



THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

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Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Core Indicators and Questions for Intake and Follow-up of Adult Respondents

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TABLE OF CONTENTS

Acknowledgements.....	iii
List of Tables	v
Executive Summary.....	1
Introduction.....	2
Objective	2
Stakeholders.....	3
Project Process	4
Phase I: Environmental Scan	4
Phase II: Synthesis	5
Phase III: Development and Review of Draft Recommendations	6
Internal Development and Review	6
External Development and Review	7
Recommended Smoking Cessation Indicators and Measures at Intake and Follow-up	8
Detailed Information for Recommended Indicators	16
Topic Area A: Tobacco Use	16
Topic Area B: Quit Intentions and Quit Attempts.....	22
Topic Area C: Smoking Environment	26
Topic Area D: Use of Smoking Cessation Resources.....	28
Topic Area E: Health Status and Health Behaviours	29
Concluding Notes.....	30
Appendix A: Environmental Scan of Smoking Cessation Intake and Follow-up Questions for Smoke-Free Ontario Cessation Projects	31
Appendix B: External Development and Review Details	79
References	83

LIST OF TABLES

Table 1: Core Indicators and Measures for SFO Cessation Program Intake.....8
Table 2: Optional Indicators and Measures for SFO Cessation Program Intake 11
Table 3: Core Indicators and Measures for SFO Cessation Program Follow-up13
Table 4: Optional Indicators and Measures for SFO Cessation Program Follow-up.....15

EXECUTIVE SUMMARY

The Smoke-Free Ontario (SFO) Strategy has a range of smoking cessation interventions to help smokers quit. At present, there are variations in the questions, measures and reporting by adult smoking cessation service providers in Ontario. Common measures will standardize reporting and interpretation, thereby enhancing program assessment and surveillance. This report identifies common intake and follow-up indicators and measures recommended for adult smoking cessation service providers in Ontario.

Development of the data standards involved several stages. First, a comprehensive scan and collation of relevant cessation-related measures in Ontario was undertaken. The scan involved the identification of common measures, reporting conventions and existing gaps. The development of the data standards was also informed by common measures from national survey tools (e.g., Canadian Tobacco Use Monitoring Survey (CTUMS), Canadian Community Health Survey (CCHS), Centre for Addiction and Mental Health Monitoring Survey (CAMH-M)) and from indicators and reporting conventions of expert organizations (e.g., Centers for Disease Control and Prevention). An OTRU internal review group provided input and advice about the indicators and measures prior to finalizing the draft recommendations. A draft copy of the standards was circulated to project partners and external experts for comments and feedback. Following discussion among the review group, the draft standards were refined and a second external review was completed.

At intake to adult smoking cessation services, 22 core measures were identified, including 4 demographic measures; an additional 12 optional questions were recommended, which include 5 additional demographic measures. At follow-up, 15 core measures were identified, with an additional 3 optional measures recommended. These recommended indicators and measures cover seven major topic areas: tobacco use, quit intentions and quit attempts, smoking environment, use of smoking cessation resources, health status and health behaviours, demographics, and evaluation.

The SFO smoking cessation providers have generally agreed on these standards through a systematic process. It is expected service providers will adopt these intake and follow-up data standards as reported here. Uptake and use of these standards will facilitate communication between the cessation service providers and improve monitoring and surveillance of SFO projects.

INTRODUCTION

Tobacco use continues to be a leading cause of premature morbidity and mortality.^{1,2} Cessation of smoking reduces the risk of smoking-related deaths, thereby increasing life expectancy and well-being.^{3,4} As such, smoking cessation continues to be an important and critical component of comprehensive tobacco control strategies. The Smoke-Free Ontario (SFO) Strategy has a wide range of smoking cessation interventions to assist Ontario smokers in quitting.⁵

With a range of cessation services in Ontario, common measures and definitions are required to ensure equivalent reporting by service providers. Common measures will standardize the reporting and interpretation of population reach and cessation outcomes among cessation service providers enhancing assessment and surveillance. This will help our understanding of the diverse populations that are benefiting from the different types of interventions. Previous work has established national and international indicators for monitoring comprehensive tobacco control programs and public health.^{6,7,8} Recently, core indicators and measures for protection, prevention and cessation among Canadian youth respondents have recently been recommended.⁹ These measures are generally recommended for the collection of data at the general population level and are not specific to the intake and follow-up of participants seeking cessation services. At present, there are variations in the questions, measures and reporting by adult smoking cessation service providers in Ontario.

Objective

The main objective of this project is to identify key data standards (common questions) and definitions for use by SFO adult smoking cessation service providers in Ontario. These data standards pertain to adult (18 years of age and older) tobacco users participating in smoking cessation programs. The vision is for all cessation service providers to adopt common intake and follow-up data standards as reported here. Outcomes of interest include tobacco use, smoking history, quit attempts and use of cessation resources and services. The indicators and measures are summarized in the tables that follow.

A second component for this project is to identify a minimal set of key clinical measures likely to be included in an electronic medical record. This work will complement the recommended data standards for smoking cessation service providers. The identification of the clinical measures is ongoing in collaboration with clinical stakeholders; these measures will be reported separately.

This work is being conducted by the Ontario Tobacco Research Unit (OTRU), in partnership with the Ministry of Health and Long-Term Care (MOHLTC).

Stakeholders

Engaging project stakeholders in the process of data standards development is important to ensure appropriate standards are identified and to facilitate the uptake of recommended standards. The primary stakeholders for this project included the MOHLTC and the major SFO smoking cessation transfer payment agencies and/or select representatives of the following: Smokers' Helpline, Smoking Treatment for Ontario Patients (STOP), Ottawa Model for Smoking Cessation Services (OMSC), Algoma Public Health, Driven to Quit, Quit and Get Fit, Leave The Pack Behind (LTPB), Pharmacy Cessation Program, and Registered Nurses' Association of Ontario (RNAO).

PROJECT PROCESS

This project comprised of three phases:

- an environmental scan
- a synthesis of project material and common smoking cessation indicators
- a review process for recommended smoking cessation data standards

Phase I: Environmental Scan

A preliminary teleconference meeting was held with Smoke-Free Ontario (SFO) stakeholders on August 1, 2012, to introduce the Data Standards project, and other smoking cessation projects OTRU was initiating with SFO partners.

Following the preliminary teleconference, we conducted an environmental scan to identify intake and follow-up questions that were currently in use by SFO projects offering smoking cessation services to Ontario adult smokers. SFO smoking cessation project partners were contacted via email in August and early September 2012 to request their current intake and follow-up questionnaires. All intake and follow-up questionnaires included in the scan were received on or before September 30, 2012. The environmental scan included the following nine Ontario projects:

1. Smokers' Helpline (SHL) offers evidence-based information and support about quitting smoking and tobacco use via telephone, online or text-messaging.¹⁰
2. Smoking Treatment for Ontario Patients (STOP) provides smoking cessation treatment, including Nicotine Replacement Therapy, and counselling to smokers wanting to quit.¹¹
3. Ottawa Model for Smoking Cessation (OMSC) offers clinical practice tobacco dependence treatment to increase quit attempts and smoking cessation.¹²
4. Algoma Public Health (APH) offers brief smoking cessation interventions and as well as tobacco cessation clinics which offer individualized counseling to clients seeking information or support to quit.¹³ APH was selected to represent cessation service provision in the Public Health Unit setting; APH also has experience in EHR.
5. Driven to Quit is a provincial quit smoking contest to encourage quit attempts and abstinence.¹⁴

6. Quit and Get Fit incorporates smoking cessation counseling with the development of a personal health and wellness plan with a personal fitness trainer.¹⁵
7. Leave The Pack Behind (LTPB) is a comprehensive tobacco control initiative for young adults on post-secondary campuses.¹⁶ For the purposes of this scan, two of LTPB's smoking cessation programs/services were included:
 - a. LTPB *wouldrather...* contest – a smoking cessation contest for young adults in Ontario.
 - b. Health professional-delivered intervention – personal, smoking cessation counselling and free nicotine patches and/or gum from campus health professionals.
8. Pharmacy Cessation Program allows for community pharmacists with training in smoking cessation to provide one-on-one counseling sessions including a readiness assessment, first consultation meeting and follow-up consultations.^{5,17}
9. Registered Nurses' Association of Ontario (RNAO) has established guidelines to integrate smoking cessation into daily nursing practice in both institutional and community care settings as outlined in their document: Integrating Smoking Cessation into Daily Nursing Practice (NQuIRE Data Dictionary).¹⁸

Six projects (SHL, STOP, Ottawa Heart, Algoma Public Health, LTPB, and RNAO) provided information directly for the environmental scan. OTRU provided relevant materials for Driven to Quit and Quit and Get Fit programs. The material for the Pharmacy Cessation Program was obtained from the Ontario Pharmacists' Association website.¹⁷

Phase II: Synthesis

The Ontario Tobacco Research Unit (OTRU) collated all intake and follow-up questionnaires in order to organize and facilitate review of question items. Items with natural groupings were organized into overarching categories. Seven major topic areas were identified as follows:

- Tobacco Use
- Quit Intentions and Quit Attempts
- Smoking Environment (social influences and exposure to secondhand smoke)
- Use of Smoking Cessation Resources
- Health Status and Health Behaviours
- Demographics
- Evaluation

OTRU assessed the environmental scan for commonalities and gaps. Comparable questions were also identified from other common surveys in Canada:

- Canadian Community Health Survey (CCHS)¹⁹
- Canadian Tobacco Use Monitoring Survey (CTUMS)²⁰
- Centre for Addiction and Mental Health Monitor (CAMH-M)²¹

Additionally, common tobacco control indicators and relevant research were identified to provide a rationale for the recommended data standards. Of specific relevance were the indicators identified by the Centers for Disease Control and Prevention⁶ and the National Advisory Group on Monitoring and Evaluation (NAGME).⁷

Please refer to Appendix A to view the environmental scan for the SFO cessation providers.

Phase III: Development and Review of Draft Recommendations

The development and review of draft recommendations took place in two phases: internal and external.

Internal Development and Review

An internal OTRU team with expertise in indicator development and monitoring and surveillance discussed and reviewed the development and refinement of the key smoking cessation data standards over a series of face-to-face meetings. Specifically, the team focused on the rationale and utility of proposed indicators and measures and specific question wording and potential challenges. A preliminary set of intake and follow-up measures were recommended as core or optional. Of note, these data standards are specific to adult (18 years of age and older) tobacco use and cessation. The indicators and measures do not focus on other negative health behaviours, tobacco-related health problems or co-morbidities; however, these are recognized as determinants of tobacco use and cessation behaviours. The OTRU team produced a detailed document that outlined the final draft version of the recommended indicators with a rationale, results from the environmental scan, identification of similar questions from other sources, and recommendations for specific measures.

External Development and Review

The final draft document outlining the intake and follow-up measures recommended by OTRU was circulated via email in March 2013 for critical review to all project stakeholders. In addition, external experts with experience in developing and implementing common data sets reviewed the draft indicators and measures.

A conference call with the OTRU team and service providers was used to discuss and synthesize feedback, confirm areas of agreement, establish a general consensus for each measure and to discuss comments and concerns with individual indicators and measures. Overall, there were relatively high levels of agreement across most indicators and measures in terms of strength of evidence, clarity and relevance. There was also agreement to reduce the total number of measures. Service providers identified the primary purpose for each measure, and discussed whether recommended measures were for answering research questions or for monitoring and surveillance of cessation services. In addition, the group reached general agreement on whether measures were to be core or optional. Further information about the external development and review process and project comments are detailed in Appendix B.

Changes agreed to by the group were integrated into the final iteration of the recommended indicators and measures reported in this document. OTRU did receive a number of written comments from SHL prior to the final iteration. SHL has adapted the Minimal Data Set of North American Quitline Consortium, and at present, SHL's current protocols are designed to meet the requirements of a national evaluation being conducted by Health Canada; this necessitates question wording variations or additional questions related to these data standards (more detailed comments from SHL are noted in Appendix B). There were also specific concerns about feasibility of follow-up data collection reported by Leave The Pack Behind; these concerns are also noted in detail (see Appendix B). With these minor caveats, SFO partners reached consensus on the recommended data standards for smoking cessation service providers.

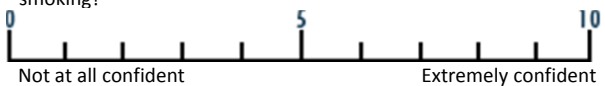
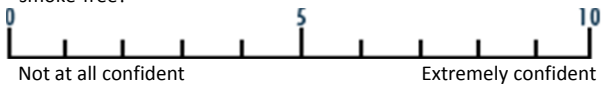
RECOMMENDED SMOKING CESSATION INDICATORS AND MEASURES AT INTAKE AND FOLLOW-UP

Table 1 outlines the 22 core intake measures and the corresponding smoking cessation indicators. There were 12 additional intake questions identified as important but recommended as optional (see Table 2).

Table 1: Core Indicators and Measures for SFO Cessation Program Intake

Topic Area	Indicator	Measure
TOBACCO USE		
Smoking Status	Proportion of participants smoking every day	1. At the present time, do you smoke cigarettes: <input type="checkbox"/> Every day <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
	Proportion of participants smoking occasionally in the past 30 days	Coverage: All respondents
	Average number of days smoked in the past month by current occasional smokers (smoked in the past 30 days)	2. How many days did you smoke in the last 30 days? <input type="checkbox"/> no. of days
	Proportion of participants who recently quit (within the past month)	Coverage: Occasional smokers
Proportion of participants who quit > 1 month ago	3. When was the last time you smoked a cigarette, even a puff? <input type="checkbox"/> Less than one month ago <input type="checkbox"/> 1 to 6 months ago <input type="checkbox"/> More than 6 months ago	
		Coverage: Respondents answering 'Not at all' to question 1
Initiation / Years Smoking	Average age of initiation to regular smoking	4. At what age did you start smoking regularly? <input type="checkbox"/> yrs old
		Coverage: All respondents
Other Tobacco Use	Proportion of participants currently using other tobacco products	5. In the past 30 days, have you used any other tobacco product, not including cigarettes? Probe: Other tobacco products may include cigars, cigarillos, pipes, snuff, chewing tobacco, snus, biddis, kreteks, hookahs, waterpipe, sheesha or e-cigarettes. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prevalence of other tobacco use by product	Coverage: All respondents
		6. What form of other tobacco did you use [in the past 30 days]? CHECK ALL THAT APPLY* <input type="checkbox"/> cigars or cigarillos <input type="checkbox"/> pipes <input type="checkbox"/> pinch or snuff <input type="checkbox"/> chewing tobacco <input type="checkbox"/> snus <input type="checkbox"/> biddis, kreteks <input type="checkbox"/> hookahs, waterpipe, or sheesha (with nicotine) <input type="checkbox"/> e-cigarettes (with nicotine) <input type="checkbox"/> other (specify _____)
		Coverage: Respondents using other tobacco products

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Topic Area	Indicator	Measure
Smoking Dependence	Average Heaviness of Smoking Index (HSI) for participants who smoke daily	7. How many cigarettes do you smoke per day on the days that you smoke? <input type="text"/> no. of cigarettes per day Coverage: Daily smokers and past 30-day occasional smokers
	Average number of cigarettes smoked per day for participants who smoke daily	8. How soon after you wake up do you smoke your first cigarette? <input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6 to 30 minutes <input type="checkbox"/> 31 to 60 minutes <input type="checkbox"/> More than 60 minutes Coverage: Daily smokers
QUIT INTENTIONS & QUIT ATTEMPTS		
Quit Intentions	Proportion of participants intending to quit smoking within the next 30 days	9. Are you planning to quit smoking: <input type="checkbox"/> Within the next month <input type="checkbox"/> Within the next 6 months <input type="checkbox"/> Sometime in the future beyond 6 months <input type="checkbox"/> I am not planning to quit Coverage: Daily and occasional smokers
	Proportion of participants intending to quit smoking within the next 6 months	
Quitting Confidence	The proportion of participants who are highly/extremely confident in their ability to quit (score: 7-10)	10. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can quit smoking?  Coverage: Daily and occasional smokers
	The proportion of participants who are highly/extremely confident in their ability to remain smoke-free (score: 7-10)	
Number of Recent Quit Attempts	Proportion of smokers who have made 1 or more quit attempts (stopped smoking for at least one day) in the past 12 months	11. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can remain smoke-free?  Coverage: Not at all smokers
	Average number of quit attempts made in the past 12 months (among those making 1 or more quit attempts in the past 12 months)	
Duration of Recent Quit Attempts	Average longest time smoke-free in the past 12 months (among those who made 1 or more quit attempts)	12. In the last 12 months, how many times have you stopped smoking for at least 24 hours, because you were trying to quit? <input type="checkbox"/> None <input type="text"/> no. of times Coverage: Daily smokers and occasional past 30-day smokers
Duration of Recent Quit Attempts	Average longest time smoke-free in the past 12 months (among those who made 1 or more quit attempts)	13. In the last 12 months, what is the longest period of time you have quit and remained smoke-free? [Choose one] <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months Coverage: Daily smokers and occasional past 30-day smokers quitting 1 or more times in the last 12 months
SMOKING ENVIRONMENT		
Social Support	Proportion of participants with social support to quit	14. Do you have at least one person that you can count on to help you quit or remain smoke-free? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Topic Area	Indicator	Measure
Social Smoking Influences	Proportion of participants with one or more smokers in their household (a few of them to all of them)	15. How many people in your household smoke? Would you say: <input type="checkbox"/> All of them <input type="checkbox"/> Most of them <input type="checkbox"/> About half of them <input type="checkbox"/> A few of them <input type="checkbox"/> None of them <input type="checkbox"/> I live alone
	Proportion of participants with one or more close friends who smoke (a few of them to all of them)	Coverage: All respondents 16. How many of your close friends smoke? Would you say: <input type="checkbox"/> All of them <input type="checkbox"/> Most of them <input type="checkbox"/> About half of them <input type="checkbox"/> A few of them <input type="checkbox"/> None of them <input type="checkbox"/> I have no close friends Coverage: All respondents
Secondhand Smoke Exposure	Proportion of participants regularly exposed to secondhand smoke in any setting (home, car, work, social events, or other) Proportion of participants regularly exposed to secondhand smoke by setting (home, car, work, social events, and other)	17. In which of the following settings are you regularly exposed to second-hand smoke? CHECK ALL THAT APPLY. <input type="checkbox"/> Not exposed <input type="checkbox"/> At home <input type="checkbox"/> In the car <input type="checkbox"/> At work <input type="checkbox"/> At social events <input type="checkbox"/> Other (Specify ___) Coverage: All respondents
HEALTH & HEALTH BEHAVIOURS		
Mental Health	Proportion of participants ever diagnosed with a mental health condition	18. Have you ever been diagnosed with a mental health condition such as an anxiety disorder, depression disorder, bipolar disorder, eating disorder, alcohol/drug abuse, obsessive compulsive disorder, or schizophrenia? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents
DEMOGRAPHICS		
	Age	19. In what year were you born? <input type="text"/> YYYY Coverage: All respondents
	Sex	20. Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female Coverage: All respondents
	Geographic Region	21. What are the first three digits of your postal code? <input type="text"/> 3-digits Coverage: All respondents
	Education	22. What is the highest level of education you have completed? <input type="checkbox"/> Some elementary or some high school <input type="checkbox"/> Completed high school <input type="checkbox"/> College diploma <input type="checkbox"/> University degree or post graduate Coverage: All respondents

Table 2: Optional Indicators and Measures for SFO Cessation Program Intake

Topic Area	Indicator	Measure
Smoking Status	Proportion of participants who have smoked 100 cigarettes in their lifetime	<p>O1. Have you smoked at least 100 cigarettes in your life? (This is approximately 4-5 packs of cigarettes).</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Coverage: All respondents</p>
Quit Date	Proportion of participants setting a quit date	<p>O2. Have you set a quit date?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Coverage: Smokers intending to quit within the next month</p> <p>O3. What is your quit date?</p> <p>_____ MM/DD/YYYY</p> <p>Coverage: Smokers who have set a quit date</p>
Prior Use of Cessation Resources	<p>Proportion of participants previously using proven cessation methods to quit or reduce smoking (NRT, prescription medications, counselling, self-help materials, or helpline)</p> <p>Proportion of participants previously using proven cessation methods to quit or reduce smoking by method (NRT, prescription medications, counselling, self-help materials, helpline)</p>	<p>O4. Have you previously used the following medications or resources to help you quit or reduce smoking? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/> Nicotine replacement therapy (e.g., nicotine gum, patch, lozenge)</p> <p><input type="checkbox"/> Prescription medications such as bupropion (Zyban), or wellbutrin</p> <p><input type="checkbox"/> Prescription medication such as varenicline (Champix)</p> <p><input type="checkbox"/> Group or individual counselling</p> <p><input type="checkbox"/> Smokers' Helpline</p> <p><input type="checkbox"/> Smokers' Helpline Online / Text</p> <p><input type="checkbox"/> Other self-help materials such as a book or website</p> <p><input type="checkbox"/> Other resources (specify)</p> <p><input type="checkbox"/> I did not use any resources</p> <p>Coverage: All respondents</p>
Proportion of participants with a mental health condition by type		<p>O5. Which mental health condition? CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Clinical depression or Bipolar (manic depression)</p> <p><input type="checkbox"/> Eating disorder</p> <p><input type="checkbox"/> Drug/alcohol abuse</p> <p><input type="checkbox"/> Obsessive compulsive disorder (OCD)</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Other _____</p> <p>Coverage: Respondents with mental health condition</p>
Heavy drinking	Proportion of participants who report heavy drinking on at least one occasion per month in the past 12 months (once a month to more than once a week)	<p>O6. How often in the past 12 months have you had 5 or more drinks on one occasion?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> 2 to 3 times a month</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> More than once a week</p> <p>Coverage: All respondents</p>
Demographics	Employment Status	<p>O7. How would you best describe your current employment status? Check one.</p> <p><input type="checkbox"/> Full-time paid employment;</p> <p><input type="checkbox"/> Part-time paid employment;</p> <p><input type="checkbox"/> Self-employed;</p> <p><input type="checkbox"/> Unemployed;</p> <p><input type="checkbox"/> Disability;</p> <p><input type="checkbox"/> Retired;</p> <p><input type="checkbox"/> Student;</p> <p><input type="checkbox"/> Homemaker;</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Topic Area	Indicator	Measure
		<input type="checkbox"/> Working without pay <input type="checkbox"/> Other (Specify _____) Coverage: All respondents
Demographics	Marital Status	O8. What is your marital status? Are you: <input type="checkbox"/> Married <input type="checkbox"/> Living common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single, never married Coverage: All respondents
Demographics	Racial/Cultural Background	O9. How would you BEST describe your cultural or racial background? Check one. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Aboriginal (First nations, Metis, Inuk/Inuit), <input type="checkbox"/> Asian (e.g., India, China, Japan, Philippines) <input type="checkbox"/> Middle Eastern (Egypt, Turkey, Iran, Iraq, Saudi Arabia, Israel, Lebanon) <input type="checkbox"/> Latin American (Brazil, Mexico, Colombia, Argentina, Peru, Venezuela, Dominican Republic, Cuba) <input type="checkbox"/> Other (SPECIFY _____) Coverage: All respondents
Demographics	Immigration Status	O10. Were you born a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents O11. In what year did you first come to Canada to live? <input type="checkbox"/> YYYY Coverage: Respondents not born in Canada
Evaluation		O12. While I have you on the line today, I was hoping that I could tell you about a new initiative to further our understanding of smoking. The Ontario Tobacco Research Unit at the University of Toronto is establishing a FREE VOLUNTARY smokers' panel. As a participant you will receive: <ul style="list-style-type: none"> • information about special studies that you can take part in • the latest information about services and products to help people quit smoking Are you interested in participating in the panel? A. If answer is positive: Signing up for the Smokers' Panel is simple and only takes a few moments; would you like me to sign you up now? Great. The easiest way is for me to forward your information to the Ontario Tobacco Research Unit at the University of Toronto where the panel is being coordinated. Can I forward your information? If yes: make a note to forward the information and continue with the call If no: Ok, if you would prefer to register yourself, you can register and learn more about the Smokers' Panel by visiting their website at http://smokerspanel.ca

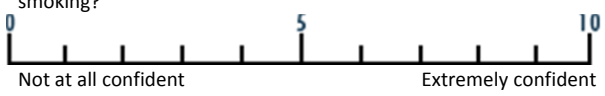

Topic Area	Indicator	Measure
		B. If the individual is not interested: Ok, in case you want to learn more later, you can visit their website at http://smokerspanel.ca
Coverage: All respondents		

Table 3 outlines the 15 core follow-up measures and the corresponding smoking cessation indicators. Three additional follow-up measures were identified as optional; the indicators and measures for these optional questions are outlined in Table 4.

Table 3: Core Indicators and Measures for SFO Cessation Program Follow-up

Topic Area	Indicator	Measure
TOBACCO USE		
Smoking Status	Proportion of participants smoking every day at follow-up	1. At the present time, do you smoke cigarettes: <input type="checkbox"/> Every day <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all
	Proportion of participants smoking occasionally in the past 30 days at follow-up	Coverage: All respondents
	Average number of days smoked in the past month by current occasional smokers at follow-up (smoked in the past 30 days)	2. How many days did you smoke in the last 30 days? <input type="checkbox"/> no. of days Coverage: Occasional smokers smoking in the past 30 days
7-day abstinence	Proportion of participants smoke-free for 7 days at 6-month follow-up	3. Have you smoked a cigarette, even a puff, in the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: Occasional and not at all smokers at follow-up
30-day abstinence	Proportion of participants smoke-free for 30 days at 6-month follow-up	4. Have you smoked a cigarette, even a puff, in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: Respondents abstinent for 7 days
6-month abstinence	Proportion of participants smoke-free for 6 months at 6-month follow-up (continued abstinence)	5. Have you smoked a cigarette, even a puff, in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: Respondents abstinent for 30 days
Other Tobacco Use	Proportion of participants currently using other tobacco products	6. In the past 30 days, have you used any other tobacco product, not including cigarettes? Probe: Other tobacco products may include cigars, cigarillos, pipes, snuff, chewing tobacco, snus, biddis, kreteks, hookahs, waterpipe, sheesha or e-cigarettes. <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents
	Prevalence of other tobacco use by product	7. What form of other tobacco did you use [in the past 30 days]? CHECK ALL THAT APPLY* <input type="checkbox"/> cigars or cigarillos <input type="checkbox"/> pipes <input type="checkbox"/> pinch or snuff <input type="checkbox"/> chewing tobacco <input type="checkbox"/> snus

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Topic Area	Indicator	Measure
		<input type="checkbox"/> biddis, kreteks <input type="checkbox"/> hookahs, waterpipe, or sheesha (with nicotine) <input type="checkbox"/> e-cigarettes (with nicotine) <input type="checkbox"/> other (specify _____) Coverage: Respondents using other tobacco products
Smoking Dependence	Average Heaviness of Smoking Index (HSI) for participants who smoke daily Average number of cigarettes smoked per day for participants who smoke daily Average number of cigarettes smoked per day for participants who smoke occasionally in the past 30 days	8. How many cigarettes do you smoke per day on the days that you smoke? _____ no. of cigarettes per day Coverage: Daily smokers and past 30-day occasional smokers 9. How soon after you wake up do you smoke your first cigarette? <input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6 to 30 minutes <input type="checkbox"/> 31 to 60 minutes <input type="checkbox"/> More than 60 minutes Coverage: Daily smokers
QUIT INTENTIONS & QUIT ATTEMPTS		
Quit Intentions	Proportion of participants intending to quit smoking within the next 30 days Proportion of participants intending to quit smoking within the next 6 months	10. Are you planning to quit smoking: <input type="checkbox"/> Within the next month <input type="checkbox"/> Within the next 6 months <input type="checkbox"/> Sometime in the future beyond 6 months <input type="checkbox"/> I am not planning to quit Coverage: Daily and occasional smokers
Quitting Confidence	The proportion of participants who are highly/extremely confident in their ability to quit (score: 7-10) The proportion of participants who are highly/extremely confident in their ability to remain smoke-free (score: 7-10)	11. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can quit smoking?  Coverage: Daily and occasional smokers 12. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can remain smoke-free?  Coverage: Not at all smokers
Incident Quit Attempts	Proportion of participants who have made 1 or more quit attempts (stopped smoking for at least one day) in the last 6 months Average number of quit attempts made in the past 6 months (among participants making 1 or more quit attempts)	13. In the last 6 months, how many times have you stopped smoking for at least 24 hours, because you were trying to quit? <input type="checkbox"/> None <input type="checkbox"/> no. of times Coverage: Daily smokers and occasional past 30-day smokers
Duration of Incident Quit Attempts	Average longest time smoke-free in the past 6 months (among those who made 1 or more quit attempts)	14. In the last 6 months, what is the longest period of time you have quit and remained smoke-free? [Choose one] <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months Coverage: Daily smokers and occasional past 30 day smokers quitting 1 or more times in the last 6 months

Topic Area	Indicator	Measure
USE OF CESSATION RESOURCES		
Incident Use of Resources	Proportion of participants who used proven cessation methods to quit or reduce smoking (NRT, prescription medications, counseling, SHL, SHO/texting, self-help materials, other)	15. In the past 6 months, did you use the following medications or resources to help you quit or reduce smoking? CHECK ALL THAT APPLY. <input type="checkbox"/> Nicotine replacement therapy (e.g., nicotine gum, patch, lozenge) <input type="checkbox"/> Prescription medications such as bupropion (Zyban), or wellbutrin <input type="checkbox"/> Prescription medication such as varenicline (Champix) <input type="checkbox"/> Group or individual counselling <input type="checkbox"/> Smokers' Helpline <input type="checkbox"/> Smokers' Helpline Online / Text <input type="checkbox"/> Other self-help materials such as a book or website <input type="checkbox"/> Other resources (specify) <input type="checkbox"/> I did not use any resources
	Proportion of participants who used proven cessation methods to quit or reduce smoking by method (NRT, prescription medications, counseling, SHL, SHO/texting, self-help materials, other)	
Coverage: All respondents		

Table 4: Optional Indicators and Measures for SFO Cessation Program Follow-up

Topic Area	Indicator	Measure
TOBACCO USE		
Duration of Abstinence	Proportion of participants smoke-free for 60 days at 6-month follow-up	O1. When was the last time you smoked a cigarette, even a puff? <input type="checkbox"/> no. of months
	Proportion of participants smoke-free for 90 days at 6-month follow-up	Coverage: Respondents abstinent for 30 days but less than 6 months
Social Support	Proportion of participants with social support to quit	O2. Do you have at least one person that you can count on to help you quit or remain smoke-free? <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents
Secondhand Smoke Exposure	Proportion of participants regularly exposed to secondhand smoke in any setting (home, car, work, social events, or other)	O3. In which of the following settings are you regularly exposed to second-hand smoke? CHECK ALL THAT APPLY. <input type="checkbox"/> Not exposed <input type="checkbox"/> At home <input type="checkbox"/> In the car <input type="checkbox"/> At work <input type="checkbox"/> At social events <input type="checkbox"/> Other (Specify ___)
	Proportion of participants regularly exposed to secondhand smoke by setting (home, car, work, social events, and other)	
Coverage: All respondents		

Detailed Information for Recommended Indicators

Topic Area A: Tobacco Use

Smoking Status	
Specific Indicators	<ol style="list-style-type: none"> I. Proportion of participants smoking every day II. Proportion of participants smoking occasionally in the past 30 days III. Average number of days smoked in the past month by current occasional smokers (smoked in the past 30 days) IV. Proportion of participants who recently quit (within the past month) V. Proportion of participants who quit more than 1 month ago
Indicator Rationale	<p>Reducing the prevalence and consumption of tobacco use are key long-term outcomes for comprehensive smoking cessation programs.^{a,b,c,d,e} Assessing smoking behaviours among those who smoked in the past 30 days ensures treatment of all current smokers^f or those who quit within the past month who are at greatest risk of relapse.^g</p> <p>Daily and occasional smokers have different smoking behaviours and cessation outcomes.^h Understanding the frequency of occasional smoking further describes the occasional smoker.</p> <p>Smoking daily or occasionally is also related to smoking dependence which is a known predictor of cessation outcomes.ⁱ</p>
Environmental Scan Notes	Most projects ask current smoking status and frequency of smoking at intake and follow-up, with wording variations between projects.
Questions to Use	<ol style="list-style-type: none"> 1. At the present time, do you smoke cigarettes: <ul style="list-style-type: none"> <input type="checkbox"/> Every day <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all <p>Coverage: All respondents</p> 2. How many days did you smoke in the last 30 days? <ul style="list-style-type: none"> <input type="checkbox"/> no. of days <p>Coverage: Occasional smokers</p> 3. When was the last time you smoked a cigarette, even a puff? <ul style="list-style-type: none"> <input type="checkbox"/> Less than one month ago <input type="checkbox"/> 1 to 6 months ago <input type="checkbox"/> More than 6 months ago <p>Coverage: Respondents answering 'Not at all' to question 1.</p>
Indicator Comments	<p>Indicators I, II and III are measured at intake and follow-up; Indicators IV and V are only measured at intake.</p> <p>Definitions of current smoking vary across sources and institutions, especially regarding the use of the 100 lifetime cigarette criterion.^j Given these smoking cessation indicators are predominately for treatment of smoking addiction and/or for clinical populations, it has been noted by SFO partners that vast majority of participants have smoked 100 cigarettes. Specific programs may want to include the optional question for smoking 100 lifetime cigarettes, particularly if there are a significant proportion of young adults in the program (see Question O1 in Table 2).</p> <p>Programs should report smoking status by key demographic characteristics (e.g., age, sex, education).</p>
Questions from Other Data Sources	<p>CTUMS: At the present time, do you smoke cigarettes every day, occasionally, or not at all?</p> <p>In the past 30 days, did you smoke any cigarettes?</p> <p>CCHS/CAMH-M: At the present time, do you smoke cigarettes daily, occasionally, or not at all?</p> <p>CCHS: In the past month, on how many days have you smoked 1 or more cigarettes?</p> <p>CAMH-M: On how many of the last 30 days did you smoke 1 or more cigarettes?</p>

Smoking Status	How long ago was it that you last smoked: was it less than one week ago, less than one month ago, 1 to 6 months, 7 to 11 months, 1 to 5 years, or more than 5 years?
References	<p>^a Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i>. Atlanta, GA: Centers for Disease Control and Prevention, 2005.</p> <p>^b Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i>. Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012.</p> <p>^c Cancer Care Ontario Provisional Cancer Prevention and Screening Council. <i>Report on Cancer 2020: A call for renewed action on cancer prevention and detection in Ontario</i>. Toronto, ON: Cancer Care Ontario, June 2006. Available at: https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13824. Accessed December 5, 2012.</p> <p>^d U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. <i>Healthy People 2020: Tobacco Use</i>. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=41. Accessed December 3, 2012.</p> <p>^e Copley TT, Lovato C, O'Connor S. <i>Indicators for monitoring tobacco control: A resource for decision-makers, evaluators and researchers</i>. On behalf of the National Advisory Group on Monitoring and Evaluation. Toronto, ON: Canadian Tobacco Control Research Initiative, 2006.</p> <p>^f Mills C, Stephens T, Wilkins K. Summary report of the workshop on data for monitoring tobacco use. <i>Health Reports</i> 1994; 6(3): 377-387.</p> <p>^g Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. <i>Addiction</i> 2004; 99(1): 29-38.</p> <p>^h Wortley PM, Husten CG, Trosclair A, Chrismon J, Pederson LL. Nondaily smokers: A descriptive analysis. <i>Nicotine & Tobacco Research</i> 2003; 5: 755-759. DOI:10.1080/1462220031000158753.</p> <p>ⁱ Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^j Bondy SJ, Victor JC, Diemert LM. Origin and use of the 100 cigarette criterion in tobacco surveys. <i>Tobacco Control</i> 2009; 18(4): 317-323.</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Initiation / Years Smoking	
Specific Indicators	I. Average age of initiation to regular smoking
Indicator Rationale	<p>Earlier age of smoking initiation is associated with greater dependence and negative cessation outcomes such as high relapse rates.^a</p> <p>Age of smoking first cigarette and age started smoking daily were recommended core information for Monitoring Tobacco Use^b and to measure outcomes in smoking initiation.^c</p>
Environmental Scan Notes	<p>Majority of projects ask age one started smoking (first cigarette, regularly, and/or not specified).</p> <p>Several projects calculate/ask for pack-years.</p>
Questions to Use	<p>1. At what age did you start smoking regularly? ___ yrs old</p> <p>Coverage: All respondents</p>
Indicator Comments	<p>This indicator is only asked at intake.</p> <p>This measure may be an indicator for years smoking. There could potentially be recall issues with age of initiation, particularly among older smokers.</p>
Questions from Other Data Sources	<p>CTUMS: At what age did you smoke your first cigarette?</p> <p>At what age did you begin to smoke daily?</p> <p>CCHS: At what age did you smoke your first whole cigarette? At what age did you begin to smoke cigarettes daily?</p> <p>CAMH-M: How old were you when you first started smoking daily?</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Mills C, Stephens T, Wilkins K. Workshop Report: Summary Report of the workshop on data for monitoring tobacco use. <i>Chronic Diseases in Canada</i> 1994; 15(3): 105-110.</p> <p>^c Copley TT, Lovato C, O'Connor S. <i>Indicators for monitoring tobacco control: Aa resource for decision-makers, evaluators and researchers</i>. On behalf of the National Advisory Group on Monitoring and Evaluation. Toronto, ON: Canadian Tobacco Control Research Initiative, 2006.</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Other Tobacco Use	
Specific Indicators	I. Proportion of participants currently using other tobacco products II. Proportion of participants using other tobacco by product
Indicator Rationale	A more complete picture on tobacco use can be obtained by asking questions about use of other tobacco products. ^a
Environmental Scan Notes	Few projects inquire about other or types of tobacco use: Ottawa Heart asks about form of tobacco is currently used and SHL has detailed questions about other tobacco use, consumption, frequency, etc. in lifetime and in the past 30 days.
Questions to use	1. In the past 30 days, have you used any other tobacco product, not including cigarettes? Probe: Other tobacco products may include cigars, cigarillos, pipes, snuff, chewing tobacco, snus, biddis, kreteks, hookahs, waterpipe, sheesha or e-cigarettes. <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage: All respondents 2. What form of other tobacco did you use [in the past 30 days]? CHECK ALL THAT APPLY* <input type="checkbox"/> cigars or cigarillos <input type="checkbox"/> pipes <input type="checkbox"/> pinch or snuff <input type="checkbox"/> chewing tobacco <input type="checkbox"/> snus <input type="checkbox"/> biddis, kreteks <input type="checkbox"/> hookahs, waterpipe, or sheesha (with nicotine) <input type="checkbox"/> e-cigarettes (with nicotine) <input type="checkbox"/> other (specify _____) Coverage: Respondents using other tobacco products
Indicator comments	Indicators I and II measured at intake and follow-up.
Questions from other data sources	CTUMS: Detailed questions on lifetime and past 30 day use of: little cigars or cigarillos/cigars/pipe/chewing tobacco, pinch or snuff/waterpipe, also known as hookah, sheesha, nargeelay, hubble-bubble or gouza. CCHS: Several questions for each product with the following format: In the past month, have you smoked/used] [cigars/a pipe/snuff/chewing tobacco]?
References	^a Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i> . Atlanta, GA: Centers for Disease Control and Prevention, 2005.

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

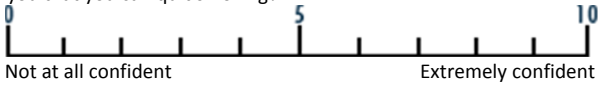
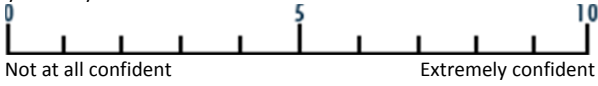
Smoking Dependence	
Specific Indicators	<p>I. Average Heaviness of Smoking Index (HSI) for participants who smoke daily</p> <p>II. Average number of cigarettes smoked per day for participants who smoke occasionally in the past 30-days</p>
Indicator Rationale	<p>Smokers with high levels of nicotine dependence generally have more intense withdrawal symptoms and higher rates of relapse.^a</p> <p>Heaviness of Smoking Index (HSI)^b – cigarettes per day (CPD)^c and time to first cigarette (TTFC) of the day^d – is a MOHLTC pillar-level indicator for SFO cessation programs.^e</p>
Environmental Scan Notes	<p>Most projects have consumption and time to first cigarette questions at intake (some at follow-up), with slight wording variations.</p>
Questions to use	<p>1. How many cigarettes do you smoke per day on the days that you smoke? ___ no. of cigarettes per day</p> <p>Coverage: Daily smokers and past 30-day occasional smokers</p> <p>2. How soon after you wake up do you smoke your first cigarette? ___ Within 5 minutes ___ 6 to 30 minutes ___ 31 to 60 minutes ___ More than 60 minutes</p> <p>Coverage: Daily smokers</p>
Indicator comments	<p>Indicators I, II and III are measured at intake and follow-up.</p> <p>Where appropriate, reporting smoking dependence by various demographics smoking characteristics may further characterize program participants.</p>
Questions from other data sources	<p>CTUMS: Some people smoke more or less depending on the day of the week. So, thinking back over the past 7 days, starting with yesterday, how many cigarettes did you smoke on: Monday...Sunday? ___ no. of cigarettes (for each day of the week)</p> <p>How soon after you wake up do you smoke your first cigarette? Within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, more than 60 minutes?</p> <p>CCHS: How many cigarettes do you smoke each day now? On the days that you smoke, how many cigarettes do you usually smoke?</p> <p>CAMH-M: How many cigarettes do you usually smoke each day?</p> <p>On those days that you do smoke, about how many cigarettes do you usually have? ___ no. of cigarettes</p> <p>How soon after you wake up do you usually smoke your first cigarette? Within 5 minutes, from 6 to 30 minutes, from 31 to 60 minutes, or after 60 minutes?</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Heatherton TF, Kozlowski LT, Frecker RC, Rickert WS, Robinson J. Measuring the heaviness of smoking using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. <i>British Journal of Addiction</i> 1989; 84: 791-800.</p> <p>^c Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i>. Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012.</p> <p>^d West R, McEwen A, Bolling K, Owen L. Smoking cessation and smoking patterns in the general population: a 1-year follow-up. <i>Addiction</i> 2001; 96(6): 891-902.</p> <p>^e Ministry of Health and Long-Term Care. <i>Pillar level indicators for Smoke-Free Ontario Cessation Programs</i>. Toronto: ON: Ministry of Health and Long-Term Care, April 2012. Received from Agnes Rudy, November 2012.</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Quit Rates	
Specific Indicators	<p>I. Proportion of participants smoke-free for 7 days at 6-month follow-up</p> <p>II. Proportion of participants smoke-free for 30 days at 6-month follow-up</p> <p>III. Proportion of participants smoke-free for 6-month at 6-month follow-up</p>
Indicator Rationale	<p>MOHLTC pillar-level indicator of continued abstinence for 7 days and 30 days.^a</p> <p>Long-term goal of cessation programming is to increase the duration of abstinence among quitters.^b The CDC indicator assesses sustained abstinence for 6 months or longer.^c</p>
Environmental Scan Notes	<p>Most projects assess point prevalence at follow-up. Questions vary in terms of recent smoking definitions; however, smoking in the past 7 days and 30 days appear to be most common. Some projects do not follow-up participants at 6-months.</p>
Questions to use	<p>1. Have you smoked a cigarette, even a puff, in the last 7 days?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Coverage: Occasional and not at all smokers at follow-up</p> <p>2. Have you smoked a cigarette, even a puff, in the last 30 days?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Coverage: Respondents abstinent for 7-days</p> <p>3. Have you smoked a cigarette, even a puff, in the last 6 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Coverage: Respondents abstinent for 30-days</p>
Indicator comments	<p>Indicators I and II measured at intake and follow-up. Measures are to be reported at 6-month follow-up; 12-month follow-up is also recommended.</p> <p>Projects may also want to duration of abstinence for more specific information on abstinence (see follow-up optional Question O1 in Table 4).</p> <p>Where appropriate, reporting quit rates by various demographics and intake smoking characteristics may further inform who is predominately quitting in the program.</p> <p>There was a discussion about when to begin the measure of abstinence: at the time of contact with the program, from quit date, when the intervention has completed, etc. One challenge is that projects have very different lengths for interventions and provide different services which may focus on setting a quit date or other specific treatment. This will be challenging to standardize. For the interim, it is recommended that projects clearly state the time of their follow-up measurements and when this time started when reporting program quit rates.</p>
Questions from other data sources	<p>CTUMS: When did you stop smoking? Less than 1 year ago, 1 to 2 years ago, 3 to 5 years ago, more than 5 years ago</p> <p>CCHS: When did you stop smoking? Was it less than 1 year ago, 1 year to less than 2 years ago, 2 years to less than 3 years ago, 3 or more years ago?</p> <p>CAMH-M: How long ago was it that you last smoked: was it less than one week ago, less than one month ago, 1 to 6 months ago, 7 to 11 months ago, 1 to 5 years, or more than 5 years?</p>
References	<p>^a Ministry of Health and Long-Term Care. <i>Pillar level indicators for Smoke-Free Ontario Cessation Programs</i>. Toronto: ON: Ministry of Health and Long-Term Care, April 2012. Received from Agnes Rudy, November 2012.</p> <p>^b Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i>. Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012.</p> <p>^c Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i>. Atlanta, GA: Centers for Disease Control and Prevention, 2005.</p>

Topic Area B: Quit Intentions and Quit Attempts

Quit Intentions	
Specific Indicators	I. Proportion of participants intending to quit smoking within the next 30 days II. Proportion of participants intending to quit smoking within the next 6-months
Indicator Rationale	Intention to quit is a key indicator for monitoring tobacco control programs. ^{a,b,c,d,e} Intention to quit is important for assessing Stages of Change. ^f Intention to quit is part of the 5 A's (ASSESS). ^g Recent research has shown that quit intentions asked as a single question vs. those asked in specific time periods resulted in very different estimates. ^g The Ontario Tobacco Survey ^h and the International Tobacco Control Survey ⁱ have used the single question format.
Environmental Scan Notes	Almost all projects ask patients about their quit intentions at intake and follow-up. There are different wording or question formats used across projects (e.g., 30-day and 6-month vs. a single question). About half of the projects ask patients about having set a quit date
Questions to Use	1. Are you planning to quit smoking: ___ Within the next month ___ Within the next 6 months ___ Sometime in the future beyond 6 months ___ I am not planning to quit Coverage: Daily and occasional smokers
Indicator Comments	Indicators I and II measured at intake and follow-up. Specific programs may want to include the optional questions for setting a quit date and actual quit date (see Questions O2 and O3 in Table 2).
Questions from Other Data Sources	CTUMS/CCHS: Are you seriously considering quitting within the next 6 months? Are you seriously considering quitting within the next 30 days? CAMH-M: Are you intending to quit smoking in the next SIX MONTHS? Are you intending to quit smoking in the next THIRTY DAYS?
References	^a Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i> . Atlanta, GA: Centers for Disease Control and Prevention, 2005. ^b Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i> . Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012. ^c Copley TT, Lovato C, O'Connor S. <i>Indicators for monitoring tobacco control: Aa resource for decision-makers, evaluators and researchers</i> . On behalf of the National Advisory Group on Monitoring and Evaluation. Toronto, ON: Canadian Tobacco Control Research Initiative, 2006. ^d Ministry of Health and Long-Term Care. <i>Pillar level indicators for Smoke-Free Ontario Cessation Programs</i> . Toronto: ON: Ministry of Health and Long-Term Care, April 2012. Received from Agnes Rudy, November 2012. ^e Bondy SJ, Victor JC, O'Connor S, McDonald PW, Diemert LM, Cohen JE. Predictive validity and measurement issues in documenting quit intentions in population surveillance studies. <i>Nicotine & Tobacco Research</i> 2010; 12(1): 43-52. ^f Cancer Prevention Research Center. Measures. Smoking: Stage of Change (Short Form). Available at: http://www.uri.edu/research/cprc/Measures/Smoking11.htm . Accessed on December 12, 2012. ^g The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A clinical practice guideline for treating tobacco use and dependence: 2008 update. <i>American Journal of Preventive Medicine</i> 2008; 35(2): 158-176. ^h Diemert L, Victor JC, Chaiton M, Bondy SJ. Ontario Tobacco Survey Technical Report 1: Baseline Data. Toronto, ON: Ontario Tobacco Research Unit, April 2010. Available at: http://otru.org/research-evaluation/ontario-tobacco-survey/ots-technical-documentation/ . Accessed on October 15, 2012. ⁱ International Tobacco Control Policy Evaluation Project. Surveys. Available at: http://www.itcproject.org/surveys . Accessed on October 15, 2012.

Quitting Confidence	
Specific Indicators	<p>I. The proportion of participants who are highly/extremely confident in their ability to quit (score: 7-10)</p> <p>II. The proportion of participants who are highly/extremely confident in their ability to remain smoke-free (score: 7-10)</p>
Indicator Rationale	Quitting importance and confidence assesses smokers' attitudes and their self-efficacy to quit, which can predict success of a quit attempt. ^{a,b}
Environmental Scan Notes	More than half of the projects ask patients about the importance of quitting and/or their confidence in their ability to quit: most use a scale, which varied from 0-10, 1-10, or 1-5.
Questions to Use	<p>1. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can quit smoking?</p>  <p>Coverage: Daily and occasional smokers</p> <p>2. On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you can remain smoke-free?</p>  <p>Coverage: Not at all smokers</p>
Indicator Comments	<p>Indicators I and II measured at intake and follow-up.</p> <p>For further insight about program participants, quitting confidence can be reported by appropriate demographic characteristics and smoking behaviours.</p>
Questions from Other Data Sources	<p>None identified in CTUMS, CCHS, CAMH-M</p> <p>OTS: How confident are you that you that you would succeed if you decided to quit completely in the next six months: not at all confident, not very confident, fairly confident, OR very confident?</p> <p>ITC: If you decided to give up smoking completely in the next 6 months, how sure are you that you would succeed? Not at all sure, slightly sure, moderately sure, very sure.</p> <p>OTS/ITC: How easy or hard would it be for you to quit smoking if you wanted to? Would it be very easy, somewhat easy, [neither easy nor hard], somewhat hard, or very hard?</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Diemert LM, Bondy SJ, Brown KS, Manske S. Young adult smoking cessation: predictors of quit attempts and abstinence. <i>American Journal of Public Health</i> 2013; 103(3): 449-453. Epub ahead of print 17 January 2013. DOI:10.2105/AJPH.2012.300878</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Recent Quit Attempts	
Specific Indicators	<p>I. The proportion of participants who made 1 or more quit attempts (stopped smoking for at least one day) in the past 12 months</p> <p>II. Average number of quit attempts made in the past 12 months (among those making 1 or more quit attempts in the past 12 months)</p> <p>III. Average longest time smoke-free in the past 12 months (among those who made 1 or more quit attempts)</p>
Indicator Rationale	<p>Smokers who managed to quit in the past are more likely to be successful in the future. Success on subsequent quit attempts increases the longer a smoker remained abstinent during previous attempts.^a</p> <p>Quit attempts in the past year is a common indicator for monitoring tobacco control programs.^{b,c,d,e}</p>
Environmental Scan Notes	Most projects inquire about previous quit attempts and duration of previous quit attempts in some capacity – either lifetime quit attempts or quit attempts that have occurred over a defined period of time (e.g., past 12 months), with variations in question wording among projects.
Questions to Use	<p>1. In the last 12 months, how many times have you stopped smoking for at least 24 hours, because you were trying to quit?</p> <p>___ None</p> <p>___ no. of times</p> <p>Coverage: Daily smokers and occasional past 30-day smokers</p> <p>2. In the last 12 months, what is the longest period of time you have quit and remained smoke-free? [Choose one]</p> <p>___ Days</p> <p>___ Weeks</p> <p>___ Months</p> <p>Coverage: Daily smokers and occasional past 30-day smokers quitting 1 or more times in the last 12 months</p>
Indicator Comments	Indicators I, II and III are measured at intake only.
Questions from Other Data Sources	<p>CTUMS: In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?</p> <p>How many of these attempts lasted for one week?</p> <p>CCHS: In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?</p> <p>How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)</p> <p>CAMH-M: In the past 12 months, how many times have you made a serious attempt to quit smoking cigarettes? (If Necessary: A serious attempt would mean you quit smoking for at least 24 hours).</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i>. Atlanta, GA: Centers for Disease Control and Prevention, 2005.</p> <p>^c Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i>. Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012.</p> <p>^d Cancer Care Ontario Provisional Cancer Prevention and Screening Council. <i>Report on Cancer 2020: A call for renewed action on cancer prevention and detection in Ontario</i>. Toronto, ON: Cancer Care Ontario, June 2006. Available at: https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13824. Accessed December 5, 2012.</p> <p>^e Wortley PM, Husten CG, Troscclair A, Chrismon J, Pederson LL. Nondaily smokers: A descriptive analysis. <i>Nicotine & Tobacco Research</i> 2003; 5: 755–759. DOI:10.1080/1462220031000158753.</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Incident Quit Attempts	
Specific Indicators	<ol style="list-style-type: none"> I. The proportion of participants who made 1 or more quit attempts (stopped smoking for at least one day) in the past 6 months II. Average number of quit attempts made in the past 6 months (among those making 1 or more quit attempts in the past 6 months) III. Average longest time smoke-free in the past 6 months (among those who made 1 or more quit attempts)
Indicator Rationale	<p>Smokers who managed to quit in the past are more likely to be successful in the future. Success on subsequent quit attempts increases the longer a smoker remained abstinent during previous attempts.^a</p> <p>Incident quit attempts are a key outcome measure for smoking cessation programs.^{b,c,d,e,f}</p>
Environmental Scan Notes	Most projects inquire about making attempts to quit or reduce at follow-up; only 3 projects (SHL, Quit and Get Fit, LTPB Contest) inquire about the frequency of quit attempts during follow-up; however, almost all projects inquire about the duration of abstinence.
Questions to Use	<ol style="list-style-type: none"> 1. In the last 6 months, how many times have you stopped smoking for at least 24 hours, because you were trying to quit? <ul style="list-style-type: none"> __ None __ no. of times <p>Coverage: Daily smokers and occasional past 30-day smokers</p> 2. In the last 6 months, what is the longest period of time you have quit and remained smoke-free? [Choose one] <ul style="list-style-type: none"> __ Days __ Weeks __ Months <p>Coverage: Daily smokers and occasional past 30-day smokers quitting 1 or more times in the last 6 months</p>
Indicator Comments	Indicators I, II and III are measured at follow-up only.
Questions from Other Data Sources	<p>CTUMS: In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?</p> <p>How many of these attempts lasted for one week?</p> <p>CCHS: In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?</p> <p>How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)</p> <p>CAMH-M: In the past 12 months, how many times have you made a serious attempt to quit smoking cigarettes? (If Necessary: A serious attempt would mean you quit smoking for at least 24 hours).</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. <i>Key outcome indicators for evaluating comprehensive tobacco control programs</i>. Atlanta, GA: Centers for Disease Control and Prevention, 2005.</p> <p>^c Ontario Tobacco Research Unit. <i>Smoke-Free Ontario Strategy Evaluation Report</i>. Toronto: ON: Ontario Tobacco Research Unit, Special Report, November 2012.</p> <p>^d Cancer Care Ontario Provisional Cancer Prevention and Screening Council. <i>Report on Cancer 2020: A call for renewed action on cancer prevention and detection in Ontario</i>. Toronto, ON: Cancer Care Ontario, June 2006. Available at: https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13824. Accessed December 5, 2012.</p> <p>^e U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. <i>Healthy People 2020: Tobacco Use</i>. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=41. Accessed December 3, 2012.</p> <p>^f Copley TT, Lovato C, O'Connor S. <i>Indicators for monitoring tobacco control: Aa resource for decision-makers, evaluators and researchers</i>. On behalf of the National Advisory Group on Monitoring and Evaluation. Toronto, ON: Canadian Tobacco Control Research Initiative, 2006.</p>

Topic Area C: Smoking Environment

Social Environment	
Specific Indicators	<ul style="list-style-type: none"> I. Proportion of participants with social support to quit II. Proportion of participants with one or more smokers in their household III. Proportion of participants with one or more close friends who smoke
Indicator Rationale	<p>Smoking cessation and abstinence are strongly influenced by one's social environment.^a</p> <p>Smokers who have social support are more likely to quit.^{b,c}</p>
Environmental Scan Notes	<p>At intake, 3 projects (STOP, Quit and Get Fit, LTPB contest) ask about social smoking influences and half inquire about household smoking (exposure or number of smokers in the home); 3 projects (STOP, Quit and Get Fit, LTPB contest) ask how many of one's friends smoke. Also at intake; 3 projects (SHL, Quit and Get Fit, LTPB contest) inquire about social support to quit.</p> <p>At follow-up, 2 projects (SHL, LTPB contest) ask about social support to quit.</p>
Questions to Use	<ol style="list-style-type: none"> 1. Do you have at least one person that you can count on to help you quit or remain smoke-free? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Coverage: All respondents</p> 2. How many people in your household smoke? Would you say: <ul style="list-style-type: none"> <input type="checkbox"/> All of them <input type="checkbox"/> Most of them <input type="checkbox"/> About half of them <input type="checkbox"/> A few of them <input type="checkbox"/> None of them <input type="checkbox"/> I live alone <p>Coverage: All respondents</p> 3. How many people in your household smoke? Would you say: <ul style="list-style-type: none"> <input type="checkbox"/> All of them <input type="checkbox"/> Most of them <input type="checkbox"/> About half of them <input type="checkbox"/> A few of them <input type="checkbox"/> None of them <input type="checkbox"/> I live alone <p>Coverage: All respondents</p>
Indicator Comments	<p>Indicators I, II and III are measured at intake; Indicator I is an optional recommendation at follow-up (see Question O2 in Table 4).</p> <p>Specific support questions are noted on specific longitudinal surveys (OTS, ITC); none identified in cross-sectional surveys.</p> <p>Where relevant, reporting social support by key demographic characteristics and smoking dependence can further inform (e.g., age, sex, education) cessation programming.</p>
Questions from Other Data Sources	<p>CTUMS: How many people smoke cigarettes inside your home every day or almost every day? Include all family members and visitors.</p> <p>CCHS: Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?</p> <p>How many people smoke inside your home every day or almost every day?</p> <p>CAMH: Including yourself, how often, if at all, do people smoke cigarettes, cigars, cigarillos or pipes INSIDE your home?</p>
References	<p>^a Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^b Diemert LM, Bondy SJ, Brown KS, Manske S. Young adult smoking cessation: predictors of quit attempts and abstinence. <i>American Journal of Public Health</i> 2013; 103(3): 449-453. Epub ahead of print 17 January 2013. DOI:10.2105/AJPH.2012.300878</p> <p>^c Chandola T, Head J, Bartley M. Socio-demographic predictors of quitting smoking: how important are household factors? <i>Addiction</i> 2004; 99(6): 770-777.</p>

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

Secondhand Smoke Exposure (SHS)	
Specific Indicators	<p>I. Proportion of participants regularly exposed to secondhand smoke in any setting (home, car, work, social events, or other)</p> <p>II. Proportion of participants regularly exposed to secondhand smoke by setting: home, car, work, social events, and other</p>
Indicator Rationale	<p>Smoke-free policies encourage smokers to quit or reduce their smoking.^a</p> <p>SHS exposure can be a trigger for relapse for those trying to quit.^{a,b}</p>
Environmental Scan Notes	<p>While most projects inquire about smoking in the home at intake, only 3 projects ask about source of SHS exposure (STOP, Algoma PH, Quit and Get Fit).</p> <p>At follow-up, 1 project (SHL) inquires about SHS exposure at work.</p>
Questions to Use	<p>1. In which of the following settings are you regularly exposed to second-hand smoke? CHECK ALL THAT APPLY.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Not exposed <input type="checkbox"/> At home <input type="checkbox"/> In the car <input type="checkbox"/> At work <input type="checkbox"/> At social events <input type="checkbox"/> Other (Specify) ____ </p> <p>Coverage: All respondents</p>
Indicator Comments	Indicator I and II are measured at intake; both are recommended at follow-up (see Question O3 in Table 4).
Questions from Other Data Sources	<p>CTUMS: In the past month, excluding your own smoking were you exposed to second-hand smoke: ...at a bus stop or shelter?</p> <p style="margin-left: 20px;"> ...at an entrance to a building? ...at your workplace? ...on a school property? ... at any other public place such as a shopping mall, arena, bingo hall, concert or sporting event? ...outdoors such as on a sidewalk or in a park? ...anywhere else? </p> <p>Overall, excluding your own smoking, in the past month were you exposed to second-hand smoke: every day, almost every day, at least once a week, at least once a month?</p> <p>CCHS: In the past month, were you exposed to second-hand smoke every day or almost every day, in a car or other private vehicle?</p> <p style="margin-left: 20px;">In the past month, were you exposed to second-hand smoke every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?</p>
References	<p>^a Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behavior: systematic review. <i>BMJ</i> 2002; 325: 188-195.</p> <p>^b Hyland A, Higbee C, Travers MJ, Van Deusen A, Bansal-Travers M, King B, Cummings M. Smoke-free homes and smoking cessation and relapse in a longitudinal population of adults. <i>Nicotine & Tobacco Research</i> 2009; 11(6): 614-618.</p>

Topic Area D: Use of Smoking Cessation Resources

Incident Quit Attempts	
Specific Indicators	<p>I. Proportion of participants who used proven cessation methods to quit or reduce smoking (NRT, prescription medications, counseling, self-help materials, or helpline)</p> <p>II. Proportion of participants who used proven cessation methods to quit or reduce smoking by method: NRT, prescription medications, counseling, SHL, SHO/texting, self-help materials, other</p>
Indicator Rationale	Evidence shows that success in quitting is higher with the use of proven support services such as quitlines, group cessation programs and approved pharmacotherapies. ^{a,b,c}
Environmental Scan Notes	Almost all projects inquire about use of resources at follow-up; two projects (STOP, LTPB HP Intervention) inquired about duration of medication use.
Questions to Use	<p>1. In the past 6 months, did you use the following medications or resources to help you quit or reduce smoking? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/> Nicotine replacement therapy (e.g., nicotine gum, patch, lozenge)</p> <p><input type="checkbox"/> Prescription medications such as bupropion (Zyban), or wellbutrin</p> <p><input type="checkbox"/> Prescription medication such as varenicline (Champix)</p> <p><input type="checkbox"/> Group or individual counselling</p> <p><input type="checkbox"/> Smokers' Helpline</p> <p><input type="checkbox"/> Smokers' Helpline Online / Text</p> <p><input type="checkbox"/> Other self-help materials such as a book or website</p> <p><input type="checkbox"/> Other resources (specify)</p> <p><input type="checkbox"/> I did not use any resources</p> <p>Coverage: All respondents</p>
Indicator Comments	<p>Indicators I and II are measured at follow-up only.</p> <p>Programs may also want to inquire about prior use of resources at intake; an optional question for this is recommended in Table 2 Question O4.</p>
Questions from Other Data Sources	<p>CTUMS: In the past 2 years, did you use a nicotine patch?</p> <p>...did you use nicotine gum such as "Nicorette"?</p> <p>...did you use a medication such as 'Zyban', 'Wellbutrin' or 'Champix'?</p> <p>...did you use a 1-800 quitline or a smokers helpline?</p> <p>...did you use any of these [workplace cessation programs], plan or support?</p> <p>CCHS: In the past 12 months, did you try a nicotine patch to quit smoking?</p> <p>Did you try Nicorette or other nicotine gum or candy to quit smoking?</p> <p>Did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?</p>
References	<p>^a Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. <i>American Journal of Preventive Medicine</i> 2001; 20(Suppl 2): 1-88.</p> <p>^b Fiore MC, Bailey WC, Cohen SJ, Dorfman S, Goldstein M, Gritz E, Heyman RB, Jaén CR, Kottke TE, Lando HA, Mecklenburg RE, Mullen PD, Nett LM, Robinson L, Stitzer ML, Tommasello AC, Villejo L, Wewers ME. <i>Treating tobacco use and dependence: clinical practice guideline</i>. Rockville, MD: U.S. Department of Health and Human Services, 2000.</p> <p>^c Stead LF, Perera R, BullenC, Mant D, Lancaster T. Nicotine replacement therapy for smoking cessation. <i>Cochrane Database of Systematic Reviews</i> 2008, Issue 1. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub3.</p>

Topic Area E: Health Status and Health Behaviours

Mental Health	
Specific Indicators	I. Proportion of participants ever diagnosed with a mental health condition
Indicator Rationale	Smoking prevalence is known to be higher among those with mental illness. ^{a,b} NRT and other pharmacotherapies do have contraindications that need to be identified for clinical interventions. ^c
Environmental Scan Notes	<p>Five programs (SHL, STOP, Ottawa Heart, Quit and Get Fit, ODB Pharmacy Program) inquire about medical history – current or prior medical conditions or contraindications for pharmacotherapy – either briefly or in detail.</p> <p>Two programs (SHL, RNAO) inquire about pregnancy and smoking. NOTE: RNAO has specific indicators for the SA's for pregnant smokers.</p> <p>No programs asked these questions at follow-up.</p>
Questions to Use	<p>1. Have you ever been diagnosed with a mental health condition such as an anxiety disorder, depression disorder, bipolar disorder, eating disorder, alcohol/drug abuse, obsessive compulsive disorder, or schizophrenia?</p> <p>___ Yes ___ No</p> <p>Coverage: All respondents</p>
Indicator Comments	<p>Indicator I is measured at intake only.</p> <p>Programs may also want to inquire about what specific conditions participants with which participants have been diagnose; an optional question for this is recommended in Table 2 Question O5.</p> <p>An optional question for measuring heavy drinking is also recommended as these individuals have been shown to perform poorly in smoking cessation programs (see Table 2 Question O6).^b</p>
Questions from Other Data Sources	<p>CCHS: In general, would you say your health is excellent, very good, good, fair, or poor?</p> <p>In general, would you say your overall MENTAL HEALTH is excellent, very good, good, fair, or poor?</p> <p>CAMH: In general, would you say your overall MENTAL HEALTH is excellent, very good, good, fair, or poor?</p> <p>Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 0 Never; ___ Enter no. of days (1-30)</p>
References	<p>^a Lasser K, Boyd W, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. <i>JAMA</i> 2000; 284(20): 2606-2610.</p> <p>^b Caponnetto P, Polsa R. Common predictors of smoking cessation in clinical practice. <i>Respiratory Medicine</i> 2008; 102: 1182-1192.</p> <p>^c The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update. A U.S. Public Health Service Report. <i>American Journal of Preventive Medicine</i> 2008; 35(2): 158-176.</p>

CONCLUDING NOTES

The purpose of this project was to generate standard questions for smoking cessation service providers in Ontario to use with their adult clients. These recommended data standards are meant to be minimal for standard project reporting and evaluation. It is important to note that projects may need to ask additional questions related to the recommended measures, as well as other questions needed for their own research and evaluation purposes. We recognize that there may be challenges to implementing these data standards for a variety of reasons, including current programming and evaluations; however, the vision is for all existing and future adult smoking cessation service providers to adopt these common measures, as reported here, in the near future.

The next steps for these recommended data standards are to provide detailed calculation notes to ensure standard calculations across smoking cessation programs. During the process of developing these common measures, questions arose around current calculations for MOHLTC reporting; thus, it may be worth reviewing how each of these measures are calculated and reported.

APPENDIX A: ENVIRONMENTAL SCAN OF SMOKING CESSATION INTAKE AND FOLLOW-UP QUESTIONS FOR SMOKE-FREE ONTARIO CESSATION PROJECTS

Tobacco Use – Intake Questions

History of Use

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
EVER USE AND SPECIFIED TIME FRAMES										
Have you ever used cigarettes?	X									
In the past 12 months, how often did you smoke cigarettes? Once or twice all together; Less than once a month; 1-3 times a month; Once a week; More than once a week; Every day								X		
Have you used any form of tobacco in the past 6-months? Yes; No			X	X						*
What form of tobacco were you using? Cigarettes, Pipe, Cigar, Smokeless tobacco			X							
Which of the following products have you used in the past year? ___ cigarettes; ___ cigars; ___ cigarillos; ___ pipes; ___ chew; ___ snus; ___ snuff					X					
When was the last time you smoked a cigarette, even a puff? MM/DD/YYYY or Smoked occasionally (Not at all smokers)	X									
100 LIFETIME CIGARETTES										
Have you smoked at least 100 cigarettes in your life? (This is approximately 4-5 packs of cigarettes): Yes; No					*	X				
Have you smoked 100 whole cigarettes in your life? No; Yes								X		
CONSUMPTION										
How many cigarettes were you smoking per day before you quit? ___ cigarettes			X							
How many cigarettes did you smoke per day on the days that you smoked? No. ____	X									
Have you ever smoked cigarettes daily? Yes; No						X				
TIME TO FIRST CIGARETTE										
How soon after you wake up did you smoke your first cigarette? DO NOT READ. Within 5 minutes; 6 to 30 minutes; 31 to 60 minutes; More than 60 minutes	X									

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
On the days you use tobacco, how soon after you wake up did you smoke/use tobacco: Within 5 min; 6-30 min; 31-60 min; more than 60 min?					X					
AGE OF INITIATION / DURATION SMOKING										
At what age did you start smoking regularly? ___ yrs old	X									
At what age did you begin to smoke cigarettes daily? ___						X				
How old were you when you first started smoking? ___ yrs old		X								
At what age did you begin to smoke/use tobacco? ___					X					
At what age did you smoke your first cigarette? ___						X				
How old were you when you smoked your first whole cigarette? ___ age in years								X		
How many years in total had you smoked before quitting? ___ yrs			X							

* Actual question wording not provided

Current Use

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
SMOKING STATUS										
Do you currently smoke cigarettes daily, occasionally or not at all?	X									*
At the present time, do you smoke cigarettes daily or occasionally?		X								
At the present time, do you smoke cigarettes daily, occasionally, or not at all?						X				
Tobacco use history: daily smoker; occasional smoker									*	
Have you used any form of tobacco in the past 7 days?			X							
TYPE OF TOBACCO USE										
What form of tobacco do you currently use? Cigarettes, Pipe, Cigar, Smokeless tobacco			X							
FREQUENCY OF SMOKING										
How many days did you smoke in the last 30 days? (occasional smokers)	X					X				
In the past 30 days, did you smoke any cigarettes?						X				
Have you stopped smoking in the past month, not smoking even a single puff on a cigarette?										*
During the past 30 days, did you smoke every day? Yes; No						X				
Think about the past month. How often did you smoke a cigarette, even a puff? Every day or almost every day; On some days each week; Once or twice all together; I did not smoke at all							X			
In the past month (before starting to quit), how often did you smoke cigarettes? Not at all; 1-3 times all together; Once a week; More than once a week; Every day								X		
Days of week predominately smoking: ____									*	
CONSUMPTION										
How many cigarettes do you smoke per day on the days that you smoke? No. ____	X					X			*	
How many cigarettes do you usually smoke per day? ____ cig/day or ____ cig/month			X							

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
On the days you smoke, how many cigarettes do you or did you smoke each day? ____					X					
Think about the past week. How many cigarettes did you smoke?							X	X		
Have you cut down? If yes, previous number? No. ____	X									
TIME TO FIRST CIGARETTE										
How soon after you wake up do you smoke your first cigarette? DO NOT READ. Within 5 minutes; 6 to 30 minutes; 31 to 60 minutes; More than 60 minutes	X	X	X			X	X			
On the days you use tobacco, how soon after you wake up do you smoke/use tobacco: Within 5 min; 6-30 min; 31-60 min; more than 60 min?					X					
How soon after waking is first cigarette? ____ minutes									X	
SMOKING DURATION										
How many years in total have you been smoking? ____ yrs			X						*	
CONTEXT										
Where do you smoke most often? _____									X	
What time of day is smoking predominately done? ____									X	
With whom do you smoke (alone or socially)? ____									X	
PURCHASING BEHAVIOURS										
How many cigarettes do/did you buy at a time? 20 cigarettes; 25 cigarettes; 200 cigarettes; Other	X									
How much does/did that cost? \$ _____; I don't buy my own cigarettes; I roll my own; Unknown	X									

* Actual question wording not provided

Other Tobacco Use

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
AGE OF INITIATION / DURATION OF USE										
At what age did you start smoking/using regularly: CIGARS, LITTLE CIGARS OR CIGARILLOS?	X									
At what age did you start smoking/using regularly: PIPES?	X									
At what age did you start smoking/using regularly: CHEWING, SNUFF OR DIP?	X									
At what age did you start smoking/using regularly: OTHER (SNUS, BIDDIS, HOOKAHS, KRETEKS, ETC)?	X									
Quit date / last time smoked: CIGARS, LITTLE CIGARS OR CIGARILLOS?	X									
Quit date / last time smoked: PIPES?	X									
Quit date / last time smoked: CHEWING, SNUFF OR DIP?	X									
Quit date / last time smoked: OTHER (SNUS, BIDDIS, HOOKAHS, KRETEKS, ETC)?	X									
HISTORY AND CURRENT USE	X									
Have you ever used other tobacco products? Yes; No	X									
Do you currently use CIGARS, LITTLE CIGARS OR CIGARILLOS daily, occasionally or not at all?	X									
Do you currently use PIPES (bowls) daily, occasionally or not at all?	X									
Do you currently use CHEWING, SNUFF OR DIP (pouches/tins) daily, occasionally or not at all?	X									
Do you currently use OTHER TOBACCO PRODUCTS daily, occasionally or not at all? (snus, biddis, hookahs, kreteks, etc.)	X									
How much/how many do/did you smoke/use per week on the weeks that you smoke/use? CIGARS, LITTLE CIGARS OR CIGARILLOS	X									
How many days did you smoke/use in the last 30 days? CIGARS, LITTLE CIGARS OR CIGARILLOS (occasional smokers/users)	X									
How much/how many do/did you smoke/use per week on the weeks that you smoke/use? CIGARS, LITTLE CIGARS OR CIGARILLOS	X									

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
How many days did you smoke/use in the last 30 days? CIGARS, LITTLE CIGARS OR CIGARILLOS (occasional smokers/users)	X									
How much/how many do/did you smoke/use per week on the weeks that you smoke/use? PIPES (bowls)	X									
How many days did you smoke/use in the last 30 days? PIPES (bowls) (occasional smokers/users)	X									
How much/how many do/did you smoke/use per week on the weeks that you smoke/use? CHEWING, SNUFF OR DIP (pouches/tins)	X									
How many days did you smoke/use in the last 30 days? CHEWING, SNUFF OR DIP (pouches/tins) (occasional smokers/users)	X									
How much/how many do/did you smoke/use per week on the weeks that you smoke/use? OTHER: SNUUS, BIDDIS, HOOKAHS, KRETEKS, ETC	X									
How many days did you smoke/use in the last 30 days? OTHER: SNUUS, BIDDIS, HOOKAHS, KRETEKS, ETC (occasional smokers/users)	X									

Tobacco Use – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow- up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
CURRENT & RECENT SMOKING											
Do you currently smoke cigarettes daily, occasionally, or not at all?	X										
At the present time, do you smoke cigarettes daily, occasionally or not at all?		X				X					
How many days did you smoke in the last 30 days?	X	X				X					
Have you smoked any cigarettes, even a single puff, in the last 7 days? Yes; No	X	X				X					
Have you used any form of tobacco, even a puff, in the last [24 hours / 7 days]?			X								
In the past 7 days, have you smoked a cigarette? Yes; No							X	X			
In the past 7 days, have you been completely smoke-free, without even a single puff? No; Yes									X		
Not even a puff [in the past 7 days]? I had just one puff; I had more than one puff; I did not have a puff							X	X			
Have you smoked a cigarette, even a puff, in the last 30 days? Yes; No	X	X				X					
In the last 30 days, have you smoked a cigarette? Yes; No							X	X			
Not even a puff [in the past 30 days]? I had just one puff; I had more than one puff; I did not have a puff							X	X			
Have you smoked a cigarette, even a puff, in the past 3 months?		X				X					

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 - 7
When was the last time you smoked a cigarette, even a puff (dd/mm/yyyy)?	X					X					
When was the last time you smoked cigarettes daily? (dd/mm/yyyy) (among 'not at all' smokers)	X										
Have you had any cigarettes since your quit date? Yes; No										X	X
Have you used any form of tobacco, even a puff, since [your scheduled quit date/we last contacted you]?			X								
Are you presently smoke-free? Yes; No				X	X						
CONSUMPTION											
How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)?	X	X				X					
What number of cigarettes or other tobacco products do you have on average per day?			X								
How many tobacco products do you have on average per month?			X								
Counting the puffs you took from a cigarette, how many cigarettes did you smoke last week? ___ cigs							X	X			
In the past week, how many cigarettes did you smoke? ___ cigs									X		
TIME TO FIRST CIGARETTE											
How soon after you wake up do you smoke your first cigarette? Within 5 minutes; 6 to 30 minutes; 31 to 60 minutes; More than 60 minutes	X	X				X					
OTHER TOBACCO											
Do you use other tobacco products such as CIGARS? Yes; No	X										

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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Do you use other tobacco products such as PIPES? Yes; No	X										
Do you use other tobacco products such as CHEWING TOBACCO OR SNUFF? Yes; No	X										
Do you use other tobacco products such as OTHER TOBACCO PRODUCTS (e.g., bidis or beadies)? Yes; No	X										
What other tobacco products do you use? _____	X										
How many CIGARDS do you use per week? ___ # per week / ___ # per month	X										
How many PIPES do you use per week? ___ # bowls per week / ___ # bowls per month	X										
How much CHEWING TOBACCO OR SNUFF do you use per week? ___ # pouches per week / ___ # pouches per month	X										
How many / much OTHER TOBACCO PRODUCTS do you use per week? ___ # per week / ___ # per month	X										

Quitting – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
INTENTIONS										
Do you intend to quit smoking within the next 30 days? Yes; No	X					X				
Are you willing to set a quit date within the next 30 days? Yes; No		X								
I am getting ready to quit/set a quit date within the month.				X						
Are you a smoker who is interested in quitting in the next month? Yes; NO									X	
Which of the following best describes your feelings about smoking right now? ...quit in the next 30 days; ...quit in the next 6 months; not planning on quitting in the next 6 months			X							
When do you plan to quit smoking? More than 6 months from now; Sometime within the next 6 months, but not within the next 30 days; Sometime within the next month, but not within the next 7 days; Within the next 7 days; I am already trying to quit; I do not plan to quit smoking								X		
Presently I am not thinking about quitting smoking				X						
Do you intend to quit within the next 6 months? Yes; No	X					X				
I am thinking about quitting in the next 6 months				*						
QUIT DATE										
Are you willing to set a quit date? Yes; No									X	
Have you set a quit date? No; Yes: MM/DD/YYYY	X									*
What is your quit date? DD/MM/YYYY; Not sure		X								
Quit date: _____			*						*	
MOTIVATION TO QUIT										
What are the reasons for wanting to make this quit attempt? Check from list	X									

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
What are your reasons for wanting to quit smoking? Health reasons; Children/spouse; Financial; Social; Other _____			X							
What is the main reason you plan to quit smoking? (Choose one): Reduce disease risk/improve health; Illness/disability; Too expensive/cost; Smoking restrictions; Reduce others' exposure to SHS; Pregnancy/breastfeeding; Reduced need/craving; Family pressure; Other (specify)						X				
MAKING PRIOR QUIT ATTEMPTS										
Have you tried to quit smoking before? Yes; No; Don't know	X									
How many times have you tried to quit smoking where an attempt has lasted longer than 1 day? No. _____	X									
Number of previous attempts to quit (24 hrs or more of intentional stop): ____									X	
In the past year, did you intentionally try to quit smoking? Yes; No							X			
In the past 12 months, how many times have you made a serious attempt to quit smoking? (at least 24 hours of intentional quitting) No attempt; 1 to 2 attempts; 3 or more attempts		X								*
How many quit attempts (lasting >24 hours) have you made in the past year? No attempts; 1-2 attempts; 3 or more attempts			X							
In the past year, how many times did you stop smoking/using tobacco because you were trying to quit? ____					X					
In the last 12 months, how many times have you stopped smoking for at least 24 hours, because you were trying to quit? None; ____ times						X				
DURATION OF PRIOR QUIT ATTEMPTS										
How long was your longest quit attempt? ____ Yrs ____ Months ____ Days	X									

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
What is the longest period of time you have quit smoking for? Less than 1 day; More than 1 day but less than 1 week; More than 1 week but less than 1 month; 1 month to less than 6 months; 6 months to less than 12 months; 1 year to less than 2 years; 2 years to less than 5 years; 5 or more years; Never tried to quit; Don't know		X								
What is the longest period of time you have quit and remained smoke-free in the past 12 months? __ days; __ weeks; __ months						X				
Thinking of the last time you quit smoking, how long did you remain smoke-free? ___ Yrs ___ Months ___ Days	X									
Duration of past quit attempts: _____									*	
How long ago was that quit attempt? ___ Yrs ___ Months ___ Days	X									
REASON FOR RELAPSE										
What was the main reason you began to smoke again? To control body weight; Stress; Boredom; Addiction/habit; Lack of support or information; Going out more (bars/parties); Increased availability; No reason/felt like it; Family or friends smoke; Other (specify)						X				
What led you to relapse? Withdrawal symptoms; Negative mood; Habit; Being with other smokers; Stress; Other									X	

* Actual question wording not provided

Current Quit Attempt

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
When did you quit? DD/MM/YY			X							
I have quit smoking within the past 6 months				X						
I have remained smoke-free for greater than 6 months but less than 12 months				X						
WITHDRAWAL SYMPTOMS										
During this current quit attempt, have you had any withdrawal symptoms? Yes; No; Don't know	X									
Which specific withdrawal symptoms have you experienced? (CHECK BOXES)	X									

Attitudes & Beliefs

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
QUITTING IMPORTANCE										
On a scale of 0 to 10 where 0 is not at all important and 10 is extremely important, how important is it to you to quit smoking?	X	X								
On a scale of 1 to 5, how important is it to you to quit smoking? (1=not important at all, 5=extremely important)			X							
How important is it to you to quit smoking within the next month? Very; Somewhat; Hardly at all							X			
How important is it for you to QUIT SMOKING for good? (1=not at all, 10=completely)									X	
On a scale of 0 to 10 where 0 is not at all important and 10 is extremely important, how important is it to you to remain smoke-free?	X									
On a scale of 1 to 5, how important is it to you to stay smoke-free? (1=not important at all, 5=extremely important)			X							
QUITTING CONFIDENCE										
On a scale of 0 to 10 where 0 is not at all confident and 10 is extremely confident, how confident are you that you can quit smoking?	X	X								
On a scale of 1 to 5, how confident are you that you can quit smoking? (1=not at all confident, 5=extremely confident)			X							
On a scale of 1 to 10 where 1 is not at all confident and 10 is extremely confident, please tell us how confident are you that you can quit smoking and remain smoke-free?						X				
How confident are you to do what it takes to quit smoking FOR GOOD? (1=not at all, 10=completely)									X	

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
On a scale of 0 to 10 where 0 is not at all confident and 10 is extremely confident, how confident are you that you can remain smoke-free?	X									
On a scale of 1 to 5, how confident are you that you will not return to smoking? (1=not at all confident, 5=extremely confident)			X							
Right now, how sure are you that you can resist the temptation to smoke? (1=not at all sure, 5=very sure)							X			
How practical is it for you to quit NOW? (1=not at all, 10=completely)									X	
What concerns, if any, do you have about quitting smoking/staying smoke-free? Weight gain; Withdrawal symptoms; I won't be successful; Stress; Depression; Boredom; Social; Other _____			X							
SMOKING TRIGGERS										
What are the situations where you think you might be tempted to smoke again? Check from list; None; Don't know	X									
Identify smoking triggers and strategies to overcome them (check from list)								X		

Quitting – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow- up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
INTENTION TO QUIT											
Are you planning to quit smoking altogether? Yes, within the next month; Yes, within the next 6 months; Yes, sometime in the future but not in the next six months; No, not planning to quit altogether		X									
When do you plan to quit smoking? More than 6 months from now; Sometime within the next 6 months, but not within the next 30 days; Sometime within the next month, but not within the next 7 days; Within the next 7 days; I am already trying to quit; I do not plan to quit smoking									X		
Do you still want to quit within the next 30 days?			X								
Do you intend to quit within the next 30 days? Yes; No	X					X					
Do you intend to quit within the next 6 months? Yes; No						X					
Are you planning to attempt to stop smoking again? Yes; No; Maybe				X	X						
If client indicates yes/maybe [to try to quit again] proceed to ask when they intend to try again: in the next month; in the next 6 months; in the next year; unsure				*	*						
As a result of your contact with the Smokers' Helpline, did you set a quit date?	X										
ATTEMPTS TO QUIT OR REDUCE											
When did you make your most recent quit attempt? (DD/MM/YY)	X										

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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Did you quit on your scheduled quit date?			X								
Since you first had contact with the Smokers' Helpline in (month of first call), seven months ago, did you stop using cigarettes for 24 hours or longer because you were trying to quit? Yes; No; Wasn't smoking at the time of contact	X										
At any time during the past 3 months, did you ever stop smoking for one day or longer because you were trying to quit? Yes; No		X									
Since your first visit with the campus health professional, did you quit smoking for at least one day? No; Yes									X		
Did client make an attempt to quit/reduce? Yes; No				*	*						
As a result of your contact with the Smokers' Helpline, did you cut down on the amount that you smoked? Yes; No	X										
In the past month, did you try to quit smoking? No; Yes							X	X			
What prompted you to quit smoking? (Do not read. Mark all that apply)	X										
FREQUENCY OF QUIT ATTEMPTS											
In the last 7 months, how many times have you quit smoking for more than a day? For example, some people may have quit smoking for two days and then started again, and then quit smoking for a week and started again, so that would be two times. ___ # times	X										

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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In the past 3 months, how many times have you stopped smoking for 24 hours or longer? For example, some people may have quit smoking for two days and then started again, and then quit smoking for a week and started again, so that would be two times.						X					
How many times did you quit smoking for at least 24 hours? ___ times (in the past month)							X				
DURATION OF ABSTINENCE											
Since you first had contact with the Smokers' Helpline in [month of first call], seven months ago, what is the longest time you quit using cigarettes? ___ # days, or ___ # weeks, or ___ # months; less than 1 day	X										
In the past 3 months, what is the longest number of days you have gone continuously without smoking, not even a puff? 1-6 days; 7-14 days; 15-30 days; 31-60 days; 61-90 days.		X									
In the past 3 months, what is the longest number of days you have gone continuously without smoking, not even a puff? ___ days		X									
In the past 3 months, what was the single longest time that you have not smoked a cigarette, even a puff? ___ day(s) or ___ week(s)						X					
If an attempt was made how long were you smoke-free prior to a relapse: up to one week; between one week and one month; between one month and two months?				X	X						
How long have you been totally smoke free, without a single puff? Other than that one puff how long have you been totally smoke free, without a single puff? ___ days							X	X			

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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How many days did you stay/have you been completely smoke-free, without even a single puff? ___ days									X		
WITHDRAWAL & RELAPSE											
What was the main reason you began to smoke again? (choose one)						X					
Over the past 3 months have you experienced any of the following withdrawal symptoms? (Check all that apply): Irritable/cranky; Inability to concentrate; Headache; Cough; Weight gain; Trouble sleeping; None; Other (please specify)		X									
Over the past 3 months what kind of problems or challenges have you had, if any, that have made quitting or reducing your smoking more difficult? (check all that apply) Cravings; Weight gain; Depression; Anxiety; Stress; Boredom; Drinking alcohol; Drinking caffeine; Other smokers; I did not encounter any problems or challenges		X									
Have you been able to overcome your triggers? Yes; No										X	
What has worked (to overcome triggers)? _____										X	
What has not worked (to overcome triggers)? _____										X	
Are you having problems dealing with cravings or withdrawal symptoms? Yes; No										X	
What helps? What doesn't help (to deal with cravings/withdrawal)? _____										X	
Review triggers and strategies.											*

* Actual question wording not provided

Attitudes & Beliefs

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4-7
QUITTING IMPORTANCE											
On a scale of 1 to 10, where 10 means this is the most important thing you have to do and 1 is the least important, how important is it for you to continue to not smoke?		X									
On a scale from 1-10, where 10 means this is the most important thing you have to do and 1 is the least important, how important is it for you to quit smoking altogether?		X									
How important is it to you to quit smoking within the next month? Very; Somewhat; Hardly at all									X		
How important is it to you to stay completely off cigarettes? Very; Somewhat; Hardly at all									X		
QUITTING CONFIDENCE											
On a scale of 1 to 5 with 1 being not at all confident and 5 being extremely confident, how confident are you now that you can quit smoking?	X										
On a scale from 1-10, where 10 means you are very confident and 1 means that you have little confidence, how confident are you that you can quit smoking altogether?		X									
On a scale of 1 to 5 with 1 being not at all confident and 5 being extremely confident, how confident are you now that you can remain smoke free?	X										
On a scale of 1 to 5, with 5 being most confident, how confident are you that you can remain smoke-free?			X								
On a scale of 1 to 10, where 10 means you are very confident and 1 means that you have little confidence, how confident are you that you can continue to not smoke?		X									

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Using a scale of 1-10, where 1 means that you are not at all confident and 10 means you are very confident, please tell us how confident are you that you can remain smoke-free?						X					
Using a scale of 1-10, where 1 means that you are not at all confident and 10 means you are very confident, please tell us how confident are you that you can quit smoking and remain smoke-free?						X					
Right now, I am sure that I can resist the temptation to smoke. Do you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree?							X	X			
How sure are you that you can resist the temptation to smoke? Very; Somewhat; Hardly at all									X		
ATTITUDES TOWARDS NRT											
Was NRT a key component of your stop smoking success? Yes; No				X	X						
How helpful was the nicotine patch in helping you quit? Very; Somewhat; Hardly at all									X		
How satisfied are you with the way the patch worked for you? Very; Somewhat; Hardly at all									X		
How helpful was the nicotine gum in helping you quit? Very; Somewhat; Hardly at all									X		
How satisfied are you with the way the gum worked for you? Very; Somewhat; Hardly at all									X		
These products [nicotine patches and gum] help people to feel less irritable when they quit smoking. Strongly disagree; Disagree; Neither disagree or agree; Agree; Strongly Agree; Don't know									X		
These products [nicotine patches and gum] help people to feel less depressed when they quit smoking. Do you...									X		

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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These products [nicotine patches and gum] help people to cope with the craving for cigarettes. Do you...									X		
These products [nicotine patches and gum] help people to feel less anxious when they quit smoking. Do you...									X		
It is reassuring to know that these products [nicotine patches and gum] are available. Do you ...									X		
Knowing that these products [nicotine patches and gum] exist encourages people to try to quit smoking. Do you...									X		
These products [nicotine patches and gum] help people to resist the need to smoke in situations where smoking is NOT possible (or tempting). Do you...									X		
I am concerned about the side effects of these products [nicotine patches and gum]. Do you...									X		
I am wary (worried) about these products [nicotine patches and gum]. Do you...									X		
There is a risk of becoming dependent on these products [nicotine patches and gum]. Do you...									X		
I do NOT need these products [nicotine patches and gum] in order to quit smoking. Do you...									X		
ATTITUDES TOWARDS PRESCRIPTION MEDICATIONS											
These products [Zyban and Champix] help people to feel less irritable when they quit smoking. Strongly disagree; Disagree; Neither disagree or agree; Agree; Strongly Agree; Don't know									X		
These products [Zyban and Champix] help people to feel less depressed when they quit smoking. Do you...									X		

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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These products [Zyban and Champix] help people to cope with the craving for cigarettes. Do you...									X		
These products [Zyban and Champix] help people to feel less anxious when they quit smoking. Do you...									X		
It is reassuring to know that these products [Zyban and Champix] are available. Do you ...									X		
Knowing that these products [Zyban and Champix] exist encourages people to try to quit smoking. Do you...									X		
These products [Zyban and Champix] help people to resist the need to smoke in situations where smoking is NOT possible (or tempting). Do you...									X		
I am concerned about the side effects of these products [Zyban and Champix]. Do you...									X		
I am wary (worried) about these products [Zyban and Champix]. Do you...									X		
There is a risk of becoming dependent on these products [Zyban and Champix]. Do you...									X		
I do NOT need these products [Zyban and Champix] in order to quit smoking. Do you...									X		

Smoking Environment – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
FRIEND SMOKING										
How many of your friends smoke? All of them; Most of them; About half of them; A few of them; None of them; No friends		X				X				
Do any of your close friends smoke? Yes; No							X			
SOCIAL SUPPORT										
Do you have at least one person that you can count on to help you quit smoking? Yes; No; Don't know	X									
Do you have at least one person you can count on for support while you quit smoking? Yes; No						X				
Who can you count on for support to help you quit? _____	X									
Having support from my buddy will help me quit. (1=not at all sure, 5=very sure)							X			
HOUSEHOLD SMOKING										
How many people in your household smoke (NOT including yourself?) No. ____		X								
Do others smoke in your home? Yes; No			X							
Do you currently live with other smokers in your household? Yes; No						X				
How many other smokers do you have in your household? ____						X				
Do you live with someone who smokes? Yes; No							X			
Number of other household smokers: ____									*	
SOURCE OF SHS EXPOSURE										
Are you exposed to second-hand smoke (other people smoking around you) on a regular basis? Yes; No						X				
Where are you exposed to second-hand smoke (other people smoking)? Check all that apply. Not exposed; At home (e.g., live with a smoker, live in a multi-unit dwelling); In the car; At work; At social events; Other (specify) ____		X								

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Are you exposed to second-hand smoke: __ Home; __ Car; __ Workplace; __ Not exposed				X						
Where are you exposed to second-hand smoke (other people smoking)? Check all that apply. At home - single family dwelling; At home - multi-unit dwelling such as an apartment or condo; At work; In the car; In outdoor public places (doorways, parks, beaches); Other (specify) ____						X				
Workplace smoking: Yes; No									*	
Are you a source of 2nd hand smoke for family & friends? Yes; No									X	

* Actual question wording not provided

Smoking Environment – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
SOCIAL ENVIRONMENT											
Do / Did you have at least one person you can count on for support to help you quit smoking?	X										
I value having a buddy. Do you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree?							X				
SECONDHAND SMOKE EXPOSURE											
At your place of work, is smoking restricted completely, allowed in designated areas, or not restricted at all?	X										

Smoking Cessation Resources – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
PRIOR USE OF RESOURCES										
Have you previously used any quit programs? Yes (CHECK BOX); No; Don't know	X									
Have you previously used quit smoking medications? __NRT (__gum, __patch,__inhaler); __Bupropion/Zyban; __Varenicline/Champix			X							
How have you tried quitting in the past? (Check all that apply.) Have never tried before; Stopped smoking suddenly (cold turkey); Tapered down; Zyban (bupropion); Champix (varenicline); Nicotine Replacement Therapy (NRT) Specify: patch, gum, lozenge, inhaler; Individual counselling; group counselling; Self-help book; Smokers' Helpline; Alternative treatments (e.g., laser therapy, herbal remedies, hypnosis, acupuncture); Other (specify)		X								
There are various methods that people use to quit smoking cigarettes. Please tell me if you have used any of the following methods in an attempt to stop smoking? (Check all that apply)						X				
Previous methods used and reason for relapse, if applicable: Patch; Gum; Lozenge; Inhaler; Medication; Cold turkey; Hypnosis; Other									X	
Use of in-person individual counseling (including Employee Assistance Programs) to help you quit										*
Use of counselling from telephone Smokers' Helpline to help you quit										*
Use of group programs (e.g., self-help group support; stop smoking classes or service) to help you quit										*
What type of healthcare provider did you see? Doctor; Nurse; Counselor; Other								X		
How much time did you and the health professional spend talking about smoking / quitting? Less than 10 minutes; More than 10 minutes								X		
From the methods indicated above, which was associated with the best results to date (from your perspective, e.g., not based on what you've heard)? _____									X	
Received Nicotine patch during hospitalization										*

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Received Nicotine gum during hospitalization										*
Received Nicotine inhaler during hospitalization										*
Received Nicotine nasal spray during hospitalization										*
Received Nicotine sublingual tablets during hospitalization										*
Received Nicotine lozenges during hospitalization										*
Did the health professional offer you... a prescription for stop smoking pills (Zyban or Champix)? No; Yes								X		
Did the health professional offer you... 1 box (or more) of free nicotine patches? No; Yes								X		
Did the health professional offer you... some free nicotine gum? No; Yes								X		
CURRENT USE OF RESOURCES										
Are you currently using any quit programs? Yes (CHECK PROGRAM BOX); No; Don't know	X									
Did you use smoking cessation medications to help you quit? No; Yes (specify): __gum; __patch; __inhaler; __Champix; __Bupropion; Other			X							*
Are you currently taking any of these medications? (check all that apply.) Zyban/Wellbutrin (bupropion); Champix (varenicline); Nicotine replacement therapy: patch, gum, lozenge, inhaler		X								
Are you still taking these medications? Yes; No			X							
Are you presently receiving follow-up telephone calls from the Quit Smoking Program?			X							
Are you under the care of your primary physician for smoking cessation? Yes; No									X	
Considering pharmacotherapy? __ Nicotine patch; __ Nicotine gum; __ Nicotine lozenge; __ Nicotine inhaler; __ Bupropion; __ Varenicline; __ None; __ Other [Start date: ____; Dose: ____]									*	
Select pharmacotherapy: __ NRT (__ Type, __ Dose); __ Varenicline; __ Bupropion; __ No medication prescribed			*							

* Actual question wording not provided

Smoking Cessation Resources – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6- month Follow-up	LTPB CONTEST 1-month Follow- up	LTPB CONTEST 3-month Follow- up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
RESOURCES USED TO QUIT/REDUCE											
Since your contact with the quitline on [date] about seven months ago, have you used anything to help you quit? Y/N	X										
What did you use? (open-ended): Medication: Champix, Zyban, NRT patches, NRT gum, NRT lozenges, NRT inhaler, NRT nasal spray, NRT other, other medication; Advice from: physician, pharmacist, nurse; Group cessation program; Self-help materials; Other	X										
What did you use to help you? NRT; Zyban; Champix				X	X						
During your quit attempt, did you use: NRT, Zyban, Champix?				X	X						
In the past three (3) months, or since you enrolled in the STOP program, have you received free Nicotine Replacement Therapy (NRT) from your Family Health Team? Yes / No		X									
In your 'first' visit, did you receive free nicotine patches? No; Yes									X		
Did you use at least some of the nicotine patches you received? No; Yes									X		
In your 'first' visit, did you receive free nicotine gum? No; Yes									X		
Did you use at least some of the nicotine gum you received? No; Yes									X		

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6- month Follow-up	LTPB CONTEST 1-month Follow- up	LTPB CONTEST 3-month Follow- up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
Since you set your quit date, have you had any additional counselling at the clinic or through a quit smoking program?			X								
Along with free NRT, what counselling support did you receive at your Family Health Team? (Check all that apply): NRT and individual counselling; NRT and single-session group counselling workshop; NRT and multi-session group counselling workshop		X									
In the past 3 months, have you used any of the following additional methods to help you quit or reduce smoking? (Check all that apply): Zyban (bupropion); Champix (varenicline); Smokers' Helpline; None; Other (please specify)		X									
In the past 3 months, have you used any of the following methods in an attempt to stop smoking? (check all that apply) Self-help book/booklet; NRT (patch, gum, inhaler, or lozenge); Doctor prescribed medication (Zyban/Bupropion/Champix); Smokers' Helpline; Individual counselling by a health professional; Support from a friend/family; Herbal remedies; Hypnosis; Acupuncture; Laser therapy; Cold turkey; Other (specify)						X					
Please tell me if you used the aid or not since the contest started. Did you talk to a doctor or nurse? No; Yes							X	X			
Did you read a self-help booklet? No; Yes							X	X			
Did you use an on-line quit program? No; Yes							X	X			
Have you called the provincial smokers' helpline?			X								
Did you call a telephone quitline? No; Yes							X	X			

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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Did you join a group program on campus? No; Yes							X	X			
Did you join a group program off campus? No; Yes							X	X			
Did you try to quit independently? No; Yes							X	X			
Did you use over-the-counter pharmaceutical products (patch, gum, inhaler)? No; Yes							X	X			
Did you speak to a pharmacist? No; Yes							X	X			
Did you use a pharmaceutical product (Zyban, Champix)? No; Yes							X	X			
Did you get help from a friend? No; Yes							X	X			
In your 'first' visit, did the health professional you saw advise you to quit smoking? No; Yes									X		
DURATION OF USE & PERCEIVED BENEFITS OF RESOURCES											
What helped you the most in trying to quit? _____	X										
How much of the NRT you received through the STOP program did you use? I used all of the NRT; I used most of the NRT; I used some of the NRT; I did not use any of the NRT		X									
For approximately how many weeks did you use the nicotine patches? Range: 1-6+									X		
How closely did you follow the directions you received for using the nicotine patches? I followed the directions exactly; I mostly followed the directions; I did not follow the directions; I did not receive directions									X		

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6- month Follow-up	LTPB CONTEST 1-month Follow- up	LTPB CONTEST 3-month Follow- up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4 -7
What would, or did, make you stop using the nicotine patch? (Check all that apply) Experiencing side effects; Feeling like it wasn't helping me; Being told to stop (by my healthcare provider); Successfully quitting, not needing the patch anymore; Abandoning my quit attempt, not needing the patch anymore; Other (specify)									X		
For approximately how many weeks did you use the nicotine gum? Range: 1-6+									X		
How closely did you follow the directions you received for using the nicotine gum? I followed the directions exactly; I mostly followed the directions; I did not follow the directions; I did not receive directions									X		
What would, or did, make you stop using the nicotine gum? (Check all that apply) Experiencing side effects; Feeling like it wasn't helping me; Being told to stop (by my healthcare provider); Successfully quitting, not needing the gum anymore; Abandoning my quit attempt, not needing the gum anymore; Other (specify)									X		
How much of the [health professional] advice [to quit smoking] did you follow? Almost all of it; Most of it; Some of it; A bit of it; Almost none of it									X		
CURRENT USE											
Are you currently using any medications to help you quit smoking?			X								
Are you currently using any other quit smoking medications?			X								
Are you currently using NRT?			X								
Are you currently using a combination of two or more of these therapies?			X								

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

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Are you currently taking Champix, also known as Varenicline?			X								
Are you currently taking Zyban, also known as bupropion?			X								
Are you still using the nicotine patches you received? No; Yes									X		
Are you still using the nicotine gum you received? No; Yes									X		
Are you finding that the medication (_____) you are taking is helping? Yes; No										X	X
Any side effects that are bothersome?										X	X

Health Status, Health Behaviours and Medical History – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
STRESS										
Do you currently have any of the following problems or stressors in your life? (Check all that apply.) No stressors; Financial stress; Work stress; Unemployment; Family stress; Psychiatric illness; Medical illness; Housing stress; Other (specify)		X								
Would you describe your life as: not at all stressful; Not very stressful; Somewhat stressful; Very stressful						X				
ALCOHOL USE										
Have you been actively using/drinking in the last month? Yes; No	X									
Alcohol use? _____									*	
On average over the past 12 months, how often did you typically drink alcoholic beverages? 6 to 7 times a week; 4 to 5 times a week; 2 to 3 times a week; Once a week; 2 to 3 times a month; Once a month; Less than once a month; Never		X								
Over the past 12 months, how many standard drinks containing alcohol did you have on a typical day when you were drinking? 1 or 2; 3 to 5; 6 to 10; More than 10; Not applicable		X								
Do you drink (alcohol) when you smoke? Yes; No ____									X	
Number of drinks per day: ____									X	
CAFFEINE										
How many caffeinated beverages (eg. coffee, tea, cola) do you consume per day? None; 1 or 2; 3 to 5; More than 5		X	X							
Number of cups per day: ____									X	
Do you drink coffee when you smoke? Yes; No									X	
OTHER DRUGS										
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>MARIJUANA (grass, hash)</u>		X								

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>COCAINE OR CRACK</u>		X								
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>SEDATIVES (tranquillizers, sleeping pills)</u>		X								
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>OPIOIDS (e.g., prescription painkillers, heroin, morphine)</u>		X								
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>STIMULANTS (e.g., Ritalin, amphetamine, crystal meth)</u>		X								
Have you ever used the following substances recreationally or to get high? Never used; Used in the past; Use currently (last 30 days): <u>OTHER (please specify): _____</u>		X								
FRUIT & VEGETABLE INTAKE										
In a typical day, how many total servings of fruit and vegetables do you eat? (1 serving is ½ cup of fresh, frozen or canned fruits or vegetables, or ½ cup of 100% juice.) 1 to 4; 5 to 10; More than 10; None; Don't know		X								
EXERCISE										
How many days in the past week did you do the following types of exercise? No. of days (0 to 7); Average time per day __ HRS __ MIN		X								
a) Vigorous (e.g., aerobics, heavy lifting or digging, fast bicycling)		X								
b) Moderate (e.g., doubles tennis, regular pace cycling, carrying light loads)		X								
c) Light (e.g., walking for at least 10 minutes)		X								

* Actual question wording not provided

Medical History

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
MEDICAL CONDITIONS/HISTORY										
Are you currently being treated for any medical condition related to your smoking such as: asthma, bronchitis, cancer, diabetes, emphysema/COPD, heart disease, high blood pressure, stroke, or other? Yes; No; Don't know	X									
Smoking related health symptoms: Cough; Wheeze; Shortness of breath; Distorted smell/taste?									*	
What kind of medical condition? (CHECK ALL THAT APPLY)	X									
Have you ever been diagnosed or treated by a doctor for schizophrenia, depression, alcohol or other substance abuse? Yes; No						X				
Do you have any current mental health conditions such as an anxiety disorder, depression disorder, bipolar disorder, eating disorder, alcohol/drug abuse, or schizophrenia? Yes (CHECK THOSE THAT APPLY); No; Don't know	X									
Depression; Anxiety; Eating disorders; Bipolar disease; Schizophrenia									*	
Past or current history of: __ Anxiety; __ Depression; __ Substance use/alcohol abuse; __ Other			*							
Identify contraindications for Bupropion (check from list)			*							
Identify contraindications for Varenicline (check from list)			*							
Have you ever been diagnosed by a doctor with any of the following? No; Yes. If YES, are you taking prescription medication?										
a) High blood pressure		X								
b) High cholesterol		X								
c) Heart problem (please specify type): _____		X								
d) Diabetes		X								
e) Asthma		X								
f) Chronic bronchitis, emphysema or COPD		X								
g) Depression		X								
h) Anxiety		X								

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
i) Schizophrenia		X								
j) Bipolar disorder		X								
k) Personality disorder		X								
l) ADHD		X								
m) Seizures		X								
n) Cancer (please specify type): _____		X								
o) Chronic pain		X								
p) Other (please specify): _____		X								
Allergies / intolerance to medications									*	
Concurrent medications: Benzodiazepines; Antipsychotic; Antidepressants; Other									*	
Chronic conditions and consequences of smoking: _____									*	
Diabetes: ___ type 1; ___ type 2									*	
___ Hormone Replacement Therapy; ___ Oral contraceptives									*	
___ Cancer									*	
___ Past seizure history									*	
___ Lung related problems									*	
Respiratory History: ___ Asthma; ___ COPD									*	
Cardiac history: ___ High blood pressure; ___ Arrhythmia (Heart rate ___); ___ Heart failure; ___ Hypercholesterolemia; ___ Other heart related									*	
PREGNANCY										
Are you pregnant? Yes; No; Don't know	X									A
When is your due date? MM/DD/YYYY	X									
Have you given birth in the last 6 months? Yes; No	X									
When did you give birth? MM/DD/YYYY	X									
Are you breastfeeding? Yes; No; Occasionally; Don't know	X									

* Actual question wording not provided

A: RNAO follows a detailed Ask, Advise, Assist, Arrange protocol for maternal smoking patients - see indicator document

Demographics – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Language: English; French; Other	X									
Gender: Male; Female; Transgender	X	X			X	X	X	X		
What is your date of birth? DD/MM/YYYY	X	X			X					
Age: ____						X	X	X		
Marital status: Never married; other								X		
Ask postal code. _____	X									
Where do you live: With parents/guardians; In residence; Off-campus (alone or with others)							X	X		
EDUCATION / SCHOOL										
What is the highest level of education you have completed? Less than high school; High school diploma, certificate or equivalent; Some post-secondary education without degree, certificate or diploma; Registered apprenticeship or other trades certificate or diploma; College, CEGP, or other certificate or diploma; University degree	X				X					
What is the highest level of education you have completed? Less than high school (Grade 9 or less); Some high school (Grade 10 or 11); Completed high school; Some community/technical college; Completed community/technical college; Some university or teacher's college; Completed university (Bachelor's degree) or teacher's college; Other advanced education/training (Graduate/post-graduate/professional designation)						X				
What type of school do you attend? College; University; Trade school/adult education/private college								X		
Which school do you attend? [drop down list]								X		
ETHNICITY										
People in Canada come from different cultural and ethnic backgrounds. Are you: White; Asian; Middle Eastern (e.g., Arab, Iranian/Persian, Afghan, etc.); Black; Latin American; Aboriginal (First Nations, North American Indian, Metis, Inuk/Inuit)?	X									

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Which of the following best describes your ethnic or cultural roots? __ Aboriginal; __ African; __ Asian; __ Canadian/American; __ French Canadian; __ European; __ Other (specify)					X					
EMPLOYMENT AND INCOME										
What is your current employment status? Full-time; Part-time; Self-employed; Unemployed; Disability; Retired; Student; Unknown; Prefer not to answer		X								
What is your current employment status? Full-time job; Part-time job; Sick leave, maternity leave, strike, etc.; Unemployed; Homemaker; Student (includes students working part-time); Self-employed; Other (specify)						X				
Did you work at a job or a business at any time in the past 12 months? Please include seasonal work, contract work, self-employment, babysitting, and any other paid work, regardless of the number of hours worked.						X				
Thinking about your main job or business in the past 12 months, what kind of work were you doing? (For example, babysitting in own home, factory worker, forestry technician)						X				
Thinking about your main job or business in the past 12 months, what were your most important activities or duties? (For example, caring for children, stamp press machine operator, forestry examiner)						X				
What is your approximate total household income for the past year before income tax deduction (from all sources)? Less than \$10 000; \$10 001 to \$20 000; \$20 001 to \$40 000; \$40 001 to \$60 000; \$60 001 to \$80 000; \$80 001 to \$100 000; Over \$100000; Prefer not to answer		X								
Who currently pays for your medications? My insurance company (workplace benefits or private insurance); The government (Ontario Drug Benefit, etc.); I pay for them myself; Prefer not to answer		X								
Does your drug benefit plan cover quit smoking medications?			X							

Demographics – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR Algorithm Questions	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM Counselling Sessions 1-3	PHARMACY CESSATION PROGRAM Counselling Sessions 4-7
I would like to confirm, are you male or female?	X										
In what month and year were you born? __ month __ year	X										
What is the highest level of education you have completed? (Do not read) No schooling; some elementary; completed elementary; some secondary; completed secondary; some community college, technical college, CEGEP or nurse's training; Completed community college, technical college, CEGEP or nurse's training; Some university or teacher's college; Completed university or teacher's college; Other education or training	X										
What is your postal code?	X										
Are you currently working at a job or business? If no: Are you: Unemployed; Work inside the home; Retired; On disability; Other	X										
What do you consider your ethnic / cultural roots to be? __ Canadian (English or French); __ Aboriginal (Native Indian, Metis, Inuit); British (English, Irish, Scottish, Welsh); __ European (specify); Asian (specify); Other (specify)	X										

Evaluation/Administrative – Intake Questions

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Province: ON; NB; NS; PE; MB; SK; YT	X									
Reason for call: Want help/info about quitting; Want help/info about staying quit; Want general info or materials about quitline service; Other	X									
Call type: Cessation-related; Admin; Wrong number; Prank; Hang up; Technical support; Other	X									
Is this your first call to Smokers' Helpline in the past year? First-time; Repeat; Returning Client	X									
Just to confirm, are you calling for yourself or calling on behalf of or to help someone else?	X									
Are you: A health professional; A friend or family member; A community organization, worksite, insurance; Other?	X									
How did you hear about the service?	X									
Do you recall seeing any information about the service on tobacco packages?	X									
Have you participated in The Driven to Quit Challenge before? Yes; No					X					
How did you hear about The Driven to Quit Challenge? (check all that apply)					X					
Is your Driven to Quit Challenge buddy a non-smoker? Yes; NO					X					
Would you like to receive e-mail messages about the Driven to Quit Challenge (including tips for quitting smoking and winner announcements)? Yes; No					X					
How did you hear about the Quit and Get Fit program? (check all that apply)						X				
Check all the ways you learned about this year's <i>wouldrather...</i> contest.							X			
Check one thing that triggered you to register for this year's <i>wouldrather...</i> contest.							X			

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Receiving encouraging, informative emails from LTPB during the contest will help me quit. (1=not at all sure, 5=very sure)							X			
The chance to win a prize will help me quit. (1=not at all sure, 5=very sure)							X			
Knowing there is a community of other students quitting at the same time as me will help me quit. (1=not at all sure, 5=very sure)							X			
How much of the advice will you follow? All or almost all of it; Some of it; None or almost none of it								X		
How confident are you that the advice will work for you? Very; Somewhat; Hardly at all								X		
If you answered yes to these questions, would you like to enrol in the Ontario Government's FREE Quit Smoking Program? Yes; No									X	
A nurse called and asked you about your quit attempt (following an office visit)? Yes; No										X
A nurse asked you about your quit attempt in person (during a follow-up office visit)? Yes; No										X
A nurse scheduled a follow-up appointment with you regarding your quit attempt? Yes; No										X
A nurse arranged for a cessation counselor, program, or Smokers' Helpline to make follow-up contact with you regarding your quit attempt? Yes; No										X
Will you book another visit about your smoking/quitting? No; Yes; Already have								X		
Did the health professional offer you... an orange plastic case of materials? No; Yes								X		
Did you take the free nicotine patches and/or gum with you when you left the clinic? Yes; No								X		
Why didn't you take it with you? (if no to above) I don't think the patch/gum would work for me; I try to avoid using any type of medication for any condition; I have specific concerns about the patch / gum; I want to quit on my own without using anything; I was not offered the patch or gum								X		

Advise/Assist/Arrange

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Client advised to quit smoking: Yes; No			*	*						*
Client advised to remain smoke-free: Yes; No				*						
Resources provided: Yes; NO				*						
Assess Readiness to Quit: Yes - refer patient to Smoking Cessation Counsellor (yes/no); NO - Refer patient to Quit Smoking Automated Follow-up Program (yes/no)			*							
Provide patient with copy of Your Quit Smoking Plan: Yes/No			*							
Arrange follow-up or referral			*							*
Referral provided: No; Yes (check all that apply): __ APH Clinic; __ APH Referral Card; __ Smokers' Helpline; __ Healthcare provider; __ Other; __ Declined				*						
Follow-up required: __ Cessation clinic; __ In home support; __ N/A				*						
Would you like to be contacted by Smokers' Helpline after The Challenge for support with quitting and staying tobacco-free? Yes; NO					X					
Refer to Smokers' Helpline										*
Offer support and self-help resources										*
Inform about, or refer to a community stop smoking clinic or service										*
Refer to a healthcare provider										*
Reviewed potential for changes in mood related to quitting smoking			*							
Reviewed medication information with patient			*							
Advised patient on how to prepare for his/her quit date			*							
Discussed smoking routines and triggers and identified strategies for managing cravings			*							
Reminded patient that he/she will need to cut back on caffeine by half after quit date			*							

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL	STOP	OTTAWA HEART TOBACCO USE SURVEY	ALGOMA PH	DRIVEN TO QUIT	QUIT AND GET FIT	LTPB CONTEST	LTPB HP INTERVENTION	PHARMACY CESSATION PROGRAM	RNAO
Reviewed automated Smoker's Follow-up System instructions with patient			*							
Did the health professional give you advice about how to quit smoking? No; Yes								X		
Did the health professional ask you to come back for another visit about your smoking/quitting? No; Yes								X		

* Specific question not asked to patients/respondents. These are instructions to those administering the program to note the above details as they relate to Advise, Assist, Arrange

Evaluation/Administrative – Follow-up Questions

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR ALGORITHM QUESTIONS	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 1-3	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 4 -7
To what extent has the quitline met your quitting needs? Almost all of my needs have been met; Most of my needs have been met; Only a few of my needs have been met; None of my needs have been met	X										
Overall, how satisfied were you with the service you received from the quitline? Very satisfied; Mostly satisfied; somewhat satisfied; Not at all satisfied	X										
If you were to seek help again, would you contact the quitline? Yes, definitely; Yes, I think so; No I don't think so; No, definitely not	X										
If a friend were in need of similar help, would you recommend the quitline to him/her?	X										
Has anyone besides yourself (e.g., a partner, close friend) quit smoking as a result of your contact with the Smokers' Helpline?	X										
Are you currently receiving NRT through the STOP program? Yes / No		X									
How helpful was the free NRT you received through the STOP program? Very helpful; Somewhat helpful; Not at all helpful; Don't know		X									
How helpful was the counselling support you received through the STOP program? Very helpful; Somewhat helpful; Not at all helpful; Don't know		X									

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR ALGORITHM QUESTIONS	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 1-3	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 4-7
Did you feel that the NRT you received in the past 3 months was enough to support you in your quit attempt? No; Yes; Don't know		X									
Did you participate in the APH NRT voucher program? Yes; No				X	X						
Did having access to vouchers make this support affordable and accessible to you? Yes; No				X	X						
I value receiving the emails. Do you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree?							X				
I value the chance to win a prize. Do you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree?							X				
I value knowing that there is a community of other students quitting at the same time as me. Do you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree?							X				
Did you check out what Leave The Pack Behind offers? No; Yes							X	X			
Did you pick up the contest quit kit from your campus clinic or LTPB peer-team? No; Yes							X				
How helpful was the advice to you? Very; Somewhat; Hardly at all									X		
How satisfied are you with the advice you received? Very; Somewhat; Hardly at all									X		

Data Standards for Smoke-Free Ontario Smoking Cessation Service Providers

QUESTION	SHL 7-month Follow-up	STOP 3-month Follow-up	OTTAWA HEART IVR ALGORITHM QUESTIONS	ALGOMA PH 2-month Follow-up	ALGOMA PH 4-month Follow-up	QUIT AND GET FIT 6-month Follow-up	LTPB CONTEST 1-month Follow-up	LTPB CONTEST 3-month Follow-up	LTPB HP INTERVENTION 4-week Follow-up	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 1-3	PHARMACY CESSATION PROGRAM COUNSELLING SESSIONS 4-7
Since your first visit, have you had any other visits to the campus clinic where you talked about your smoking / quitting? No; Yes									X		
How many? ___ subsequent visits to campus clinics to discuss smoking / quitting									X		
Did you see the same health professional? Yes; No; Sometimes									X		
What occurred in the visit(s)? (check all that apply) I received (more) nicotine patches and/or gum; The health professional offered advice/assistance for quitting; The health professional answered questions I had about quitting									X		
Assist/Arrange											
Support and resources offered by nurse: Yes; No				X	X						
May we call you in 4 months to see how you are doing? Yes; No				X							

APPENDIX B: EXTERNAL DEVELOPMENT AND REVIEW DETAILS

First External Review

A review matrix was provided to help the review of the recommended indicators and measures. A five-point Likert scale, where 1 indicated “Strongly Disagree” and 5 indicated “Strongly Agree”, was provided on the following four criteria: strength of evidence, clarity, relevance, and feasibility. Reviewers were asked to report one number for each measure. Also, reviewers were asked to provide an overall rating for each measure to indicate their recommendation for inclusion: do not include, include as optional, or include as a core indicator and/or measure. The partner review matrix for the recommended data standards is illustrated in Table 5. In addition to the matrix elements, reviewers were invited to provide further suggestions or comments about the indicators or measures.

Table 5: Partner Review Matrix for Draft Data Standards

Statement	Strongly Disagree		Undecided	Strongly Agree	
Strength of evidence: The rationale supporting this measure is clear	1	2	3	4	5
Clarity: The definition is clear and unambiguous	1	2	3	4	5
Relevance: This measure provides important information for service provision, performance management, evaluation or surveillance	1	2	3	4	5
Feasible: In my organization, data for this measure can be accurately collected by the service provider	1	2	3	4	5
Overall	Do not Include		Include as Optional	Include as Core	

Responses and comments were received from the majority of service providers invited to review the final draft document. The feedback was synthesized and discussed during a conference call held on March 20, 2013. The intention of the call was to confirm areas of agreement, establish a general consensus for each measure and to discuss comments and any concerns with the indicators and measures. Four reviews were submitted prior to the teleconference (two from service providers and two from external experts); two additional service providers participated in the teleconference and/or submitted reviews following the teleconference.

Overall, there were relatively high levels of agreement across most indicators and measures in terms of strength of evidence, clarity and relevance. There was also agreement to reduce the total number of measures. For each measure, the primary purpose was identified. Specifically,

service providers discussed if recommended measures were for answering research questions or for monitoring and surveillance of cessation services. In addition, the group reached general agreement on whether or not measures were to be core or optional.

General comments from partner review:

- There was a discussion about smoking status definitions, and a question if daily smoking could be a yes/no question
- The timing of follow-up measures was discussed including when to measure quit rates (from quit date, enrollment into program, end of treatment)
- The length of the Likert scale (1-5 or 1-10) for the confidence measures was discussed in detail
- There was discussion of recall issues when asking clients about previous quit attempts.
- There was concern about the feasibility of the mental health questions and about the utility of the alcohol consumption question in the health behaviour topic area.
- There was also a comment that chronic physical health conditions can also be related to quitting success.
- Two stakeholders felt it was very important that the present data standards align where possible with the NAQC MDS.

The comments and responses were discussed and an action plan was developed for addressing the concerns and suggestions arising from the review.

Second External Review

Changes agreed upon by the group during the teleconference were integrated into the final iteration of the recommended indicators and measures reported in this document. OTRU did receive a number of written comments from SHL prior to the final iteration. Some of the SHL comments suggested different wording or time frames for prior behaviours (e.g., lifetime vs. past 12 months); however, due to time constraints, it was not possible to arrange subsequent group discussions. The comments and questions from SHL are therefore noted below. There were also specific concerns regarding feasibility of data collection reported by Leave The Pack Behind (LTPB); these concerns are also noted in detail below.

Specific Comments from LTPB:

Leave The Pack Behind (LTPB) commented on a number of general and process areas. Given the unique, comprehensive nature of LTPB's multi-faceted interventions and the challenges presented by collecting data from a highly-transient target population, LTPB were concerned that: (1) the indicators will not accurately represent the extensiveness of LTPB programming and (2) it may not be possible to always collect intake and follow-up data from all individuals for all of LTPB's programs and services. For example, LTPB can easily collect intake and follow-up data from all smokers registering in the *wouldrather...* smoking cessation contest because the contest has a mandatory online registration form, and follow-up (i.e., outcome) data collection procedures are built into the contest. This is contrasted with the difficulties of collecting intake and follow-up data from young adults receiving smoking cessation counseling from a health professional at their campus clinic. For this intervention, LTPB must rely on physicians/nurses to refer smokers to an online platform for intake (and follow-up) data collection. Inconsistencies in whether/how health professionals do so lead to considerable loss of data and subsequent response bias. Even so, this procedure is the only viable option for collecting indicator data given that LTPB does not have the authority or resources to compel campus physicians/nurses to collect intake data and secure accurate contact information for follow-up tracking.

LTPB was also concerned that post-secondary students (and other campus stakeholders) would perceive questions about mental health as invasive. If these questions are perceived to be outside the limits of *program evaluation*, Research Ethic Board clearance would likely be required to collect these data from young adults on campus. Therefore, LTPB strongly recommended these questions be 'optional.'

Finally, LTPB pointed to the challenges of collecting 6-month indicator data from smokers who may only be on campus for a few months.

Review from SHL:

As noted earlier, OTRU did receive a number of written comments from SHL prior to the final iteration. However, it was not possible to arrange subsequent discussions with the external group. SHL is currently participating in evaluation process facilitated by Health Canada and therefore current data collection protocols are designed to meet these requirements. Additionally, SHL has adopted the Minimal Data Set of North American Quitline Consortium for the purposes of contributing to further development of best practices for telephone counselling. There are some differences in wording of questions, response values and time frames but in a number of cases inference/calculation may be introduced to compile compatible data. The comments and questions from SHL are noted below.

Intake (SHL comments):

- Rather than ask about the time since a recent quit, SHL captures the actual quit date of the client and so enters the actual date for the response to this question (dd/mm/yyyy).
- SHL currently asks about lifetime use rather than past 30-day use of other tobacco products.
- Rather than ask “Are you planning to quit smoking – within the next month, 6 months etc, SHL would prefer to ask: “Do you intend to quit smoking in the next 30 days (Y or N)”; If No, then “Do you intend to quit smoking in the next 6 months?” (Y or N).
- Regarding previous quit attempts, for counseling purposes SHL captures data pertaining to lifetime previous quit attempts: SHL currently asks: Have you tried to quit smoking before? If Yes, How many times have you tried to quit smoking where an attempt has lasted longer than 1 day? For counseling purposes, SHL captures data pertaining to lifetime longest period of abstinence (rather than in past 12 months): SHL currently asks: How long was your longest quit attempt?”
- SHL does not currently ask many of the separate environment questions. Instead, SHL asks a more general question related to risk of relapsing: “What are the situations where you think you might be tempted to smoke again?”
- SHL has slightly different wording for the mental health question and has different response categories for education.

Follow-up (SHL comments):

- SHL does not currently ask questions about Other Tobacco Use at follow up (due to participation in National Quitline evaluation).
- Rather than asking “Are you planning to quit smoking ...” SHL only currently asks this question using the following wording: “Do you intend to quit in the next 30 days” (Y or N).
- With the two confidence scales, SHL uses a 1-5 rather than a 1-10 scale and the wording of the SHL questions differs from the data standards.
- SHL currently asks about the use of quit resources over two questions rather than one.

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