Introduction

As the external evaluator for the Tobacco Prevention and Cessation Initiative (TPCI), the Center for Tobacco Policy Research (CTPR) focuses on answering important questions about the overall Initiative. To answer these questions we gather information from several sources: 1) surveillance data routinely collected by state, counties, etc.; 2) data collected by CTPR; and 3) data collected by Community Grants Strategy and Tobacco Policy Change Strategy grantees. Data collected by grantees are considered the “core data set” for the Initiative evaluation. This core data set is based on the evaluation questions identified by CTPR, MFH, and grantees.

In the following pages, the core data set is listed. Each grantee is responsible for submitting these data to CTPR through our web-based data collection system, the Tobacco Initiative Evaluation System (TIES), on a monthly and quarterly basis.

Please incorporate the core data set into your evaluation efforts from January 1, 2011 forward. Please use the following pages to guide the incorporation of the core data set into your current program evaluation activities. If you have any questions or would like assistance with this, please contact:

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Center for Tobacco Policy Research
Phone: 314-935-7173
Email: jcyr@wustl.edu

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MONTHLY REPORTING
Staff and Volunteers

Estimate the total number of paid Full Time Equivalents (FTE) who worked on MFH-funded TPCI efforts this month: __________

For example: At your organization, full time employment is 40 hours a week. You have two employees, Employee A and Employee B.
• If Employee A worked 40 hours per week, then 40 hours divided by 40 possible hours = 1.0 FTE
• If Employee B worked 15 hours per week, then 15 hours divided by 40 possible hours = .38 FTE
• Enter a total of 1.38 FTE (1.0 FTE + .38 FTE) in the space provided above

Estimate the amount of hours volunteers spent implementing grant activities this month: __________

Partnerships

A partnership is a relationship between you and another organization that exists in the interest of achieving a common goal. Partners can share expertise, funding, staff, technology or other resources.

For each partner you have worked with this month, complete the following information:

Partner Profile

Partner Name: __________________________________________________________

Partner Role: __________________________________________________________

Organization Type: Please select one option from the list below:

☐ School (preschool-12) ☐ College/University ☐ Community resident
☐ Faith-based organization ☐ Health care provider ☐ Local government
☐ State & federal government ☐ Local business ☐ Foundation
☐ Advisory/consulting organization ☐ Voluntary or advocacy group ☐ Coalition
☐ Other non-profit organization ☐ Other: ________________________________

Service Area: Choose all that apply:

☐ Outside Missouri ☐ All Missouri Counties
☐ Specific Missouri Counties: ______________________________________________

Section Continued on Next Page ➔
Partnerships (continued)

Partner Activity

Indicate which activities were conducted during the past month with this partner. Check all that apply.

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Provided/received technical assistance and/or informational resources to/from partner</td>
</tr>
<tr>
<td>☐ Provided/received financial resources to/from partner</td>
</tr>
<tr>
<td>☐ Worked with partner to plan or implement <em>educational</em> activities</td>
</tr>
<tr>
<td>☐ Worked with partner to plan or implement <em>advocacy</em> activities</td>
</tr>
<tr>
<td>☐ Worked with partner to plan or implement <em>cessation</em> activities</td>
</tr>
</tbody>
</table>

Policy Change

*A policy is a set of formal rules (including, but not limited to laws) intended to promote prevention or cessation of tobacco use. Policies can include statewide OR community wide changes, but can also include policies at the organizational level (e.g., worksites, schools).*

Was your project involved with the creation of new tobacco-related policies during this month?

☐ Yes (complete the information below) ☐ No (skip to page 7)

Sites involved in policy change: __________________________________________

Policy Type: ☐ School-based

☐ Worksite-based

☐ Community-based

School, Worksite or Community name where policy was enacted: __________________________

How many locations (including the one above) does this policy apply to?

☐ 1  ☐ 2-5  ☐ 6-10  ☐ 11-15  ☐ 16 or more

Section Continued on Next Page ➔
On a monthly basis, approximately how many people does this policy apply to?

For example:
- A community of 250,000 approves a policy to ban smoking in all workplaces, including restaurants and bars. Enter 250,000 in the ‘number of patrons’ field below.
- A restaurant becomes completely smokefree. They have 50 employees and approximately 4400 customers/month. You would enter 50 in the ‘number of employees’ field and 4400 in the ‘number of patrons’ field below.

Number of employees: __________  Number of patrons: __________

Is the policy change officially documented?  [ ] Yes  [ ] No

Please obtain a copy of the policy and send it to CTPR.

Description of Policy

Policy Change at a SCHOOL:
Does the policy apply to...? (Check all that apply)

- School buildings (indoors)
- Complete school campus/grounds
- Specific distance from any enclosed area where smoking is prohibited
- Sports arenas/complexes
- School vehicles
- University housing, private residential space
- School-sponsored events
- All of the time within the site, 24 hours/day, 365 days per year
- Students
- Faculty/Staff
- Visitors/Contractors/Patrons
- Mention cessation and/or education not just punitive measures for violation(s)
- Prohibit possession for students under 18
- Identify specific enforcement provisions
- Prohibit sponsorship from tobacco companies
- Identify cessation services for staff
- Identify cessation services for students
- Other ______________________________
### Description of Policy (continued)

#### Policy Change at a WORKSITE:
*Does the policy apply to...? (Check all that apply)*

- [ ] Indoor facilities with exemptions
- [ ] Indoor facilities with no exemptions
- [ ] Entire campus, including the grounds
- [ ] Company vehicles
- [ ] All Employees
- [ ] Clients/Visitors/Others
- [ ] Specify distance from entrances and exits where smoking is allowed
- [ ] Provide financial coverage for cessation services
- [ ] Provide self-help materials for cessation
- [ ] Allow employee time to attend cessation classes during work hours
- [ ] Offer cessation classes on site
- [ ] Include other incentives to quit (e.g., time off, recognition)
- [ ] Identify specific consequences for violations to the policy
- [ ] Apply all of the time within the site, 24 hours/day, 365 days a year
- [ ] Other ______________________

#### Policy Change within a COMMUNITY:
*Does the policy apply to...? (Check all that apply)*

- [ ] Workplaces (public and private non-hospitality workplaces, including, but not limited to offices, factories, and warehouses)
- [ ] Restaurants
- [ ] Freestanding bars
- [ ] Municipal Buildings
- [ ] Public Places (e.g., Parks)
- [ ] Other ______________________

### Exemptions
*Does the policy allow exemptions for...? (Check all that apply)*

- [ ] Bar areas of restaurant
- [ ] Ventilation
- [ ] Casinos
- [ ] Private Clubs
- [ ] Bowling Alleys
- [ ] Age (e.g., smoking allowed if no one <18 can enter)
- [ ] Separately enclosed smoking room
- [ ] Time (e.g., smoking allowed after 9pm)
- [ ] Bingo Halls
- [ ] Other Exemptions____________________
- [ ] No Exemptions
Systems Change

Tobacco-related systems changes involve specific strategies, implemented at an organizational level, which aim to prevent or treat tobacco dependence (i.e., tobacco user-id system; resources allocated to worksite tobacco dependency services). This is in contrast to strategies which target the individual tobacco user.

Was your project involved with the creation of new tobacco-related systems changes this month?

☐ Yes (complete the information below)    ☐ No (skip to page 8)

Sites involved in systems change: _____________________________

Systems Change Type:

☐ Implement hospital/clinic-wide tobacco identification system

☐ Provide education, resources and feedback to promote healthcare provider intervention

☐ Dedicate staff to provide tobacco dependence treatment

☐ Implement hospital/clinic policy that supports and provides inpatient tobacco dependence services

☐ Other ___________________________

Name of location where systems change was enacted: _____________________________

How many locations (including the one above) does this systems change apply to?

☐ 1    ☐ 2-5    ☐ 6-10    ☐ 11-15    ☐ 16 or more

Number of persons to which systems change applies: __________

Is the systems change officially documented?    ☐ Yes    ☐ No

Please obtain a copy of the policy and send it to CTPR.
# Material & Media Development

Please check all that apply and record the corresponding number of units for this month:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Number of Units Across Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Developed capacity-building materials (e.g., manuals, lesson plans, promotional fliers)</td>
<td>_______ materials</td>
</tr>
<tr>
<td>☐ Developed educational materials (e.g., brochures, factsheets)</td>
<td>_______ materials</td>
</tr>
<tr>
<td>☐ Developed advocacy materials (e.g., factsheets, policy briefs, position statements)</td>
<td>_______ materials</td>
</tr>
<tr>
<td>☐ Developed cessation materials (e.g., factsheets, tips for quitting)</td>
<td>_______ materials</td>
</tr>
<tr>
<td>☐ Developed educational media messages (e.g., PSAs, letters to the editor, press releases)</td>
<td>_______ messages</td>
</tr>
<tr>
<td>☐ Developed advocacy media messages (e.g., PSAs, letters to the editor, press releases)</td>
<td>_______ messages</td>
</tr>
</tbody>
</table>
Published/Aired Media Messages

Did your project publish or air media messages during this month?

☐ Yes (complete the information below)  ☐ No (skip to page 10)

If yes, complete the following fields:

Title of message: ____________________________

Medium:  ☐ Print  ☐ Web  ☐ Radio  ☐ Television

Sites involved: ____________________________

Primary purpose of message:  ☐ Tobacco-related education

☐ Tobacco-related policy change

Audience Reach: ________

An estimate of the number of people in your target audience who saw, heard or read the media message.

Total Population: ________

Total number of people in the media coverage area.

Frequency: ________

The number of times the media message was published or aired during the month.

Note: Gross Rating Points will be calculated by TIES, according to the following formula:

GRPs = Reach x Frequency, where Reach = (Audience Reach/Total Population) x 100
Site Data

For each site you have worked with this month, complete the following information:

**Site Profile**

Site Name: ____________________________________________________________

County where the site is located: ______________________

Number of persons in organization: _________

Address: _____________________________________________________________

City: _________________________________

State: __________

Zip Code: _________

Setting/Site Type: Please select one option from the list below:

- [ ] Elementary School
- [ ] Middle School
- [ ] High School
- [ ] College/University
- [ ] Retail
- [ ] Manufacturing
- [ ] Food and Beverage/Hospitality
- [ ] Construction
- [ ] Social Service
- [ ] Government
- [ ] School District Administration
- [ ] Community
- [ ] Food and Beverage/Hospitality
- [ ] Other ________________________________

Section Continued on Next Page ➔
### Capacity-Building Activity

Capacity-building activities are activities which aim to promote your project or prepare sites for implementing grant activities (e.g., funding, materials, technical assistance).

**Site Name:**

What did you do in the past month to prepare this site for implementing your grant activities? Check all that apply, and fill in corresponding number of units.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Provided funding</td>
<td>______ dollars</td>
</tr>
<tr>
<td>☐ Provided information</td>
<td></td>
</tr>
<tr>
<td>☐ Distributed program products</td>
<td></td>
</tr>
<tr>
<td>(e.g., manuals, lesson plans)</td>
<td></td>
</tr>
<tr>
<td>☐ Distributed program results</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>☐ Marketed program</td>
<td></td>
</tr>
<tr>
<td>(e.g., advertisements, giveaways, promotional fliers)</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>☐ Trained adults</td>
<td>______ adults trained</td>
</tr>
<tr>
<td>☐ Trained youth</td>
<td>______ youth trained</td>
</tr>
<tr>
<td>☐ Provided technical assistance</td>
<td></td>
</tr>
</tbody>
</table>

**Other capacity building activities:**

- [ ] ____________________________ persons reached
- [ ] ____________________________ persons reached
- [ ] ____________________________ persons reached

Section Continued on Next Page ➔
Site Data (continued)

**Educational Activity**

Educational activities are designed to increase knowledge or skills to prevent tobacco use and/or increase cessation.

**Site Name:**

What educational activities were implemented during this month at this site? Check all that apply, and fill in corresponding number of units.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed educational materials (e.g., brochures, factsheets)</td>
<td>persons reached</td>
</tr>
<tr>
<td>Conducted classroom presentations</td>
<td>presentations</td>
</tr>
<tr>
<td>Presented in the community (e.g., presentation to Kiwanis Club)</td>
<td>persons reached</td>
</tr>
<tr>
<td>Organized community event (e.g., Kick Butts Day event)</td>
<td>persons reached</td>
</tr>
<tr>
<td>Communicated with local-level decision makers regarding tobacco</td>
<td>persons reached</td>
</tr>
<tr>
<td>(e.g., met with school board members)</td>
<td></td>
</tr>
<tr>
<td>Communicated with state-level decision makers regarding tobacco</td>
<td>persons reached</td>
</tr>
<tr>
<td>(e.g., wrote a letter to a state representative)</td>
<td></td>
</tr>
<tr>
<td>Other educational activities:</td>
<td>persons reached</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section Continued on Next Page ➔
### Site Data (continued)

#### Advocacy Activity

Advocacy includes a wide range of activities conducted to influence decision makers at various levels. Advocacy activities can involve arguing for, defending, or recommending a specific cause or proposal.

**Site Name:**

What advocacy activities were implemented during this month at this site?

*Check all that apply, and fill in corresponding number of units.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed advocacy materials (e.g., factsheets, policy briefs, position statements)</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Gave presentation promoting adoption of a smoke-free policy</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Collected endorsements supporting a tobacco policy from <em>individuals</em></td>
<td>______ endorsements</td>
</tr>
<tr>
<td>Collected endorsements supporting a tobacco policy from <em>community organizations</em> (e.g., Kiwanis Club, Optimist Club, coalitions, other non-profit organizations)</td>
<td>______ endorsements</td>
</tr>
<tr>
<td>Collected endorsements supporting a tobacco policy from <em>businesses</em></td>
<td>______ endorsements</td>
</tr>
<tr>
<td>Organized community event to educate about/advocate for smoke-free policy (e.g., rallies, marches, forums)</td>
<td>______ events</td>
</tr>
<tr>
<td>Attended community event to educate about/advocate for smoke-free policy (e.g., rallies, city/county council meetings, local fair or parade)</td>
<td>______ events</td>
</tr>
<tr>
<td>Communicated with <em>local-level</em> decision makers regarding policy change (e.g., testified at a city/county council hearing, met with school board members)</td>
<td>______ decision makers</td>
</tr>
<tr>
<td>Communicated with <em>state-level</em> decision makers regarding policy change (e.g., wrote a letter to a state representative, met with a state senator or his/her staff)</td>
<td>______ decision makers</td>
</tr>
<tr>
<td>Held coalition meeting</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Involved youth in advocacy activities</td>
<td>______ youth involved</td>
</tr>
<tr>
<td>Developed/drafted a new or enhanced policy</td>
<td>______ hours spent in activity</td>
</tr>
<tr>
<td>Other advocacy activities:</td>
<td>______ persons reached</td>
</tr>
<tr>
<td></td>
<td>______ persons reached</td>
</tr>
<tr>
<td></td>
<td>______ persons reached</td>
</tr>
</tbody>
</table>
Site Data (continued)

**Cessation Activity**

Cessation activities are designed to facilitate cessation through the provision of information (materials, tip sheets), referral to cessation services, conducting cessation classes, or providing NRT.

**Site Name:**

What cessation activities were implemented during this month at this site?

Check all that apply, and fill in corresponding number of units.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed cessation materials (e.g., cessation program workbook, tips for quitting)</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Referred employees to outside cessation services (e.g., Missouri Tobacco Quitline)</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Provided free nicotine replacement therapy</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Conducted cessation classes</td>
<td>______ hours spent conducting classes</td>
</tr>
<tr>
<td>Conducted carbon monoxide tests</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Pursued cessation-related systems change (e.g., hospital/clinic-wide tobacco-user identification system)</td>
<td>______ persons reached</td>
</tr>
<tr>
<td>Other cessation activity:</td>
<td>______ persons reached</td>
</tr>
<tr>
<td></td>
<td>______ persons reached</td>
</tr>
<tr>
<td></td>
<td>______ persons reached</td>
</tr>
</tbody>
</table>
QUARTERLY REPORTING

Quarters are as follows:
Quarter 1- January, February, March
Quarter 2- April, May, June
Quarter 3- July, August, September
Quarter 4- October, November, December
Resources

Excluding MFH funding, list any additional funding that was used to implement your project during the past quarter.

<table>
<thead>
<tr>
<th>Total Amount</th>
<th>Describe the Source of This Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any in-kind resources you received for your worksite programs in the past quarter.

<table>
<thead>
<tr>
<th>Type</th>
<th>Brief Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>People’s Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any new materials or information you have used in the past quarter to further develop or revise your program.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# Quit Rates

Enter the following information for individuals who utilized MFH-funded cessation services. This should be the total of your follow-ups from the past quarter for all individuals receiving cessation services. Refer to the Quit Rate Protocol for further instructions.

## 3-month follow-up

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the total number of people who <strong>attended</strong> at least one meeting of a cessation intervention which ended in the 3 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>What was the total number of people who <strong>completed</strong> your cessation services in the 3 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>Of that total, how many follow-up assessments did you <strong>attempt</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many follow-up assessments did you actually <strong>complete</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 7 days?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 30 days?</td>
<td></td>
</tr>
</tbody>
</table>

## 6-month follow-up

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the total number of people who <strong>attended</strong> at least one meeting of a cessation intervention which ended in the 6 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>What was the total number of people who <strong>completed</strong> your cessation services in the 6 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>Of that total, how many follow-up assessments did you <strong>attempt</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many follow-up assessments did you actually <strong>complete</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 7 days?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 30 days?</td>
<td></td>
</tr>
</tbody>
</table>

## 12-month follow-up

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the total number of people who <strong>attended</strong> at least one meeting of a cessation intervention which ended in the 12 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>What was the total number of people who <strong>completed</strong> your cessation services in the 12 months prior to the quarter?</td>
<td></td>
</tr>
<tr>
<td>Of that total, how many follow-up assessments did you <strong>attempt</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many follow-up assessments did you actually <strong>complete</strong> in the past quarter?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 7 days?</td>
<td></td>
</tr>
<tr>
<td>How many people reported being abstinent for 30 days?</td>
<td></td>
</tr>
</tbody>
</table>

*Note:* 7 and 30 day conservative and observed quit rates will be calculated by TIES for each follow-up time period. Refer to the Quit Rate Protocol for more information about these calculations.