1	2	3	7	8	9
e. Unconvincing presentation from the developers or program marketers.....	1	2	3	7	8	9
f. Poor or no recommendations from experts in youth tobacco cessation.....	1	2	3	7	8	9
g. The number of sessions was too many or too few.....	1	2	3	7	8	9
h. The format did not fit our needs.....	1	2	3	7	8	9

Program Setting and Modality

The next set of questions is about the implementation of your program.

SS38

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Cigarettes.....	1	2	7	8	9
b. Smokeless tobacco.....	1	2	7	8	9
c. Cigars.....	1	2	7	8	9
d. Pipes.....	1	2	7	8	9
e. Any other tobacco products? (SPECIFY).....	1	2	7	8	9

SS39

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.SS42a)
- Other focus.....2
- NCRA.....7
- DON'T KNOW.....8
- REFUSED.....9

SS40

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Cigarettes	1	2	7	8	9
b. Alcohol.....	1	2	7	8	9
c. Other drugs	1	2	7	8	9
d. Mental health.....	1	2	7	8	9
e. Other (SPECIFY).....	1	2	7	8	9

IF SS40b=1 OR SS40c=1, GOTO SS41. ELSE, GOTO SS42a

SS41

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 tobacco2
- After quitting tobacco3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS42

In which of the following formats is the smoking cessation treatment offered? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Individual face-to-face counseling.....	1	2	7	8	9
b. In-person group meetings.....	1	2	7	8	9
c. Telephone counseling.....	1	2	7	8	9
IF YES, GO TO Q.SS43 BELOW; IF NOT, GO TO RTC1					
d. Internet-based program.....	1	2	7	8	9
e. Self-help manuals.....	1	2	7	8	9
f. Anything else? (SPECIFY)	1	2	7	8	9

SS43

Is the phone counseling part of a state “quit line”?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

RTC1: IF SS42a = 1 (Individual face-to-face counseling is offered), go to next question. Otherwise, go to RTC2

SS44

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Community center.....	1	2	7	8	9
b. School classroom.....	1	2	7	8	9
c. School health clinic	1	2	7	8	9
d. Other school-based setting	1	2	7	8	9
e. Church or religious center.....	1	2	7	8	9
f. Drug treatment center	1	2	7	8	9
g. Health clinic.....	1	2	7	8	9
h. Hospital.....	1	2	7	8	9
i. Sports/health club.....	1	2	7	8	9
j. Other (SPECIFY).....	1	2	7	8	9

RTC2: IF SS42a = 1 (Individual face-to-face counseling), go to next question. Otherwise, go to RTC3

SS45

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Community center.....	1	2	7	8	9
b. School classroom.....	1	2	7	8	9
c. School health clinic	1	2	7	8	9
d. Other school-based setting	1	2	7	8	9
e. Church or religious center.....	1	2	7	8	9
f. Drug treatment center	1	2	7	8	9
g. Health clinic.....	1	2	7	8	9
h. Hospital.....	1	2	7	8	9
i. Sports/health club.....	1	2	7	8	9
j. Other (SPECIFY).....	1	2	7	8	9

RTC3: SS42a = 1 or SS42b = 1 (If either individual face-to-face or in person group meetings are offered), go to the next question. Otherwise, go to RTC4

SS46

Has the program been assigned permanent physical space within your organization?

- Yes.....1
- No.....2 → (SKIP TO RTC4)
- NCRA7 → (SKIP TO RTC4)
- DON'T KNOW8 → (SKIP TO RTC4)
- REFUSED9 → (SKIP TO RTC4)

SS47

Of all the permanent space that your program needs, what is your best estimate of the amount of permanent space it currently occupies? Would you say...

- The program does not occupy any permanent space,..... 1
- The program occupies only a small amount of the permanent space it needs, 2
- The program occupies most of the permanent space it needs, or..... 3
- The program occupies all of the permanent space it needs? ... 4
- NCRA 7
- DON'T KNOW..... 8
- REFUSED 9

RTC4: IF SS42b = 1 (in person group meetings are offered, go to the next question). Otherwise, go to SS49.

SS48

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

- _____ Participants
- NCRA 97
- DON'T KNOW..... 98
- REFUSED 99

Program Components

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

SS49

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

- Yes 1
- No 2
- NCRA 7
- DON'T KNOW..... 8
- REFUSED 9

SS50

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

- Yes 1
- No 2
- NCRA 7
- DON'T KNOW..... 8
- REFUSED 9

SS51

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS52

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>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Keep diaries of when they smoke?.....1	1	2	7	8	9
b. Assess their level of nicotine dependence?.....1	1	2	7	8	9
c. Practice ways of coping with temptations to smoke?.....1	1	2	7	8	9
d. Practice refusing offers of cigarettes?.....1	1	2	7	8	9
e. Sign a contract that has rewards for not smoking?.....1	1	2	7	8	9
f. Sign a contract that has penalties for smoking?.....1	1	2	7	8	9
g. Do any types of aversive smoking, such as puffing rapidly on cigarettes?.....1	1	2	7	8	9
h. Throw away all of their smoking-related paraphernalia?.....1	1	2	7	8	9
i. Practice meditation or relaxation exercises for stress reduction?.....1	1	2	7	8	9
j. Change their diet in any way?.....1	1	2	7	8	9
k. Increase physical activity?.....1	1	2	7	8	9
l. Gradually reduce or taper their smoking?.....1	1	2	7	8	9
m. Change cigarette brands?.....1	1	2	7	8	9
n. Identify specific people to help them in their efforts to quit?.....1	1	2	7	8	9
o. Speak to younger children about not smoking?.....1	1	2	7	8	9
p. Invite a family member to participate?.....1	1	2	7	8	9
q. Invite a peer or friend to participate?.....1	1	2	7	8	9
r. Any other components we didn't mention? (SPECIFY).....1	1	2	7	8	9

SS53

Does your program include the use of any medication?

- Yes.....1
- No.....2 → (SKIP TO Q.SS55)
- NCRA7 → (SKIP TO Q.SS55)
- DON'T KNOW8 → (SKIP TO Q.SS55)
- REFUSED9 → (SKIP TO Q.SS55)

SS54

Which medications? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Zyban® (bupropion)	1	2	7	8	9
b. Nicotine gum.....	1	2	7	8	9
c. Nicotine patch.....	1	2	7	8	9
d. Nicotine inhaler	1	2	7	8	9
e. Nicotine nasal spray	1	2	7	8	9
f. Other (SPECIFY).....	1	2	7	8	9

SS55

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Depression.....	1	2	7	8	9
b. Self-esteem.....	1	2	7	8	9
c. Stress.....	1	2	7	8	9
d. Academic performance.....	1	2	7	8	9
e. Violence or gangs	1	2	7	8	9
f. Employment.....	1	2	7	8	9
g. Career planning.....	1	2	7	8	9
h. Other drug use	1	2	7	8	9
i. Alcohol.....	1	2	7	8	9

SS56

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS57

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS58

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

- Yes.....1
- No.....2 → (SKIP TO Q.SS60)
- NCRA7 → (SKIP TO Q.SS60)
- DON'T KNOW8 → (SKIP TO Q.SS60)
- REFUSED9 → (SKIP TO Q.SS60)

SS59

Which of the following types of incentives does your program offer? For each please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Cash.....	1	2	7	8	9
b. Gift certificates.....	1	2	7	8	9
c. Leave time from class.....	1	2	7	8	9
d. Course credit.....	1	2	7	8	9
e. Gear or trinkets.....	1	2	7	8	9
f. Food.....	1	2	7	8	9
g. Any other incentives? (SPECIFY).....	1	2	7	8	9

SS60

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

- Yes.....1
- No.....2 → (SKIP TO Q.SS62)
- NCRA7 → (SKIP TO Q.SS62)
- DON'T KNOW8 → (SKIP TO Q.SS62)
- REFUSED9 → (SKIP TO Q.SS62)

SS61

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Brochures or pamphlets.....	1	2	7	8	9
b. Manuals or workbooks.....	1	2	7	8	9
c. A web site or other online materials.....	1	2	7	8	9
d. Anything else? (SPECIFY).....	1	2	7	8	9

Enrollment Criteria

SS62

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.SS69)
- Mandatory only..... 2 → (SKIP TO Q.SS67)
- Both 3
- NCRA..... 7 → (SKIP TO Q.SS69)
- DON'T KNOW 8 → (SKIP TO Q.SS69)
- REFUSED..... 9 → (SKIP TO Q.SS69)

SS63

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

- _____ Percent
- NCRA..... 997 → (SKIP TO Q.SS65)
 - DON'T KNOW 998 → (SKIP TO Q.SS65)
 - REFUSED..... 999 → (SKIP TO Q.SS65)

[IF 100%, SKIP TO Q.SS69]

SS64

So the remaining (100-SS63 answer) enter on a mandatory basis, is that correct?

- Yes 1
 - No (SPECIFY) 2
- _____
- NCRA..... 7
 - DON'T KNOW 8
 - REFUSED..... 9

SS65

Would you say that over the past three years the percentage of participants enrolled on a mandatory basis has stayed the same, increased, or decreased?

- Stayed same 1 → (SKIP TO Q.SS67)
- Increased: More mandatory participants 2
- Decreased: Fewer mandatory participants 3
- NCRA..... 7 → (SKIP TO Q.SS67)
- DON'T KNOW 8 → (SKIP TO Q.SS67)
- REFUSED..... 9 → (SKIP TO Q.SS67)

SS66

Why do you think the percentage of mandatory participants has [increased / decreased]?
[For example, changes in: policy, enforcement, kid behavior]

SS67

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Punishment for possession or use of tobacco.....	1	2	7	8	9
b. Punishment for purchase of tobacco	1	2	7	8	9
c. Youth can enroll instead of paying a fine.....	1	2	7	8	9
d. Parent/guardian referral.....	1	2	7	8	9
e. Anything else? (SPECIFY)	1	2	7	8	9

SS68

Who can mandate youth to participate in the smoking cessation program?

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DK</u>	<u>REF</u>
AN ORGANIZATION STAFF MEMBER (E.g, PRINCIPAL, VICE PRINCIPAL, OR COUNSELOR)	1	2	7	8	9
A POLICE OR COURT OFFICIAL.....	1	2	7	8	9

SS69

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS70

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

- Yes.....1
- No.....2 → (SKIP TO RTC5)
- Sometimes3
- NCRA7 → (SKIP TO RTC5)
- DON'T KNOW8 → (SKIP TO RTC5)
- REFUSED9 → (SKIP TO RTC5)

SS71

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

- Yes.....1
- No.....2
- Sometimes3
- NCRA7
- DON'T KNOW8
- REFUSED9

RTC5: IF SS62=2 (Program is mandatory enrollment only), GOTO SS75

Now thinking about voluntary enrollment into your program...

SS72

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

- Voluntary – self-referral.....1
- Voluntary – adult referral.....2
- Both.....3
- NCRA7
- DON'T KNOW8
- REFUSED9

SS73

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Flyers at school/community center/church	1	2	7	8	9
b. Notices in school/community newspaper	1	2	7	8	9
c. Advertisement on TV/radio.....	1	2	7	8	9
d. Adult encouragement/networking (e.g., school nurse or social worker) ..	1	2	7	8	9
e. Peer outreach/networking	1	2	7	8	9
f. Referrals from other participants.....	1	2	7	8	9
g. Referrals from adult (e.g., physician, teacher, school nurse)	1	2	7	8	9
h. Anything else? (SPECIFY)	1	2	7	8	9

SS74

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 (SPECIFY).....	8
<hr/>	
DON'T KNOW	98
REFUSED.....	99

Program Operation

The next set of questions is about how your program operates.

SS75

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

_____Contacts	
NCRA.....	97
DON'T KNOW	98
REFUSED.....	99

SS76

On average, how long is each contact?

_____Minutes	
_____Hours	
NCRA.....	997
DON'T KNOW	998
REFUSED.....	999

SS77

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

Yes.....	1
No.....	2 → (SKIP TO Q.SS79)
NCRA	7 → (SKIP TO Q.SS79)
DON'T KNOW	8 → (SKIP TO Q.SS79)
REFUSED	9 → (SKIP TO Q.SS79)

SS78

What type of biochemical validation do you use?

- Carbon monoxide testing 1
- Salivary cotinine 2
- Urine cotinine 3
- Other (SPECIFY) 4
- _____
- NCRA 7
- DON'T KNOW 8
- REFUSED 9

SS79

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
- _____
- NCRA 97
- DON'T KNOW 98
- REFUSED 99

SS80

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.SS83)
- Sometimes 3
- NCRA 7 → (SKIP TO Q.SS83)
- DON'T KNOW 8 → (SKIP TO Q.SS83)
- REFUSED 9 → (SKIP TO Q.SS83)

SS81

How many booster contacts do you offer?

- _____ Contacts
- NCRA 97
- DON'T KNOW 98
- REFUSED 99

SS82

When do the booster contacts occur?

NCRA	7
DON'T KNOW	8
REFUSED	9

SS83

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

Yes	1
No.....	2 → (SKIP TO Q.SS91)
NCRA	7 → (SKIP TO Q.SS91)
DON'T KNOW	8 → (SKIP TO Q.SS91)
REFUSED	9 → (SKIP TO Q.SS91)

SS84

How many follow-ups do you conduct?

_____ follow-up(s)	
NCRA	97
DON'T KNOW	98
REFUSED	99

SS85

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

SS86

Approximately what percentage of participants complete the first follow-up?

_____ percent	
NCRA	997
DON'T KNOW	998
REFUSED	999

[IF SS84=1, GO TO SS89]

SS87

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

SS88

Approximately what percentage of participants complete the last follow-up?

_____ percent

NCRA997

DON'T KNOW998

REFUSED999

SS89

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Current smoking status.....	1	2	7	8	9
b. Experiences with smoking since leaving program	1	2	7	8	9
c. Biochemical validation of quitting.....	1	2	7	8	9
d. Anything else? (SPECIFY)	1	2	7	8	9

[IF SS89C=1, GO TO SS90, ELSE, GO TO SS91]

SS90

What type of biochemical validation do you use?

Carbon monoxide testing1

Salivary cotinine2

Urine cotinine.....3

Other (SPECIFY)4

NCRA7

DON'T KNOW8

REFUSED9

SS91

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

_____ youth

NCRA997

DON'T KNOW998

REFUSED999

SS92

Was the number of participants in the past 12 months different from what you expected?

- Yes 1
- No..... 2 → (SKIP TO Q.SS94)
- NCRA 7 → (SKIP TO Q.SS94)
- DON'T KNOW 8 → (SKIP TO Q.SS94)
- REFUSED 9 → (SKIP TO Q.SS94)

SS92b

Were there more or fewer than you expected?

- More participants 1
- Fewer participants..... 2
- NCRA 7 → (SKIP TO Q.SS94)
- DON'T KNOW 8 → (SKIP TO Q.SS94)
- REFUSED 9 → (SKIP TO Q.SS94)

SS93

Why do you think there were {more / fewer} participants than you expected?
[PROBE IF NEEDED – RECRUITING METHOD, CHANGE IN POLICY...]

[if time operating is less than 12 months, skip to SS97]

SS94

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

- _____ percent
- NCRA 997
- DON'T KNOW 998
- REFUSED 999

SS95

Is this percentage of completers typical?

- Yes..... 1 → (SKIP TO Q.SS97)
- No..... 2
- NCRA 7 → (SKIP TO Q.SS97)
- DON'T KNOW 8 → (SKIP TO Q.SS97)
- REFUSED 9 → (SKIP TO Q.SS97)

SS95a

Would you say this percentage is higher or lower than is typical?

- HIGHER..... 1
- LOWER 2
- NCRA 7
- DON'T KNOW 8
- REFUSED 9

SS96

Why do you think the completion rate was different this time?

Client Characteristics

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

SS97

How would you describe the racial and ethnic mix of clients served by your program within the last 12 months? Has it 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.SS99)
- NCRA 7 → (SKIP TO Q.SS99)
- DON'T KNOW 8 → (SKIP TO Q.SS99)
- REFUSED 9 → (SKIP TO Q.SS99)

SS98

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
-
- NCRA 97
 - DON'T KNOW 98
 - REFUSED 99

SKIP TO Q.SS100

SS99

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.

- African American or Black 1
- Asian-Pacific Islander..... 2
- Latino 3
- Native American 4
- Non-Latino White 5
- Other (SPECIFY) 6
- _____
- NCRA 97
- DON'T KNOW 98
- REFUSED 99

SS100

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

- Both..... 1
- Males only 2
- Females only 3
- NCRA 7
- DON'T KNOW 8
- REFUSED 9

SS101

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

	<u>Percent</u>	<u>NCRA</u>	<u>DON'T</u> <u>KNOW</u>	<u>REFUSED</u>
a. 12–14 years (Pre high school)	_____ %	997	998	999
b. 15–18 years (High school)	_____ %	997	998	999
c. 19–24 years (Post high school)	_____ %	997	998	999

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.

SS102

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

- _____ FTE employees
- NCRA 7
- DON'T KNOW 8
- REFUSED 9

SS103

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.

- _____volunteers
- NCRA7
- DON'T KNOW8
- REFUSED9

SS104

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

- Yes.....1
- No2 → (SKIP TO Q.SS109)
- NCRA.....7 → (SKIP TO Q.SS109)
- DON'T KNOW8 → (SKIP TO Q.SS109)
- REFUSED.....9 → (SKIP TO Q.SS109)

SS105

How is this training provided? Is it...

- Provided in-house by the program,1
- Provided by an outside organization, or2
- Does your organization hire only certified smoking cessation counselors,.....3 → (SKIP TO Q.SS108)
- Provided both in-house and outside organization?.....4
- NCRA.....7 → (SKIP TO Q.SS108)
- DON'T KNOW8 → (SKIP TO Q.SS108)
- REFUSED.....9 → (SKIP TO Q.SS108)

SS106

How many hours of training does your program require?

- _____hours
- NCRA7
- DON'T KNOW8
- REFUSED9

SS107

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

- Yes.....1
- No.....2 → (SKIP TO Q.SS109)
- NCRA7 → (SKIP TO Q.SS109)
- DON'T KNOW8 → (SKIP TO Q.SS109)
- REFUSED9 → (SKIP TO Q.SS109)

SS108

Who provides the certificates?

SS109

Is there a written facilitator guide or manual?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS110

Have formalized job descriptions been written for staff involved with your program?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS111

Do the individuals who provide treatment receive formal performance evaluations?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS112

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.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Physician	1	2	7	8	9
b. Nurse	1	2	7	8	9
c. Dental professional	1	2	7	8	9
d. Teacher.....	1	2	7	8	9
e. Coach.....	1	2	7	8	9
f. Social worker.....	1	2	7	8	9
g. School counselor	1	2	7	8	9
h. Certified health educator.....	1	2	7	8	9
i. Trained tobacco counselor.....	1	2	7	8	9
j. Youth peer.....	1	2	7	8	9
k. Anything else? (SPECIFY)	1	2	7	8	9

SS113

Now I'd like you to think about staff in your organization who are not directly involved in implementing the program. Do these staff actively contribute to the program's operations?

- Yes.....1
- No.....2 → (SKIP TO Q.SS115)
- NCRA7 → (SKIP TO Q.SS115)
- DON'T KNOW8 → (SKIP TO Q.SS115)
- REFUSED9 → (SKIP TO Q.SS115)

SS114

In what ways do these staff contribute to the program's operations? Do they...

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Help promote the program by providing information to potential participants?.....	1	2	7	8	9
b. Sanction class leave-time for participating students (if a school-based program)?.....	1	2	7	8	9
c. Participate as guest speakers?	1	2	7	8	9
d. Provide space for the program activities?.....	1	2	7	8	9
e. Arrange in-kind donations for participant incentives?	1	2	7	8	9
f. Prepare program materials (e.g., photocopy or design materials)?.....	1	2	7	8	9
g. Anything else? (SPECIFY)	1	2	7	8	9

SS115

Is there an administrative-level individual within your organization who can advocate for the continuation of your program?

- Yes.....1
- No.....2 → (SKIP TO Q.SS117)
- NCRA7 → (SKIP TO Q.SS117)
- DON'T KNOW8 → (SKIP TO Q.SS117)
- REFUSED9 → (SKIP TO Q.SS117)

SS116

How active has this individual been in advocating for the program's continuation? Would you say...

- Very active, 1
- Moderately active, or..... 2
- Not active at all? 3
- NCRA..... 7
- DON'T KNOW 8
- REFUSED..... 9

Program Funding

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

SS117

What are the approximate annual costs to operate (i.e., the operating budget) your youth cessation program in 2006?

_____ dollars

NCRA7
DON'T KNOW8
REFUSED9

SS118

Do these operating costs include staff salaries?

Yes1
No.....2
NCRA7
DON'T KNOW8
REFUSED9

SS119

Is the salary of the staff most closely associated with your program's implementation supported by a funding source that you can count on being available from year to year?

Yes1
No.....2
NCRA7
DON'T KNOW8
REFUSED9

SS120

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	

SS121

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, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS122

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

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS123

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

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS124

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

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS125

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

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS126

Fees from participants? (Would you say...)

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS127

Reimbursement from health insurance? (Would you say...)

- None,1
- Some,.....2
- Most, or3
- All?.....4 → (SKIP TO Q.SS131)
- NCRA7
- DON'T KNOW8
- REFUSED9

SS128

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

- Yes (SPECIFY)1
- _____
- No.....2 → (SKIP TO Q.SS130)
- NCRA7→ (SKIP TO Q.SS130)
- DON'T KNOW8→ (SKIP TO Q.SS130)
- REFUSED9→ (SKIP TO Q.SS130)

SS129

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
NCRA	7
DON'T KNOW	8
REFUSED	9

SS130

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
Reimbursement from health insurance.....	7
Other (SPECIFY).....	8
<hr/>	
NCRA.....	97
DON'T KNOW	98
REFUSED.....	99

SS131

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
NCRA	7
DON'T KNOW	8
REFUSED	9

SS132

Are you required to file financial reports?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS133

Is/are your program’s sources(s) of funding similar to the funding sources for other youth-related health programs within your organization?

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS134

In your best estimate, how permanent is/are the program’s source(s) of funding? Would you say...

- Very permanent,.....1
- Moderately permanent,2
- Minimally permanent, or.....3
- Not permanent at all?4
- NCRA7
- DON'T KNOW8
- REFUSED9

Program Evaluation

The next set of questions is about program evaluation.

SS135

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

- The intention to quit1 → (SKIP TO Q.SS137)
- Cutting down on tobacco consumption2 → (SKIP TO Q.SS137)
- Quitting during or after the program.....3
- Or continued non-smoking after the program4
- All of the above.....5
- NCRA (SPECIFY)7 → (SKIP TO Q.SS137)
- _____
- DON'T KNOW8 → (SKIP TO Q.SS137)
- REFUSED9 → (SKIP TO Q.SS137)

SS136

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
- NCRA 97
- DON'T KNOW 98
- REFUSED 99

SS137

Does your program include an evaluation component?

- Yes..... 1
- No..... 2 → (SKIP TO Q.SS145)
- NCRA 7 → (SKIP TO Q.SS145)
- DON'T KNOW 8 → (SKIP TO Q.SS145)
- REFUSED 9 → (SKIP TO Q.SS145)

SS138

Which of the following measures does the evaluation include? For each, please tell me yes or no.

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Attendance tracking.....	1	2	7	8	9
b. Follow-up with participants after the program.....	1	2	7	8	9
c. User satisfaction/program ratings.....	1	2	7	8	9
d. Quitting data.....	1	2	7	8	9
e. Biochemical validation.....	1	2	7	8	9
f. Cost of program administration.....	1	2	7	8	9
g. Anything else? (SPECIFY)	1	2	7	8	9

SS139

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

	<u>Yes</u>	<u>No</u>	<u>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. To monitor cessation outcomes.....	1	2	7	8	9
b. To plan for program improvement	1	2	7	8	9
c. To identify most/least effective program component	1	2	7	8	9
d. To get feedback to improve outcomes and satisfaction	1	2	7	8	9
e. To evaluate counselors	1	2	7	8	9
f. To evaluate program materials	1	2	7	8	9
g. Anything else? (SPECIFY)	1	2	7	8	9

SS140

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

- Yes1
- No2
- NCRA.....7
- DON'T KNOW8
- REFUSED.....9

SS141

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

- The same people as deliver the treatment1
- Different people than deliver the treatment2
- Both3
- NCRA.....7
- DON'T KNOW8
- REFUSED.....9

SS142

Who are the chief audiences for evaluation results?

SS143

Is consent required for evaluation?

- Yes1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS144

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

- Site specific.....1
- Program wide.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS145

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS146

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

- Yes.....1
- No.....2
- NCRA7
- DON'T KNOW8
- REFUSED9

SS147

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>NCRA</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Enrolling a sufficient number of participants.....	1	2	3	7	8	9
b. Hiring appropriate staff.....	1	2	3	7	8	9
c. Retaining hired staff.....	1	2	3	7	8	9
d. Recruiting staff volunteers.....	1	2	3	7	8	9
e. Retaining staff volunteers.....	1	2	3	7	8	9
f. Keeping participants in the program.....	1	2	3	7	8	9
g. Obtaining follow-up information from participants.....	1	2	3	7	8	9
h. Obtaining sufficient operating funds for the program.....	1	2	3	7	8	9
i. Obtaining appropriate locations for program sessions.....	1	2	3	7	8	9
j. Obtaining computer equipment for the program.....	1	2	3	7	8	9
k. Maintaining the support of leadership for the program.....	1	2	3	7	8	9
l. Obtaining parental or guardian consent for treatment.....	1	2	3	7	8	9
m. Obtaining parental or guardian consent for follow-up.....	1	2	3	7	8	9
n. Anything else? (SPECIFY).....	1	2	3	7	8	9

SS148

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 likely1
- Somewhat likely.....2
- Not too likely.....3
- NCRA7
- DON'T KNOW8
- REFUSED9

If the program has been operating for less than three years, skip to SS151.

SS149

Over the past three years, would you say that your program's resources have...

- Grown,.....1
- Stayed about the same, or.....2
- Gotten smaller?3
- NCRA7 → (SKIP TO Q.SS151)
- DON'T KNOW8 → (SKIP TO Q.SS151)
- REFUSED9 → (SKIP TO Q.SS151)

SS150

What would you say is the primary reason the program resources has (grown, stayed the same, gotten smaller)?

Informant Characteristics

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

SS151

How long have you worked with the program?

-
- NCRA97
 - DON'T KNOW98
 - REFUSED99

SS152

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.SS154)
- One of many responsibilities2
- NCRA7 → (SKIP TO Q.SS154)
- DON'T KNOW8 → (SKIP TO Q.SS154)
- REFUSED9 → (SKIP TO Q.SS154)

SS153

How would you describe your larger role within the organization (for example, school nurse, director of youth services at community center)?

SS154

What is the highest level of education you have completed?

- High school.....1
- Some college2
- Bachelor’s degree3
- Some graduate work4
- Master’s degree or higher.....5
- NCRA7
- DON'T KNOW8
- REFUSED9

SS155

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
- NCRA7
- DON'T KNOW8
- REFUSED9