**Health Data Portal**

**TIS 2023-24 Performance Report Template**

Mandatory questions are marked with an asterisk (**\***).

# Organisation Details

|  |  |
| --- | --- |
| **Name of your organisation\*** |  |
| **Organisation ABN\*** |  |

# Reporting Contact

|  |  |
| --- | --- |
| **Who is your organisation’s contact for TIS Performance Reporting?** | |
| **First Name\*** |  |
| **Last Name\*** |  |
| **Email address\*** |  |
| Phone |  |
| Mobile |  |

# TIS Program Information

|  |  |
| --- | --- |
| **Name of your TIS Program\*** |  |
| **IREG 2021 Code and Name\***  (list only one per Performance Report) |  |
| **List partner organisations\***  (organisations sub-contracted on your TIS grant to work in this IREG) |  |
| **Date this report was completed** |  |

# Section 1 Activity Reporting

**For each additional activity, please:**

* **copy** [**Appendix A**](#_Appendix_A)
* **paste it before Section 2**
* **fill in all required details.**

## Activity name: \_\_\_\_\_\_\*

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Type | | | |
| **Activity Type\***  (Please reflect on the types of activities that were indicated on your AWP, but you may select different activity types here based on what actually happened in this six-month period) | a. Developing smoke and vape free environments (workplaces, cars, homes, sporting, and community events)  b. Traditional media campaign (TV, radio, newspapers, other print media)  c. Social media campaign (e.g., Facebook, Instagram, TikTok, Twitter, etc.)  d. Out-of-home media campaign (e.g., bus wraps, billboards, bus stand posters, videos in clinics, posters at schools or in workplaces, etc.)  e. Development and/or distribution of Promotional Resources (e.g., posters/ pamphlets/ factsheets/ brochures)  f. Development and/or distribution of branded collateral (e.g., clothing, bags, key chains, water bottles, smoke and vape free signs etc.)  g. Development and/or distribution of interactive promotional resources/branded collateral (e.g., games)  h. Community education (e.g., in schools, at mums and bubs groups etc.)  I. Community engagement, including social activities and events (e.g., fun runs, local sports events, World No Tobacco Day, NAIDOC, etc.)  j. Other type of activity. *Please list below.*   * *Name of Other Type of Campaign Activity*: \_\_\_\_\_\_ | | |
| **Did this activity incorporate anti-vaping messages?\*** | Yes  No | | |
| If Activity Type is **h**, **i**, **j**:  **Was quit support information distributed or displayed to community members at this event?\*** | Yes  No | | |
| **Aim of Activity\***  (Please select all that apply) | Aim 1: Reduce uptake of smoking or recreational use of vapes  Aim 2: Increase smoking or recreational vape cessation  Aim 3: Reduce exposure to second hand smoke or vape aerosol | | |
| **Who was the intended target audience of this activity?\***  (Please select all that apply)  (Please reflect on the intended target audiences that were indicated on your AWP, but you may select different target audiences here based on what actually happened in this six-month period) | Aboriginal and/or Torres Strait Islander men  Aboriginal and/or Torres Strait Islander women  Priority group: Aboriginal and/or Torres Strait Islander pregnant people and their families  Priority group: Aboriginal and/or Torres Strait Islander young people (aged 12-24)  Priority group: Aboriginal and/or Torres Strait Islander people residing in remote areas  Aboriginal and/or Torres Strait Islander people who do not attend ACCHOs/AMS  Other   * *If Other, please specify:* \_\_\_\_\_ | | |
| **What was your call to action for this activity?\***  (This is the action you want community members to do after they see your message) |  | | |
| **Activity Start Date** | Click or tap to enter a date. | | |
| **Activity Finish Date**  (Must be after Activity Start Date and cannot be more than four years after the Activity Start Date) | Click or tap to enter a date. *or*  Unknown | | |
| **How many times was the activity run between the start and finish dates?\***  (Please select one option) | Activity was developed, but not delivered to target audience during this time period.  Activity was not delivered to target audience during this time period for other reasons.  Activity was delivered to target audience one time (one-off event).  Activity was delivered to target audience 2-10 times.  Activity was delivered to target audience more than 10 times.  Activity was delivered continuously during this time period. | | |
| **Activity details\***  (Please provide a short description of this activity (up to 100 words), as provided on your AWP) |  | | |
| Activity Design | | | |
| **Was any type of input from the local community used in the development of this activity?\*** | Yes  No | | |
| If you selected **Yes,**  **What type of input from the local community was used in the development of this activity?\***  (please select all that apply) | TIS program Aboriginal and/or Torres Strait Islander reference group  Community yarning or focus group  Consultation with priority group (e.g., we shared ideas and drafts with priority group members to comment on)  Co-design with priority group (e.g., priority group members were involved side-by-side with the TIS team in designing and creating aspects of this activity)  Other   * *If Other, please Other Type of Input:* \_\_\_\_\_\_ | | |
| **To what extent was this activity developed or modified by Aboriginal and Torres Strait Islander TIS team staff?\***  (Please select one option) | Aboriginal and Torres Strait Islander staff led the development or modification of this activity.  Aboriginal and Torres Strait Islander staff provided direct input but did not lead the development or modification of this activity.  Aboriginal and Torres Strait Islander staff were not involved in the development or modification of this activity. | | |
| **Did this activity use local Aboriginal or Torres Strait Islander ideas, concepts, protocols, and/or language(s)?\*** | Yes  No | | |
| Partnerships | | | |
| **Did your TIS Team work with non-TIS funded organisations, non-TIS funded services within your organisation, non-TIS funded services within sub-contracted partner organisations or non-TIS funded community members to deliver this activity?\*** | Yes  No | | |
| **What type of organisations or community members did you work with in the delivery of this activity?\***  (please select all that apply) | Local Government department  State Government department  Federal Government department  AMS/ACCHO  Mainstream health service  Community organisations  Sporting club  Network/interagency group  Schools  Ambassadors/champions  Non-TIS funded services within your organisation  Non-TIS funded services within your sub-contracted partner organisations  Other types of individual community members   * *If other types of individual community members, please specify:* \_\_\_\_\_\_   Other types of organisations   * *If other types of organisations, please specify:* \_\_\_\_\_\_ | | |
| Activity Delivery | | | |
| **Coverage: Please list the Local Government Areas (LGAs) within your IREG that were reached by this activity\***  (please refer to TISRIC TIS map: <https://tacklingsmoking.org.au/about-the-tis-program/tis-teams/> ) |  | | |
| **Coverage: Please list the names of the communities within your IREG that were reached by this activity\*** |  | | |
| **Exposure: How many people were exposed to this activity?\***  (attended the event, received the social media post, could have seen the TV commercial, could have seen the bus wrap, etc.) | | | |
| Number of Aboriginal and/or Torres Strait Islander people: |  | | |
| **•** Number of Aboriginal and/or Torres Strait Islander men: |  | | **• For these cohorts, please only type in the number of people you know were exposed, if you don’t know the number for a particular category, please enter 0.** |
| **•** Number of Aboriginal and/or Torres Strait Islander women: |  | |
| **•** Number of pregnant Aboriginal and/or Torres Strait Islander women and their family members: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander young people, aged 12-24: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people living in remote communities: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people who don’t attend ACCHOs/AMS: |  | |
| **Engagement: How many people engaged with this activity?\***  (interacted with the TIS team at the event, liked the social media post, reacted to the TV commercial, reacted to or recalled the bus wrap, etc.) | | | |
| Number of Aboriginal and/or Torres Strait Islander people:\* |  | | |
| **•** Number of Aboriginal and/or Torres Strait Islander men: |  | | **• For these cohorts, please only type in the number of people you know were engaged, if you don’t know the number for a particular category, please enter 0.** |
| **•** Number of Aboriginal and/or Torres Strait Islander women: |  | |
| **•** Number of pregnant Aboriginal and/or Torres Strait Islander women and their family members: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander young people, aged 12-24: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people living in remote communities: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people who don’t attend ACCHOs/AMS: |  | |
| **Was this activity delivered as intended?\*** | Yes  No | | |
| **What worked well when delivering this activity?\***  (Please describe your activity successes linked to coverage, frequency, exposure and/or engagement of community.) |  | | |
| **What changes could be made by your team or by other stakeholders in the TIS program to improve this activity?\***  (Think about coverage, frequency, exposure and/or engagement of community) |  | | |
| Monitoring & Evaluation Outcomes | | | |
| **What outcomes did you expect to achieve as a result of this activity?\***  **Please copy *from your AWP.*** *The outcomes below should be based on the aims you selected previously. If an aim was not selected, do not complete the corresponding outcome.* | | | |
| If you indicated earlier that this activity is linked to **Aim 1** – Reduce uptake of smoking or recreational use of vapes**:**  **Please fill in the following expected results.**  (enter ‘0’ if your team did not expect a particular result to occur, or if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about harms of tobacco and vape use: |  | |
| Percentage of activity participants that would increase their knowledge of the benefits of not using tobacco or vapes: |  | |
| Percentage of activity participants that would decrease their intention to use tobacco or vapes: |  | |
| Percentage of activity participants that would achieve other usage outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 2** – Increase smoking or recreational vape cessation:  **Please fill in the following expected results**  (enter ‘0’ if your team did not expect a particular result to occur, or if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about the benefits of quitting: |  | |
| Percentage of activity participants that would increase their intentions to take steps towards cessation of tobacco or vape use: |  | |
| Percentage of activity participants that would achieve other cessation outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 3** – Reduce exposure to second-hand smoke or vape aerosol:  **Please fill in the following expected results**  (enter ‘0’ if your team did not expect a particular result to occur, or if you are not sure if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about the benefits of creating and maintaining smoke-free spaces: |  | |
| Percentage of activity participants that would increase their intentions to avoid second hand smoke: |  | |
| Percentage of activity participants that would increase their intentions to create smoke-free environments (e.g. homes, workplaces, cars): |  | |
| Percentage of activity participants that would increase their intentions to attend smoke-free public spaces and events: |  | |
| Percentage of activity participants that would achieve other exposure outcomes: |  | |
| **Which methods did you use to measure all outcomes from this activity, in this 6-month period?\***  (please select all that apply) | Online or in-person survey  Informal chats with some activity participants/attendees  Interviews  Focus Groups  Observation  Yarning circles  Collected smoke-free pledges  Data counts (for example, number of attendees, social media metrics, etc.)  Not yet monitoring or evaluating this outcome  Other   * *If other, then please specify*: \_\_\_\_\_\_ | | |
| **What outcomes have you observed as a result of this activity, in this 6-month period?\***  *The observed outcomes below should be based on the aims you selected previously. If an aim was not selected, do not complete the corresponding outcome.* | | | |
| If you indicated earlier that this activity is linked to **Aim 1** – Reduce uptake of smoking or recreational use of vapes**:**  **Please fill in your observations of what has resulted from the activity**  (enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result) | Percentage of activity participants that increased their knowledge about harms of tobacco and vape use: |  | |
| Percentage of activity participants that increased their knowledge of the benefits of not using tobacco or vapes: |  | |
| Percentage of activity participants that decreased their intention to use tobacco or vapes: |  | |
| Percentage of activity participants that achieved other usage outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 2** – Increase smoking or recreational vape cessation**:**  **Please fill in your observations of what has resulted from the activity**  (*enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result*) | Percentage of activity participants that increased their knowledge about the benefits of quitting: |  | |
| Percentage of activity participants that increased their intentions to take steps towards cessation of tobacco or vape use: |  | |
| Percentage of activity participants that achieved other cessation outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 3** – Reduce exposure to second-hand smoke or vape aerosol**:**  **Please fill in your observations of what has resulted from the activity**  (enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result) | Percentage of activity participants that increased their knowledge about the benefits of creating and maintaining smoke-free spaces: |  | |
| Percentage of activity participants that increased their intentions to avoid second hand smoke: |  | |
| Percentage of activity participants that increased their intentions to create smoke-free environments (e.g. homes, workplaces, cars): |  | |
| Percentage of activity participants that increased their intentions to attend smoke-free public spaces and events: |  | |
| Percentage of activity participants that achieved other exposure outcomes: |  | |
| **What feedback did participants provide on this activity?\*** |  | | |
| **Comparing the intended outcomes listed on your AWP to the actual activity outcomes listed here, did this activity achieve, miss, or exceed its expected outcomes?\***  (Please select one option) | Exceed  Achieve  Miss | | |
| **What were the main reasons the expected outcomes were achieved, missed, or exceeded?\***  Think about:   1. If missed, what barriers prevented your TIS team from achieving its goals? 2. If achieved or exceeded, what enabled your TIS team to do so? |  | | |
| **Has your TIS team learned anything else from monitoring and evaluating this activity?\*** |  | | |
| **Describe any changes your TIS team has made/will make to this activity in response to what was learned from monitoring and evaluating this activity\*** |  | | |

## \* For each additional activity, please copy [Appendix A](#_Appendix_A) and paste it before Section 2. Fill in required details for each activity. \*

# Section 2 Cultural Basis

|  |  |
| --- | --- |
| **How many TIS funded positions (filled or currently vacant) does the TIS grant for this IREG cover, expressed in Full-Time Equivalency terms (FTE)?\*** |  |
| **How many TIS funded positions across your IREG are currently filled, expressed in Full-Time Equivalency terms (FTE)?** |  |
| **How many of the TIS funded staff positions are currently filled by Aboriginal and/or Torres Strait Islander people, expressed in Full-Time Equivalency terms (FTE)?** |  |
| **How many of the TIS funded staff positions are leadership or management roles (e.g., TIS Coordinator, TIS Manager), expressed in Full-Time Equivalency terms (FTE)?** |  |
| **How many of those TIS funded leadership or management staff positions are currently filled by Aboriginal and/or Torres Strait Islander people, expressed in Full-Time Equivalency terms (FTE)?** |  |

# Section 3 Engaging with Partners

## Partnerships, Leadership & Advocacy

|  |  |
| --- | --- |
| **Since 1 July 2023, how many organisations outside of your TIS-funded organisation or consortium, have provided or shared their time, materials, space or access to their networks for your TIS Teams’ activities?\***  Please do not count organisations that are part of the TIS grant for your IREG here. |  |
| **Since 1 July 2023, how many people (as individuals, not representing an organisation) have provided or shared their time, materials, space or access to their networks for your TIS Teams’ activities?**  e.g. Local Ambassadors or Champions. Please do not include TIS-funded individuals in this count. |  |
| **Since 1 July 2023, how many organisations outside of your RTCG-funded organisation or consortium, have led or advocated for tobacco or e-cigarette control activities on behalf of your TIS Team?**  Please do not count organisations that are part of the TIS grant for your IREG here. |  |
| **Since 1 July 2023, how many people (as individuals, not representing an organisation) have led or advocated for community-wide tobacco or vape control activities on behalf of your TIS Team?**  Please do not include TIS-funded individuals in this count. |  |

## QUIT Support Partnerships

|  |  |
| --- | --- |
| **How many partnerships does your TIS Team have with quit support services?\*** |  |
| **How many partnerships does your TIS Team have with services that refer to quit supports?** |  |
| **How many referral pathways exist between your TIS Team and services offering quit support?**  (Referral pathways might include formal agreements between your TIS Team and a quit support service to send them referrals, but may also include informal arrangements within your TIS team to refer people to individuals, services, or organisations capable of providing quit support) |  |
| **How many people has your TIS Team directed to Quitline (either via direct referral or by providing information) in the past 6 months?** |  |
| **How many people has your TIS Team directed to other services for quit support (either via direct referral or by providing information) in the past 6 months?**  E.g. medical service, quit support group. |  |

# Section 4 Supporting Smoke Free Environments

## Smoke-free Organisations

|  |  |
| --- | --- |
| **In the past 6 months, how many organisations in this IREG have you assisted to establish a smoke-free or vape-free policy?** |  |
| **In the past 6 months, how many organisations in this IREG have you assisted to review an existing smoke-free or vape-free policy?** |  |
| **In the past 6 months, how many organisations in this IREG have you helped implement an existing smoke-free or vape-free policy?**  For instance, by putting up or developing signage for them, finding and designating smoking areas for them, or helping them come up with and action other strategies to discourage smoking that are aligned with their existing policy |  |

## Smoke-free Public Spaces and Homes

|  |  |
| --- | --- |
| **In the past 6 months, how many events in this IREG have you assisted to be smoke-free or vape-free?** |  |
| **In the past 6 months, how many homes in this IREG have you supported to become smoke-free or vape-free?**  For example, number of pledges to have a smoke and vape free home, number of smoke and vape free home signs distributed. |  |
| **In the past 6 months, how many pledges to keep homes smoke-free and vape-free have you supported?** |  |

# Appendix A

Please ensure you copy all text between the **blue asterisks** at the start and end of this section.

Mandatory questions are marked with an asterisk (**\***).

# \*\*\*\*

## Activity name: \_\_\_\_\_\_\*

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Type | | | |
| **Activity Type\***  (Please reflect on the types of activities that were indicated on your AWP, but you may select different activity types here based on what actually happened in this six-month period) | a. Developing smoke and vape free environments (workplaces, cars, homes, sporting, and community events)  b. Traditional media campaign (TV, radio, newspapers, other print media)  c. Social media campaign (e.g., Facebook, Instagram, TikTok, Twitter, etc.)  d. Out-of-home media campaign (e.g., bus wraps, billboards, bus stand posters, videos in clinics, posters at schools or in workplaces, etc.)  e. Development and/or distribution of Promotional Resources (e.g., posters/ pamphlets/ factsheets/ brochures)  f. Development and/or distribution of branded collateral (e.g., clothing, bags, key chains, water bottles, smoke and vape free signs etc.)  g. Development and/or distribution of interactive promotional resources/branded collateral (e.g., games)  h. Community education (e.g., in schools, at mums and bubs groups etc.)  I. Community engagement, including social activities and events (e.g., fun runs, local sports events, World No Tobacco Day, NAIDOC, etc.)  j. Other type of activity. *Please list below.*   * *Name of Other Type of Campaign Activity*: \_\_\_\_\_\_ | | |
| **Did this activity incorporate anti-vaping messages?\*** | Yes  No | | |
| If Activity Type is **h**, **i**, **j**:  **Was quit support information distributed or displayed to community members at this event?\*** | Yes  No | | |
| **Aim of Activity\***  (Please select all that apply) | Aim 1: Reduce uptake of smoking or recreational use of vapes  Aim 2: Increase smoking or recreational vape cessation  Aim 3: Reduce exposure to second hand smoke or vape aerosol | | |
| **Who was the intended target audience of this activity?\***  (Please select all that apply)  (Please reflect on the intended target audiences that were indicated on your AWP, but you may select different target audiences here based on what actually happened in this six-month period) | Aboriginal and/or Torres Strait Islander men  Aboriginal and/or Torres Strait Islander women  Priority group: Aboriginal and/or Torres Strait Islander pregnant people and their families  Priority group: Aboriginal and/or Torres Strait Islander young people (aged 12-24)  Priority group: Aboriginal and/or Torres Strait Islander people residing in remote areas  Aboriginal and/or Torres Strait Islander people who do not attend ACCHOs/AMS  Other   * *If Other, please specify:* \_\_\_\_\_ | | |
| **What was your call to action for this activity?\***  (This is the action you want community members to do after they see your message) |  | | |
| **Activity Start Date** | Click or tap to enter a date. | | |
| **Activity Finish Date**  (Must be after Activity Start Date and cannot be more than four years after the Activity Start Date) | Click or tap to enter a date. *or*  Unknown | | |
| **How many times was the activity run between the start and finish dates?\***  (Please select one option) | Activity was developed, but not delivered to target audience during this time period.  Activity was not delivered to target audience during this time period for other reasons.  Activity was delivered to target audience one time (one-off event).  Activity was delivered to target audience 2-10 times.  Activity was delivered to target audience more than 10 times.  Activity was delivered continuously during this time period. | | |
| **Activity details\***  (Please provide a short description of this activity (up to 100 words), as provided on your AWP) |  | | |
| Activity Design | | | |
| **Was any type of input from the local community used in the development of this activity?\*** | Yes  No | | |
| If you selected **Yes,**  **What type of input from the local community was used in the development of this activity?\***  (please select all that apply) | TIS program Aboriginal and/or Torres Strait Islander reference group  Community yarning or focus group  Consultation with priority group (e.g., we shared ideas and drafts with priority group members to comment on)  Co-design with priority group (e.g., priority group members were involved side-by-side with the TIS team in designing and creating aspects of this activity)  Other   * *If Other, please Other Type of Input:* \_\_\_\_\_\_ | | |
| **To what extent was this activity developed or modified by Aboriginal and Torres Strait Islander TIS team staff?\***  (Please select one option) | Aboriginal and Torres Strait Islander staff led the development or modification of this activity.  Aboriginal and Torres Strait Islander staff provided direct input but did not lead the development or modification of this activity.  Aboriginal and Torres Strait Islander staff were not involved in the development or modification of this activity. | | |
| **Did this activity use local Aboriginal or Torres Strait Islander ideas, concepts, protocols, and/or language(s)?\*** | Yes  No | | |
| Partnerships | | | |
| **Did your TIS Team work with non-TIS funded organisations, non-TIS funded services within your organisation, non-TIS funded services within sub-contracted partner organisations or non-TIS funded community members to deliver this activity?\*** | Yes  No | | |
| **What type of organisations or community members did you work with in the delivery of this activity?\***  (please select all that apply) | Local Government department  State Government department  Federal Government department  AMS/ACCHO  Mainstream health service  Community organisations  Sporting club  Network/interagency group  Schools  Ambassadors/champions  Non-TIS funded services within your organisation  Non-TIS funded services within your sub-contracted partner organisations  Other types of individual community members   * *If other types of individual community members, please specify:* \_\_\_\_\_\_   Other types of organisations   * *If other types of organisations, please specify:* \_\_\_\_\_\_ | | |
| Activity Delivery | | | |
| **Coverage: Please list the Local Government Areas (LGAs) within your IREG that were reached by this activity\***  (please refer to TISRIC TIS map: <https://tacklingsmoking.org.au/about-the-tis-program/tis-teams/> ) |  | | |
| **Coverage: Please list the names of the communities within your IREG that were reached by this activity\*** |  | | |
| **Exposure: How many people were exposed to this activity?\***  (attended the event, received the social media post, could have seen the TV commercial, could have seen the bus wrap, etc.) | | | |
| Number of Aboriginal and/or Torres Strait Islander people: |  | | |
| **•** Number of Aboriginal and/or Torres Strait Islander men: |  | | **• For these cohorts, please only type in the number of people you know were exposed, if you don’t know the number for a particular category, please enter 0.** |
| **•** Number of Aboriginal and/or Torres Strait Islander women: |  | |
| **•** Number of pregnant Aboriginal and/or Torres Strait Islander women and their family members: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander young people, aged 12-24: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people living in remote communities: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people who don’t attend ACCHOs/AMS: |  | |
| **Engagement: How many people engaged with this activity?\***  (interacted with the TIS team at the event, liked the social media post, reacted to the TV commercial, reacted to or recalled the bus wrap, etc.) | | | |
| Number of Aboriginal and/or Torres Strait Islander people:\* |  | | |
| **•** Number of Aboriginal and/or Torres Strait Islander men: |  | | **• For these cohorts, please only type in the number of people you know were engaged, if you don’t know the number for a particular category, please enter 0.** |
| **•** Number of Aboriginal and/or Torres Strait Islander women: |  | |
| **•** Number of pregnant Aboriginal and/or Torres Strait Islander women and their family members: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander young people, aged 12-24: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people living in remote communities: |  | |
| **•** Number of Aboriginal and/or Torres Strait Islander people who don’t attend ACCHOs/AMS: |  | |
| **Was this activity delivered as intended?\*** | Yes  No | | |
| **What worked well when delivering this activity?\***  (Please describe your activity successes linked to coverage, frequency, exposure and/or engagement of community.) |  | | |
| **What changes could be made by your team or by other stakeholders in the TIS program to improve this activity?\***  (Think about coverage, frequency, exposure and/or engagement of community) |  | | |
| Monitoring & Evaluation Outcomes | | | |
| **What outcomes did you expect to achieve as a result of this activity?\***  **Please copy** from your AWP. The outcomes below should be based on the aims you selected previously. If an aim was not selected, do not complete the corresponding outcome. | | | |
| If you indicated earlier that this activity is linked to **Aim 1** – Reduce uptake of smoking or recreational use of vapes**:**  **Please fill in the following expected results.**  (enter ‘0’ if your team did not expect a particular result to occur, or if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about harms of tobacco and vape use: |  | |
| Percentage of activity participants that would increase their knowledge of the benefits of not using tobacco or vapes: |  | |
| Percentage of activity participants that would decrease their intention to use tobacco or vapes: |  | |
| Percentage of activity participants that would achieve other usage outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 2** – Increase smoking or recreational vape cessation:  **Please fill in the following expected results**  (enter ‘0’ if your team did not expect a particular result to occur, or if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about the benefits of quitting: |  | |
| Percentage of activity participants that would increase their intentions to take steps towards cessation of tobacco or vape use: |  | |
| Percentage of activity participants that would achieve other cessation outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 3** – Reduce exposure to second-hand smoke or vape aerosol:  **Please fill in the following expected results**  (enter ‘0’ if your team did not expect a particular result to occur, if your team expected a particular result to occur) | Percentage of activity participants that would increase their knowledge about the benefits of creating and maintaining smoke-free spaces: |  | |
| Percentage of activity participants that would increase their intentions to avoid second hand smoke: |  | |
| Percentage of activity participants that would increase their intentions to create smoke-free environments (e.g. homes, workplaces, cars): |  | |
| Percentage of activity participants that would increase their intentions to attend smoke-free public spaces and events: |  | |
| Percentage of activity participants that would achieve other exposure outcomes: |  | |
| **Which methods did you use to measure all outcomes from this activity, in this 6-month period?\***  (please select all that apply) | Online or in-person survey  Informal chats with some activity participants/attendees  Interviews  Focus Groups  Observation  Yarning circles  Collected smoke-free pledges  Data counts (for example, number of attendees, social media metrics, etc.)  Not yet monitoring or evaluating this outcome  Other   * *If other, then please specify*: \_\_\_\_\_\_ | | |
| **What outcomes have you observed as a result of this activity, in this 6-month period?\***  The observed outcomes below should be based on the aims you selected previously. If an aim was not selected, do not complete the corresponding outcome. | | | |
| If you indicated earlier that this activity is linked to **Aim 1** – Reduce uptake of smoking or recreational use of vapes**:**  **Please fill in your observations of what has resulted from the activity**  (enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result) | Percentage of activity participants that increased their knowledge about harms of tobacco and vape use: |  | |
| Percentage of activity participants that increased their knowledge of the benefits of not using tobacco or vapes: |  | |
| Percentage of activity participants that decreased their intention to use tobacco or vapes: |  | |
| Percentage of activity participants that achieved other usage outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 2** – Increase smoking or recreational vape cessation**:**  **Please fill in your observations of what has resulted from the activity**  (enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result) | Percentage of activity participants that increased their knowledge about the benefits of quitting: |  | |
| Percentage of activity participants that increased their intentions to take steps towards cessation of tobacco or vape use: |  | |
| Percentage of activity participants that achieved other cessation outcomes: |  | |
| If you indicated earlier that this activity is linked to **Aim 3** – Reduce exposure to second-hand smoke or vape aerosol**:**  **Please fill in your observations of what has resulted from the activity**  (enter ‘0’ if your team did not observe a particular result, or if you are not sure if your team observed a particular result) | Percentage of activity participants that increased their knowledge about the benefits of creating and maintaining smoke-free spaces: |  | |
| Percentage of activity participants that increased their intentions to avoid second hand smoke: |  | |
| Percentage of activity participants that increased their intentions to create smoke-free environments (e.g. homes, workplaces, cars): |  | |
| Percentage of activity participants that increased their intentions to attend smoke-free public spaces and events: |  | |
| Percentage of activity participants that achieved other exposure outcomes: |  | |
| **What feedback did participants provide on this activity?\*** |  | | |
| **Comparing the intended outcomes listed on your AWP to the actual activity outcomes listed here, did this activity achieve, miss, or exceed its expected outcomes?\***  (Please select one option) | Exceed  Achieve  Miss | | |
| **What were the main reasons the expected outcomes were achieved, missed, or exceeded?\***  Think about:   1. If missed, what barriers prevented your TIS team from achieving its goals? 2. If achieved or exceeded, what enabled your TIS team to do so? |  | | |
| **Has your TIS team learned anything else from monitoring and evaluating this activity?\*** |  | | |
| **Describe any changes your TIS team has made/will make to this activity in response to what was learned from monitoring and evaluating this activity\*** |  | | |

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