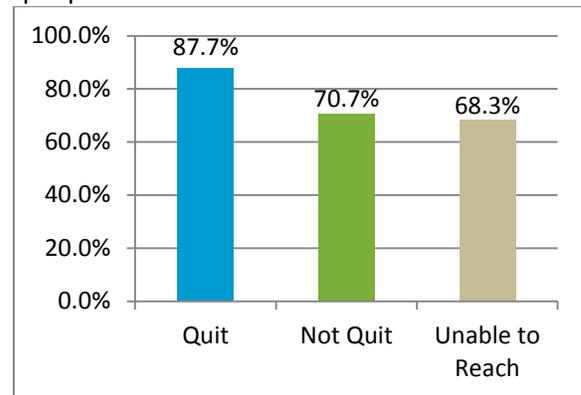


ASHLine clients are given the opportunity to provide feedback to ASHLine about the services they received. The Client Satisfaction Survey (CSS) is administered to each client three weeks after they have been exited from the program, regardless of their exit reason or quit status at the time of exit. On the CSS, clients are asked to indicate their level of agreement with a series of statements about the coaching services they received and their overall program satisfaction. ASHLine uses three basic designations for a client's quit status at the time of exit from services. Clients are "Quit," "Not Quit," or "Unable to Reach." Using CSS data, we began to explore the relationship between a client's perception of ASHLine services and their quit status at exit.

Two areas of interest on the CSS are the client's perception of how ASHLine coaches explain the use of medication and the client's perceptions of the effectiveness of using medication in combination with coaching. It is commonly accepted that clients who use both behavioral coaching and quit tobacco medication are more successful at quitting than clients who use either one separately. In addition to the effectiveness of the medication and coaching, we ask clients the degree to which the combination of medication and coaching has helped in their quit attempt.

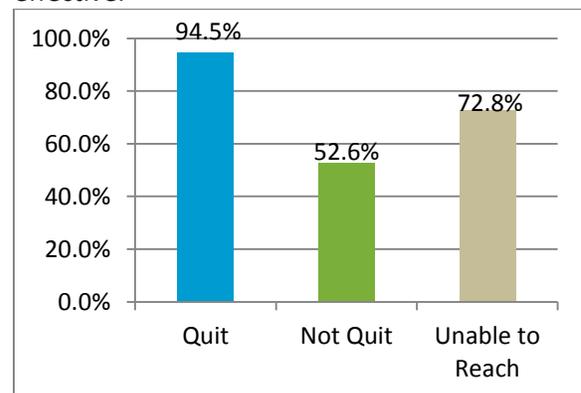
Coaches are responsible for delivering the majority of ASHLine services. One role a coach plays for the client is that of information resource with regard to all aspects of the quitting process. On the CSS, clients are asked if their coach adequately explained the use of medication in the quit process. Clients who were quit at exit were more likely to agree with that statement (87.7%) than clients who were not quit (70.7%) or were unable to be reached at exit (68.3%; Figure 1). This difference was statistically significant, $p < .0001$.

Figure 1. Exit Status by Agreement with "My coach adequately explained the use of medication in the quit process."



Clients who were quit at exit were more likely to agree that the combination of coaching and medication was effective than clients who were not quit or were unable to be reached at exit (Figure 2). This difference was statistically significant, $p < .0001$.

Figure 2. Exit Status by Agreement with "Overall, the combination of medication and coaching was effective."



It can be supposed that clients who are better informed about medication are more likely to use those medications correctly and, therefore, the medication will be more effective. Furthermore, coaches who excel at explaining medication use to their clients may also be more successful at selecting and communicating relevant tobacco cessation strategies that increase the likelihood of a client completing the program.