

## 2020 Request for Proposals for Tobacco Cessation Services

### FAQs

The following is a list of questions about the RFP received by staff of the Hawaii Community Foundation from potential applicants, and the responses provided. If needed, content has been edited for clarity and identifying information has been removed. If we receive the same question multiple times, the question and response will only be presented once in this document. This list will be updated periodically with new questions and responses.

(Updated August 4, 2020)

#	Question	RFP Page #	RFP Section #	Response
1	Regarding Section 4. Nicotine Replacement Therapy (NRT), U.S. Public Health Service Clinical Practice Guidelines and FDA-approved NRT lozenge package labeling recommendations for NRT lozenges call for smokers to use “at least nine lozenges per day” initially. Can HCF clarify the quantity of lozenges expected as an initial two-week supply of NRT lozenges?	12-13	Paragraph C, 4, a	We are interested in the Applicant’s recommendation and justification for the appropriate amount of NRT to provide to the enrolled tobacco user.
2	In Appendix B – Proposal Cover Sheet, under the “Program Information” header, when it asks for “Total Budget Amount Requested”, should the budget total be an annual budget, a budget for the initial 2 contract years, or a 42 month budget?	33	Appendix B – Proposal Cover Sheet	A budget for the initial 2 contract years.
3	Regarding this requirement: <i>5. Mechanism to bill and receive reimbursement from all participating health plans and Medicaid for services provided.</i>	16-17	F.5.	We are interested in the Applicant’s experience and recommendations for expanding the referral process and the phasing of a new referral model. The Applicant should describe their experience and outline what would be required and how long it would take to phase in the

	Will the DOH identify health plans and provide Medicaid eligibility files for use in billing Medicaid plans? If not, how will Medicaid eligibility be established (other than self-reported)?			mechanism to bill and receive reimbursement from all participating health plans and Medicaid for services provided.
4	We are committed to delivering the seven required hard copies and will do our best to have them delivered to HCF by August 14. However, due to COVID-19, FedEx and other courier services have experienced difficulties in meeting their delivery deadlines. In order to ensure that our submission is received prior to the deadline, would HCF be willing to accept an electronic upload of proposals? The electronic upload would not replace the need for hard copies, but would ensure that the proposal is delivered prior to August 14.	3	Notice to Applicants	Yes, proposals can be submitted by email at the option of the Applicant to assure that it is received by HCF by the deadline, provided that the required hard copies must also be submitted. If a proposal is received by email before the deadline but the hard copies are received after the deadline, the proposal will be considered timely. We will start reviewing all proposals immediately after the deadline. Email submissions should be sent to: <a href="mailto:tmatsuda@hcf-hawaii.org">tmatsuda@hcf-hawaii.org</a>
5	Is the State open to having the contract reflect a fee for service cost model, i.e. a set amount per completed call, completed web registration, etc.? If not, is the Contractor able to add any margin to the reimbursable costs?	19	5. Funding and Duration	This will be a cost-reimbursement contract. The Applicant is may propose a budget using a fee for service cost model.
6	As federal flow through funding, can the Contractor include indirect costs at our federally negotiated rate?	19	5. Funding and Duration	The Applicant should build the budget line items to include any indirect costs.
7	Is the State open to having the de-identified recorded copies of actual calls submitted on a jump drive?	23	8.b	The Applicant can submit de-identified recorded copies of actual calls on a jump drive.
8	Can the State please provide the average number of monthly calls for the last fiscal year and within the following categories (e.g. Coaching call 1 = 30 calls a month, Coaching calls 2-5 = 100 calls a month) in both English and Spanish:			<ul style="list-style-type: none"> <li>• General inquiry – 6 calls per month on average (ranging from 3-10)</li> <li>• Intake – 88 calls per month on average (ranging from 63-117)</li> <li>• Coaching call 1- 70 calls per month on average (ranging from 50 – 101)</li> <li>• Coaching calls 2+ - 90 calls per month on average (ranging from 60-125)</li> </ul>

	<ul style="list-style-type: none"> <li>• General inquiry</li> <li>• Intake</li> <li>• Coaching call 1</li> <li>• Coaching calls 2+</li> <li>• NRT Starter Kit Ordering Calls</li> <li>• NRT Starter Kit Follow up Calls</li> <li>• Warm Transfer to Health Plans</li> </ul>			<ul style="list-style-type: none"> <li>• NRT Starter Kit Ordering Calls – The HTQL doesn’t currently provide NRT starter kits.</li> <li>• NRT Starter Kit Follow up Calls – The HTQL doesn’t currently provide NRT starter kits follow-up calls.</li> <li>• Warm Transfer to Health Plans – The HTQL doesn’t currently do warm transfers.</li> </ul>
9	Can the State please provide the average number of monthly NRT orders by NRT type and increment for the last fiscal year (e.g. 4 weeks’ gum = 30 shipments, 2 weeks’ patch = 100 shipments, etc.)?			<ul style="list-style-type: none"> <li>a. Overall: average 98 NRT shipments per month</li> <li>b. Patches (2 weeks): average 63 shipments per month</li> <li>c. Patches (4 weeks): average 28 shipments per month</li> <li>d. Gum (1 box): average 43 shipments per month</li> <li>e. Gum (2 boxes): average 14 shipments per month</li> <li>f. Gum (3 boxes): average 2 shipments per month</li> <li>g. Lozenge (1 box): average 1 shipment per month</li> <li>h. Lozenge (2 boxes): average 49 shipments per month</li> <li>i. Lozenge (3 boxes): average 2 shipments per month</li> <li>j. Lozenge (4 boxes): average 1 shipment per month</li> </ul>
10	Does the State offer combination NRT? If so, can the State please provide the average number of monthly combination NRT orders by NRT type and increment for the last fiscal year?			<p>The State offers combination NRT.</p> <ul style="list-style-type: none"> <li>a. Combo: average 57 NRT shipments per month (approximately 57% of all shipments are Combo)</li> <li>b. Most common Combo NRT types: <ul style="list-style-type: none"> <li>i. Patches (2 weeks) and Gum (1 box) = 35% of combo shipments (235 shipments over 12 months)</li> <li>ii. Patches (2 weeks) and Lozenge (2 boxes) = 30% of combo shipments (200 shipments over 12 months)</li> <li>iii. Patches (4 weeks) and Gum (2 boxes) = 15% of combo shipments (103 shipments over 12 months)</li> <li>iv. Patches (4 weeks) and Lozenge (2 boxes) = 11% of combo shipments (74 shipments over 12 months)</li> </ul> </li> </ul>
11	Can the State please provide the average number of monthly participants that enrolled in the web program for the last fiscal year?			From June 2019 to May 2020, the average number of monthly participants in the web program was 37, but ranged from 15-58.

12	Can the State please provide the average number of monthly participants enrolled in the Pregnancy and PostPartum Program in the last fiscal year? If incentives are offered for callers in the Program, can the State please provide information about the number and types of incentives offered? If incentives are offered for callers in the Program, can the State please provide information about the number and types of incentives offered?			<ul style="list-style-type: none"> <li>From June 2019 to May 2020, 34 enrollees (average of 2.8/months) were pregnant, planning pregnancy, or breastfeeding. Note that not all may have been enrolled in the specialized Pregnancy Program.</li> <li>No incentives are offered for callers in the Pregnancy Program.</li> </ul>
13	Can the State please provide the average number of monthly youth callers in the last fiscal year? If available, can the State please share what types of incentives were offered and how often they were provided?			<ul style="list-style-type: none"> <li>From June 2019 to May 2020, there have been 6 total enrollees under the age of 18.</li> <li>No incentives are offered for callers in the Youth Program.</li> </ul>
14	Can the State please provide the average number of monthly participants in the behavioral health and substance use disorder protocol in the last fiscal year?			The HTQL does not currently utilize a specialized behavioral health and substance use disorder protocol. From June 2019 to May 2020 there were 576 total enrollees (average of 48 per month) who reported having a mental health or substance use disorder.
15	Can the State please provide the number of text enrollments through the standalone option in the last fiscal year?			The HTQL does not currently have a standalone text option. Enrollees can select texts as part of the phone or web-based programs.
16	Can the State please provide the number of email enrollments through the standalone option in the last fiscal year?			The HTQL does not currently have a standalone email option. Enrollees can receive emails as part of the phone or web-based programs.
17	We note that on page 22, Section 7, subsection 6.f.ii., the RFP indicates that 'Sample reports and data extracts should be included as attachments and are not subject to page limits.' However, in Section 8, subsection f.ii., the RFP indicates that we should include 'A sample standard data extraction and data dictionary. (6 pages maximum)' Since both sections require	pp. 22 and 24	Section 7, 6.f.ii. and Section 8.f.ii.	Yes, the State is willing to remove the page limit for the Attachment in section I.f.ii.

	data extracts with other documents, is the State willing to remove the page limit for the Attachment in Section 8.f.ii.?			
18	Can Hawai'i please provide or direct respondents to specific examples of Community Cessation Grant programs that provide tobacco education and cessation services as referenced in Section 1.C.2.		1.C.2	HCF administers a Community Cessation Grant Program that awards grants to community-based organization to provide in-person tobacco cessation counseling services in all four counties, with a primary focus on serving tobacco users in priority populations. For more information about the current grant program, please see: <a href="https://www.hawaiicommunityfoundation.org/grants/tobacco-cessation">https://www.hawaiicommunityfoundation.org/grants/tobacco-cessation</a>
19	What level of collaboration is expected with the HTQL contractor and the community-based non-profit organizations in each county who provide class-based cessation programming.			HCF's cessation program grantees and the HTQL are expected to cross-refer persons seeking assistance with tobacco cessation when the tobacco user prefers an approach to services that the other provider is better able to provide. HCF conducts regular gatherings of cessation grantees and occasionally will invite HTQL representatives to provide presentations about HTQL services.
20	Referencing Section 3, Sample Tasks, B.2., may the vendor utilize an "online specific" intake form that uses response logic, skip patterns to streamline the intake process.		3.B.2	Applicants are encouraged to propose additional tasks/processes or activities if they will substantially improve the results of this program. The applicant should describe the reliability, accessibility, and customer satisfaction with the proposed intake technology, and explain the data quality assurance provided.
21	Referencing Section 3, Sample Tasks, B.5., what languages are mandatory to be included on all platforms. For example, Ilocano, Tagalog, and Japanese or are there others.		3.B.5	While there are no languages mandated by law to be included on all platforms, Applicant's should keep in mind the DOH's desire for HTQL services to be accessible and available to all tobacco users, including those with limited English proficiency, and propose how the services will be provided to the extent practicable.
22	May the vendor utilize Google translate to support language translation on all platforms.			Applicants are encouraged to propose resources and technologies that will improve the accessibility of the services for callers who have limited English-language proficiency. The language and cultural appropriateness of the proposed translation resources should be described.

23	Are text, email, and chat notifications included as part of “all platforms” referenced in Section 3, Sample Tasks, B.5.		3.B.5	See response to Q5								
24	When will the vendor have access to the brand guidelines referenced in Section 3, Sample Tasks, B.7?		3.B.7	The brand guidelines shall be provided to the vendor at the beginning of the time of performance.								
25	Referencing Section 3, Sample Tasks, C.7.ii., can you please clarify how clients who utilize the web-based program will receive their NRT.		3.C. 7.ii.	Applicants are encouraged to propose the method by which web-based clients will receive NRTs								
26	Referencing Section 3, Sample Tasks, H., can sample reports and data files be provided for review prior to the proposal submission deadline.		3.H.	No, not if the purpose of this request is to submit sample reports and data files to obtain a preliminary assessment from HCF/DOH and an opportunity to improve the samples before the proposal is submitted.								
27	May applicants place call recordings on a USB thumb drive as audio files and submit them in this format.			Yes. This question was previously asked and answered in the FAQs posted on the following site: <a href="https://www.hawaiicommunityfoundation.org/tobacco-cessation-services">https://www.hawaiicommunityfoundation.org/tobacco-cessation-services</a>								
28	What CTTTS programs may be used to train coaching and client support staff.			The Applicant should describe the CTTTS training program that is proposed to train coaching and client support staff, and describe the rationale for the preferred training program.								
29	When does the CTTTS training requirement need to be completed, by January 1, 2021 or within a period of time after January 1, 2021, e.g., 6 months.			The Applicant is encouraged to provide the timeline for the training completion and how this ensures the quality of services expected by the State for the Hawaii Tobacco Quitline clients.								
30	May the vendor utilize administrative, enrollment, coaching, and IT staff not located in Hawaii to serve as backup and support for Hawaii-based staff.			The vendor is allowed to utilize administrative, enrollment, coaching, and IT staff not located in Hawaii to support Hawaii-based staff.								
31	May Hawai'i please provide the following for the past two fiscal years: annual call volume, number of clients who utilize web-based services alone, referral volume, chat volume and frequency, and number of fax referrals sent to HTQL from external referring locations.			<b>FY2020 Utilization Totals (First 11 months of FY20 – July 2019 – May 2020)</b> <table border="1"> <tr> <td>Calls to Quitline</td> <td>2911</td> </tr> <tr> <td>Enrollments completed online</td> <td>672</td> </tr> <tr> <td>Web Program Enrollments</td> <td>398</td> </tr> <tr> <td>Referral Volume</td> <td>same as # of fax referrals</td> </tr> </table>	Calls to Quitline	2911	Enrollments completed online	672	Web Program Enrollments	398	Referral Volume	same as # of fax referrals
Calls to Quitline	2911											
Enrollments completed online	672											
Web Program Enrollments	398											
Referral Volume	same as # of fax referrals											

				<table border="1"> <tr> <td>Chat Volume &amp; Frequency</td> <td>N/A</td> </tr> <tr> <td>Number of Fax Referrals</td> <td>219</td> </tr> <tr> <td colspan="2"><b>FY2019 Utilization Totals</b></td> </tr> <tr> <td>Calls to Quitline</td> <td>3824</td> </tr> <tr> <td>Enrollments completed online</td> <td>672</td> </tr> <tr> <td>Web Program Enrollments</td> <td>540</td> </tr> <tr> <td>Referral Volume</td> <td>same as # of fax referrals</td> </tr> <tr> <td>Chat Volume &amp; Frequency</td> <td>N/A</td> </tr> <tr> <td>Number of Fax Referrals</td> <td>219</td> </tr> </table>	Chat Volume & Frequency	N/A	Number of Fax Referrals	219	<b>FY2019 Utilization Totals</b>		Calls to Quitline	3824	Enrollments completed online	672	Web Program Enrollments	540	Referral Volume	same as # of fax referrals	Chat Volume & Frequency	N/A	Number of Fax Referrals	219
Chat Volume & Frequency	N/A																					
Number of Fax Referrals	219																					
<b>FY2019 Utilization Totals</b>																						
Calls to Quitline	3824																					
Enrollments completed online	672																					
Web Program Enrollments	540																					
Referral Volume	same as # of fax referrals																					
Chat Volume & Frequency	N/A																					
Number of Fax Referrals	219																					
32	What is the percent of all HTQL clients who are referred by healthcare providers or community partners.			The State desires to increase referrals by healthcare providers and community partners to the HTQL. The current mode is through FAX referrals and from July 2019 to June 2020 represented only .3% of all enrollees.																		
33	Is the two (2) enrollment per year protocol applicable to all priority populations, including individuals that have a behavioral health diagnosis.			For tobacco users ready to quit, the two (2) enrollment per year protocol is applicable to all priority populations, including individuals that have a behavioral health diagnosis.																		
34	May Hawai'i provide a list of questions currently asked at intake.			The intake list of questions is provided as an <b>attachment</b> at the end of this document.																		
35	What level and frequency of re-engagement is expected for previously registered callers who have not completed the counseling and NRT program.			The Applicant is encouraged to propose the frequency and method of re-engaging previously registered callers who have not completed the counseling and NRT program. Currently, outbound recruitments are conducted one or twice a year.																		
36	How is a participant's insurance status verified.			The Applicant is encouraged to recommend a process for insurance status intake. Currently, the insurance status is self-reported and not verified.																		
37	Will there be any federal funds supporting this contract.			No. All funds supporting this contract are from the Hawai'i Tobacco Prevention and Control Trust Fund.																		
38	May applicants be provided a copy of the current transition and turnover plan.			Applicants are encouraged to describe their experience and provide recommendations for transition and turnover planning and implementation.																		

39	What percent of individuals hear about the quitline via media and marketing campaigns, their healthcare provider, and or a community-based organization.			<table border="1"> <thead> <tr> <th>Category</th> <th></th> <th>%</th> </tr> </thead> <tbody> <tr> <td><b>Media/Marketing Campaign</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TV/commercial</td> <td>28.28</td> </tr> <tr> <td></td> <td>Radio</td> <td>3.54</td> </tr> <tr> <td></td> <td>Bus ad – (Oahu, Big Island)</td> <td>2.38</td> </tr> <tr> <td></td> <td>Outdoor Ad</td> <td>1.66</td> </tr> <tr> <td></td> <td>Shopping mall ad</td> <td>1.23</td> </tr> <tr> <td></td> <td><b>TOTAL</b></td> <td><b>37.09</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Health Care Provider</b></td> <td></td> <td>20.78</td> </tr> <tr> <td></td> <td><b>TOTAL</b></td> <td><b>20.78</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Community Organization</b></td> <td>Community organization (including churches)</td> <td>1.37</td> </tr> <tr> <td></td> <td><b>TOTAL</b></td> <td><b>1.37</b></td> </tr> </tbody> </table>	Category		%	<b>Media/Marketing Campaign</b>				TV/commercial	28.28		Radio	3.54		Bus ad – (Oahu, Big Island)	2.38		Outdoor Ad	1.66		Shopping mall ad	1.23		<b>TOTAL</b>	<b>37.09</b>				<b>Health Care Provider</b>		20.78		<b>TOTAL</b>	<b>20.78</b>				<b>Community Organization</b>	Community organization (including churches)	1.37		<b>TOTAL</b>	<b>1.37</b>
				Category		%																																								
				<b>Media/Marketing Campaign</b>																																										
					TV/commercial	28.28																																								
					Radio	3.54																																								
					Bus ad – (Oahu, Big Island)	2.38																																								
					Outdoor Ad	1.66																																								
					Shopping mall ad	1.23																																								
					<b>TOTAL</b>	<b>37.09</b>																																								
				<b>Health Care Provider</b>		20.78																																								
					<b>TOTAL</b>	<b>20.78</b>																																								
				<b>Community Organization</b>	Community organization (including churches)	1.37																																								
	<b>TOTAL</b>	<b>1.37</b>																																												
40	What has been the average media and marketing spend been to support HTQL reach and service utilization initiatives over the past two fiscal years.			The average media and marketing budget to support the HTQL reach and service utilization initiatives over the past two fiscal years is \$972,600.																																										



41	Will the HTQL media vendor provide all culturally appropriate images to be used on websites and other cessation program communication channels.			The media vendor will provide the culturally appropriate images to be used on websites and other cessation program communication channels.
42	How is HTQL currently partnering with DOH staff, vendors, and academic institutions to support tobacco cessation research projects.			The HCF and State maintain rights to the data and use of the HTQL and any data derived through the HTQL for research purpose requires approval from the HCF and the State. The HCF and the State have collaborated with and provided approval for use of the data for publication. Any use and storage of the HTQL data shall comply with federal and state privacy regulations.
43	What vendor does HTQL currently use to support language translation.			Language Line Solutions.
44	How does HTQL define high call volume.			High Call Volume is defined as the time period when the volume to the HTQL is higher than average/normal.
45	May HTQL provide an example of a tailored protocol implemented to support the needs of the priority populations identified in the RFP.			The Applicant is encouraged to describe their experience and propose and describe tailored protocols for implementation to support the needs of Hawaii's priority populations.
46	What are the intake process requirements for individuals who are motivated to quit and individuals who are not motivated to quit.			Currently, individuals who are ready to quit tobacco are offered enrollment into proactive coaching services (up to 4 coaching calls), printed materials, and NRT. Individuals who are not yet ready to quit are offered a single coaching session, printed materials, and are encouraged to call the HTQL again when they are ready to quit.
47	Are the post-award, three (3) month start-up funds to be provided in addition to or included as part of the Year 1 funding allocation (up to \$550,000).			Post-award, three (3) month start-up funds may be provided in addition to the Year 1 funding allocation. The Applicant is encouraged to submit a budget proposal and justification narrative for the costs.
48	Does the HTQL have an existing protocol for HTQL coaches to utilize when counseling youth 13-17 years of age who use ESDs or use both combustibles and ESDs.			The current HTQL coaches are provided training and job aids and Applicants are encouraged to describe their protocol for HTQL coaches to utilize when coaching anyone under age 18 who use ESDs or use both combustibles and ESDs.
49	In previously published answers to questions submitted pursuant to the Hawai'i Tobacco Quitline RFP, HCF indicated that email submission of proposals is acceptable to ensure			If emailing the proposal, please send the Cost Proposal in a separate email, with "Cost Proposal" in the subject line. If you are concerned about confidentiality and security using email, you are welcome to

<p>that HCF receives the proposal by the deadline, given delivery issues with carriers due to Covid-19. We understand that hard copy submission is still required.</p> <p>We will likely have to split the proposal into parts to email it, and leads to our question regarding the Cost Proposal.</p> <p>In the hard copy submission, the Cost Proposal is required to be packaged separately in a sealed envelope. In light of that requirement, does HCF prefer or require any special handling or labeling of the email containing the Cost Proposal?</p>			<p>password protect any document and text the password to my cell phone, (808) 753-4083.</p>
---	--	--	--

ATTACHMENT (Question 34)

HAWAII STATE QUITLINE  
STANDARD DATA COLLECTION CATEGORIES  
WEB ENROLL

REGISTRATION DATA	WEB ENROLL – PHONE CALLS & WEB COACH
<p><b>About you</b></p> <p><b>First Name</b> Fill in blank</p> <p><b>Last Name</b> Fill in blank</p> <p><b>Gender</b> Male/Female</p> <p><b>Date of Birth</b> Fill in blank</p>	<p>All Registered Types and Service Offerings</p>

<p><b>Create Your Login ID</b></p> <p>Login ID</p> <p>Password</p> <p>Confirm password</p> <p><b>Security Questions</b></p> <p>Question 1</p> <p>Question 2</p> <p>Question 3</p>	<p>All Registered Types and Service Offerings</p>
<p><b>Terms of Use</b></p> <p>Important note regarding website content</p> <p><b>Notice of Email Communication</b></p> <p>Yes, I want to receive program emails</p> <p>Leave unchecked if not interested</p> <p><b>I agree to the Privacy Policy and Terms of Use above</b></p> <p>Web Coach /Web Portal account has been created</p>	<p>All Registered Types and Service Offerings</p>

<p><b>Mailing Address</b></p> <p><b>Address 1</b></p> <p><b>Address 2</b></p> <p>Fill in blank</p> <p><b>City</b></p> <p>Fill in blank</p> <p><b>State</b></p> <p>Fill in blank</p> <p><b>Zip Code</b></p> <p>Fill in blank</p> <p><b>What is your primary phone number?</b></p> <p>Fill in blank</p>	<p>All Registered Types and Service Offerings</p>
<p><b>GENDER IDENTITY</b></p> <p><b>What is your gender identity?</b></p> <p>Female</p>	<p>Question is optional</p> <p>Single select</p>

<p>Male</p> <p>Transgender Female/Trans woman</p> <p>Transgender Male/Trans man</p> <p>I do not identify as male, female or transgender</p> <p>Other</p>	
<p><b>HEALTH INSURANCE</b></p> <p><b>What health insurance or health plan do you have?</b></p> <p>Uninsured</p> <p>CHAMPUS</p> <p>Hawaii Medical Assurance Association (HMAA)</p> <p>Hawaii Medical Service Association (HMSA)</p> <p>Kaiser</p> <p>Medicaid Other</p> <p>Medicaid/MedQuest ('Ohana Health Plan)</p> <p>Medicaid/MedQuest (AlohaCare)</p> <p>Medicaid/MedQuest (HMSA)</p> <p>Medicaid/MedQuest (Kaiser)</p> <p>Medicaid/MedQuest (UHC Community Plan)</p>	<p>Answer set is custom</p> <p>Single select</p>

<p>Medicare Other Summerlin Life &amp; Health Insurance Tricare Health Insurance United Healthcare University Health Alliance (UHA) Other (a health plan that is not Medicaid or Medicare) I don't know I'd rather not answer</p>	
<p><b>HOW HEARD ABOUT (MDS)</b></p> <p><b>How did you hear about us?</b></p> <p>Big Island- Mall Ad Brochure/Newsletter/Flyer Bus Ad – Big Island Bus Ad – Oahu Church Cigarette Pack Community Events Community Organization County/Island Fair</p>	<p>Answer set is custom Single select</p>

CVS/pharmacy

Dentist Mailer

E-Cigarette TV Commercial

Employer/Worksite

Family/Friend

Gas Station Ad

Hawaii Business Journal

Hawaii Journal of Medicine

Hawaii Journal of Medicine Online

Health Department

Health Insurance

Health Professional

- Dental Hygienist
- Dentist
- Health Care Provider
- Health Educator
- Mental Health Provider Nurse
- Nurse
- Nutrition Specialist
- OB/Gyn Specialist
- Oncologist
- Other Specialist
- Pharmacist
- Physician Assistant
- Respiratory Therapist
- Social Worker
- Substance Abuse Provider
- Other



<p>Instagram</p> <p>Magnet Clip</p> <p>Mall Kiosk Ad – “Guy with boxing gloves at gym”</p> <p>Mall Kiosk Ad – “Lady by Ocean of Surfer Girl or Mountain Man”</p> <p>Mall Kiosk Ad – “Lady on phone looking at kids”</p> <p>Mall Kiosk Ad – “What’s in the cloud”</p> <p>Medicaid Information Mailer</p> <p>Newspaper Rack in Store</p> <p>Newspaper/Magazine</p> <p>Outdoor Ad</p> <ul style="list-style-type: none"><li>• Banner</li><li>• Billboard</li><li>• Other</li></ul> <p>Pen</p> <p>Physician Education Mailer</p> <p>QUITNOW Mobile App</p> <p>QUITNOW Referral Card</p> <p>Radio</p> <p>Shopping Mall Ad</p> <ul style="list-style-type: none"><li>• Boxer/Guy at gym</li><li>• E-Cigarette cloud ad</li><li>• Lady on phone/looking at her phone</li><li>• Robyn (Big Island Mall Ad)</li><li>• Other</li><li>• I don’t remember</li></ul>	
---	--

<p>TV/Commercial</p> <p>TV/News</p> <p>University Sports Arena</p> <p>Video</p> <p>Website</p> <p>Other</p> <p>I don't know</p> <p>I'd rather not answer</p>	
<p><b>TEXT MESSAGING</b></p> <p><b>Would you like to sign up for text messages with tips and reminders to help you quit and stay quit?</b></p> <p>Yes</p> <p>No</p> <p><b>If yes,</b></p> <p><b>What is your mobile phone number?</b></p> <p>Blank</p> <p><b>To subscribe to Text2Quit, please read and agree to the Mobile Text Messaging Terms and Conditions:</b></p>	<p>All Registered Types and Service Offerings (who offer Text)</p>

I have read and agree to the Texting Terms and Conditions, which can be accessed at Mobile Terms

Check box

**CHRONIC CONDITIONS**

**Have you been diagnosed with any of the following conditions?**

- Asthma
- CAD (Coronary Artery Disease)
- Cancer
- COPD
- Heart Failure (CHF)
- Type 1 Diabetes
- Type 2 Diabetes
- I don't know
- I'd rather not answer
- None

Answer set is one of two options available

Multi select

**MENTAL HEALTH**

Question is optional

**Do you currently have any mental health conditions?**

Attention Deficit Hyperactivity Disorder (ADHD)

Bi-Polar Disorder

Depression

Drug or Alcohol Use Disorder (SUD)

Generalized Anxiety Disorder

Post-Traumatic Stress Disorder (PTSD)

Schizophrenia

I don't know

I'd rather not answer

None

If any selections are made,

**Do you think that these challenges might interfere with your effort to quit?**

Yes

No

I don't know

Multi select

I'd rather not answer

**PREGNANT/BREASTFEEDING**

If answered female previously,

**Are you currently pregnant?**

Yes

No

If yes,

**What is your expected due date?**

**Are you planning on becoming pregnant in the next 3 months?**

Yes

No

**Are you currently breastfeeding?**

Yes

No

All Registered Types and Service Offerings (Female)

**STAGE (MDS)**

All Registered Types and Service Offerings

**Are you currently using tobacco?**

- Yes
- No

If yes,

**TOBACCO TYPE (MDS)**

**What types of tobacco do you use or have used in the last 30 days? (check all that apply)**

- Cigarettes
- Cigars
- Pipes
- Water pipes
- Spit or smokeless tobacco
- Other

<p>None</p> <p>If no,</p> <p><b>What date did you quit tobacco?</b></p> <p>Enter date (then asks tobacco type question above)</p>	
<p><b>(MDS)</b></p> <p><b>How many cigarettes did/do you smoke per day?</b></p> <p>Enter Value</p>	<p>All Registered Types and Service Offerings</p>
<p><b>AGE STARTED USING TOBACCO (Optional MDS)</b></p> <p><b>At what age did you start using tobacco regularly?</b></p> <p>Enter Value</p> <p>If you'd rather not answer, you can skip this question.</p>	<p>Question optional</p>

<p><b>TOBACCO USE FREQUENCY (MDS)</b></p> <p><b>Do you currently smoke cigarettes every day, some days, or not at all?</b></p> <p><b>Cigarette:</b></p> <p>Every day</p> <p>Some days</p> <p>Not at all</p> <p>I'd rather not answer</p> <p>I don't know</p>	<p>All Registered Types and Service Offerings</p>
<p><b>LEVEL OF ADDICTION (MDS)</b></p> <p><b>How soon after you waking do you first use tobacco?</b></p> <p>Within 5 minutes</p> <p>6-30 minutes</p> <p>31-60 minutes</p> <p>More than 60 minutes</p> <p>I don't know</p>	<p>All Registered Types and Service Offerings</p>



I'd rather not answer

If I don't know or I'd rather not answer scripting appears:

In order to process your medication order, we will need you provide us with information regarding how soon you use tobacco after waking. Please choose the number of minutes that best represents your tobacco use.

**COST**

**How much do you / did you spend on a pack of cigarettes?**

Enter value

**E-CIGARETTE**

**Have you used an e-cigarette or other electronic "vaping" product in the past 30 days?**

Yes

No

<p>I don't know</p> <p>I'd rather not answer</p>	
<p><b>ALCOHOL</b></p> <p><b>On average, how many alcoholic drinks do you consume in a week? (Sunday to Saturday)</b></p> <p>1-2 drinks</p> <p>3-4 drinks</p> <p>5-6 drinks</p> <p>7+ drinks</p> <p>I do not drink alcohol</p>	<p>Question is custom</p>
<p><b>QUIT DATE</b></p> <p><b>Do you plan to quit using tobacco in the next 30 days?</b></p> <p>Yes</p> <p>No</p> <p>I'd rather not answer</p>	<p>All Registered Types and Service Offerings</p>

If yes,

Skip to Quit Date question below

If no,

**Do you plan to quit using tobacco in the next 6 months?**

Yes

No

I'd rather not answer

**QUIT DATE**

**You may be eligible for services such as quit medication if you are ready to set a quit date in the next 30 days. People are more successful when they have a goal to work towards. Set a date below if you feel ready.**

All Registered Types and Service Offerings

Enter date (drop down calendar)	
<p><b>CONSENT TO FOLLOW-UP</b></p> <p>Getting feedback about this program is important to the people who fund the program. It lets them know what is going well and what can be improved. May someone contact you at a later date to ask about your satisfaction with the program and your progress towards quitting?</p> <p>Yes</p> <p>No</p>	Question is optional
<p><b>RACE (MDS)</b></p> <p>What is your race? Which one or more of these groups would you say best describes you? (check all that apply)</p> <p>Hispanic or Latino</p> <p>White or Caucasian</p> <p>Black or African American</p> <p>American Indian or Alaska Native</p>	Question is custom Multi select

Native Hawaiian or Pacific Islander

**1. Which specific Native Hawaiian or other Pacific Islander ethnicity or race do you identify with the most?**

- Native Hawaiian
- Samoan
- Tongan
- Tahitian
- Maori
- Guamanian/Chamorro
- Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)
- Fijian
- Other Pacific Islander
- I don't know
- I'd rather not answer

Asian

**1. Which of these do you identify with the most?**

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Pakistani
- Taiwanese
- Thai
- Vietnamese
- Other Asian
- I don't know
- I'd rather not answer

Other  
I don't know  
I'd rather not answer

**EDUCATION LEVEL (MDS)**

**What is the highest level of education you have completed?**

Less than grade 9  
Grade 9-11/No degree  
GED  
High School Degree  
Some College or University  
College or University Degree  
Some Technical/Trade School  
Technical/Trade School Degree  
I don't know  
I'd rather not answer

Question is optional  
Single select

**SEXUAL ORIENTATION**

Question is custom

**The following questions are personal in nature. Do you consider yourself to be:**

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other

I don't know

I'd rather not answer

Multi select

**EMPLOYMENT**

**What is your employment status?**

Employed for pay or self-employed

Stay-at-home parent

Student

Retired

Out of work

Unable to work

I don't know

Question is optional

Single select

I'd rather not answer	
<p><b>INCOME</b></p> <p>Which of the following best describes your total household income last year?</p> <p>Less than 10,000</p> <p>Less than 15,000 (10,000 to less than 15,000)</p> <p>Less than 20,000 (15,000 to less than 20,000)</p> <p>Less than 25,000 (20,000 to less than 25,000)</p> <p>Less than 35,000 (25,000 to less than 35,000)</p> <p>Less than 50,000 (35,000 to less than 50,000)</p> <p>Less than 75,000 (50,000 to less than 75,000)</p> <p>75,000 or more</p> <p>I don't know</p> <p>I'd rather not answer</p>	<p>Question is optional</p> <p>Single select</p>
<p><b>MILITARY</b></p> <p>Are you active service or a veteran of/retired from any branch of the US military, including the National Guard or the Reserves?</p>	<p>Question is custom</p> <p>Single select</p>



<p>Yes</p> <p>No</p>	
<p><b>PUBLIC HOUSING</b></p> <p><b>Do you currently live in public housing (sometimes called subsidized housing)?</b></p> <p>Yes</p> <p>No</p> <p>I don't know</p> <p>I'd rather not answer</p>	<p>All Registered Types and Service Offerings</p> <p>Single select</p>
<p><b>MEDICATION</b></p> <p><b>Would you like to get set up with quit medications at no cost to you? (Please choose one.)</b></p> <p>Yes</p> <p>No</p>	<p>Medication is optional (by state)</p>
<p><b>What quit medications are you currently using? (Choose all that apply.)</b></p>	<p>Optional</p>

Nicotine patch

Nicotine gum

Nicotine lozenge

Nicotine inhaler

Nicotine nasal spray

Bupropion SR (Zyban or Wellbutrin)

Varenicline (Chantix)

None

If selects patch, **What dosage do you use for the nicotine patch? (Please choose one.)**

7mg

14mg

21mg

If selects gum, **What dosage do you use for nicotine gum? (Please choose one.)**

2mg

4mg

<p>If selects lozenge, <b>What dosage do you use for nicotine lozenges? (Please choose one.)</b></p> <p>2mg 4mg</p>	
<p><b>How many cigarettes did/do you smoke per day?</b></p> <p>Fill in blank</p>	<p>Verifying amount in the case NRT is ordered at a later date or amount has changes since first asked</p>
<p>These quit medications are available to order at no extra cost.</p> <p>All NRT products deliver nicotine safely to the user. Which one you decide to use is up to you but we can help you choose the right now. Click on each medication below to learn more about it. (Please choose one.)</p> <p>Nicotine patch Nicotine gum Nicotine lozenge</p>	

Nicotine patch + gum

Nicotine patch + lozenge

No thanks

When each one is clicked on scripting appears at the bottom giving an overview of how the NRT is used.

Nicotine Patch:

The patch is similar to a band aid, but contains nicotine. It comes in 3 strengths: 21mg; 14mg and 7mg. It is applied once a day and gives the user a steady dosage of nicotine all day-long. The patch is a good choice for those who have trouble remembering to take medications several times a day.

Nicotine Gum:

Gum is used repeatedly throughout the day – every 1 to 2 hours. Unlike chewing gum, the nicotine gum is chewed a few times and then parked in the corner of the mouth where the nicotine is absorbed. Nicotine gum is a good choice for those who want more control over how much nicotine they get. It comes to two strengths: 2mg and 4mg. It can be used with the nicotine patch.

Nicotine Lozenge:

Like the nicotine gum, the lozenge is used repeatedly throughout the day – every 1 to 2 hours. The lozenge is

allowed to dissolve slowly, moving it around in the mouth from time to time. The nicotine lozenge is a good choice for those who want more control over how much nicotine they get. Like the gum, it comes to two strengths: 2mg and 4mg. It can be used with the nicotine patch.

#### Nicotine Patch plus Gum:

The patch will be your primary quitting aid. The patch is similar to a band aid, but contains nicotine. It comes in 3 strengths: 21mg; 14mg and 7mg. It is applied once a day and gives the user a steady dosage of nicotine all day-long. Using the gum with the patch will help with stronger cravings. Gum is used repeatedly throughout the day – every 1 to 2 hours. Unlike chewing gum, the nicotine gum is chewed a few times and then parked in the corner of the mouth where the nicotine is absorbed. It comes to two strengths: 2mg and 4mg. This is a good method of quitting for those who have tried using patch, gum, or lozenges by themselves and still felt strong cravings.

#### Nicotine Patch plus Lozenge:

The patch will be your primary quitting aid. The patch is similar to a band aid, but contains nicotine. It comes in 3 strengths: 21mg; 14mg and 7mg. It is applied once a day and gives the user a steady dosage of nicotine all day-long. Using the lozenge with the patch will help with stronger cravings. Lozenge is used repeatedly throughout the day – every 1 to 2 hours. The lozenge is allowed to dissolve slowly, moving it around in the mouth from time to time. It comes to two strengths: 2mg and 4mg. This is a good method of quitting for those who have tried using

<p>patch, gum, or lozenges by themselves and still felt strong cravings.</p>	
<p><b>Do any of the following apply to you?</b> (This helps us know if this quit medication is a good fit for you).</p> <p>(Choose all that apply.)</p> <p>Alcohol Use</p> <p>Anorexia or Bulimia</p> <p>Asthma, wheezing or COPD</p> <p>Bupropion use with Chantix</p> <p>Currently breastfeeding</p> <p>Currently use Bupropion</p> <p>Currently use Bupropion or Chantix</p> <p>Currently use Contrave</p> <p>Dental problems</p> <p>Heart attack</p> <p>Heart pain (Angina)</p> <p>High blood pressure</p> <p>Kidney disease</p> <p>Mental health condition</p>	

Nicotine replacement therapy with Chantix

Planning to get pregnant in the next 3 months

Planning to use other medication

Pregnant

Rapid or irregular heart beat

Reaction to patch or adhesive tape

Seizure

Stroke

Stroke/TIA/Brain Tumor or Surgery/Infection

Suicidal thoughts/attempts

Unconsciousness

None of these

If previously, pregnant (or another condition) was selected, pregnant will selected on this page as well.

"We're sorry, we can't send you a quit medication now because you told us your have the following condition(s):  
Pregnant

However, this medication may still work for you. Click "Next" for more information.

**Thanks, your medication has been ordered.**

**Medication Type listed**

View Usage Guide (PDF) link

(Medical Override Form (PDF) Appears if needed)

Dosage and shipping order provided

Clinical regimen provided (medication type and 8 weeks)

You're all set! Here is an overview of the program.