Interest Survey

DPBRN Research Project Interest Survey

1. What type of practice do you have?  ____ General Dentistry  ____ Other, please specify: ______________

2. Do you have an Internet connection in your office that allows access to external websites?
   ____ Yes  ____ No

3. What is the total number of dentists and hygienists in your practice? (Include both full and part time)
   Dentists ________________  Hygienists ________________

4. Have you ever referred patients to a quit line (e.g., 1-800-QUITNOW) or used a “Fax to Quit” smoking cessation program?
   ____ Yes  ____ No

5. In a typical week, estimate the number of smokers seen in your practice. (A practice is ALL providers: dentists, hygienists, etc. at the dental practice)  ____ smokers/week

6. Are you interested in participating in this project?  ____ Yes, very interested  ____ Yes, somewhat interested  ____ No

Thank you. Please place in the US mail. If you have questions email or call Jessica Williams at jhwilliams@uab.edu or 205-996-4957.
Baseline Survey

Practice Survey: Refer→Go→Quit Smoking Cessation Study

We appreciate your participation in the Refer→Go→Quit Smoking Cessation Study. An important part of the project is the completion of this survey about your practice. The information provided is confidential, and the results will be reported only as statistical summaries, with no personal identifiers. To provide the most accurate answers, feel free to discuss the questions with others in your practice. PLEASE PRINT ALL RESPONSES.

Name of primary person completing survey: ________________ HQSURVNM

Today’s Date: ____________________________ HQSURVDat

Your position: _____________________________ HQSURVPOS

Do the dentists in this practice also practice at other clinics? HQOTPRAC _____Yes _____No

PART 1: PATIENT DEMOGRAPHICS

For each of the following, please estimate the percentage of patients in this practice. (If you do not know exact percentages, please provide your BEST GUESS.)

1.1 Approximately what percentage of the patients in this practice are ... ?

- Children & Teenagers (1 to 18 years) HQPTCHILD about ____________ %
- Young adults (19 to 44 years) HQPTYOUNG about ____________ %
- Middle aged adults (45 to 64 years) HQPTMIDAGE about ____________ %
- Older adults (65 or older) HQPTELDER about ____________ %

(Total = approximately 100%)

1.2 Approximately what percentage of the patients in this practice are ... ?

- White, not of Hispanic origin HQPTWNHSP about ____________ %
- White, of Hispanic origin HQPTWHSP about ____________ %
- Black or African American, not of Hispanic origin about ____________ %
- Black or African American, of Hispanic origin HQPTBNHSP about ____________ %
- American Indian HQPTAMIND about ____________ %
- Asian or Pacific Islander HQPTASIAN about ____________ %
- Other, please specify HQPTSPC about ____________ %
- HQPTOTHER

(Total = approximately 100%)
1.3 Approximately what percentage of the patients in this practice are ...? [please check that the total adds to approximately 100%]

Covered by private insurance that pays for some or all dental care HQPRIVINS about __________ %
Covered by a public program that pays for some or all dental care HQPUBINS about __________ %
Not covered by any third party and pay their own bills HQOWNFEE about __________ %
Not covered by any third party and receive free care or for a fee that is substantially reduced HQREDFEE about __________ %

(Total = approximately 100%)

PART 2: ABOUT THIS PRACTICE: To provide the most accurate answers, feel free to discuss the questions with others in your practice.

2.1 Approximately how many patients are seen at this practice per week? __________/week HQPTVISNUM

2.2 Are any of the dentists in the practice accepting new patients right now? _____Yes _____No HQNEWPT

2.3 Check one of the following that best describes this practice during the past 12 months. HQWKLOAD

_______ 1. Too busy to treat all people requesting appointments
_______ 2. Provided care to all who requested appointments, but the practice was overburdened
_______ 3. Provided care to all who requested appointments, and the practice was not overburdened
_______ 4. Not busy enough – the practice could have treated more patients

2.4 Please indicate if you agree or disagree with each of the following statements for your practice (Please check one box per statement).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We do not have sufficient time during a routine visit to help a patient quit smoking. HQNOTIM</td>
<td></td>
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<tr>
<td>b. We have not had adequate training in smoking cessation counseling. HQNOTRAIN</td>
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<tr>
<td>c. We do not provide cessation counseling because we must focus on other health issues with our patients. HQNOQUIT</td>
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<td>d. We do not have the resources needed to help a patient quit smoking (e.g. referral sources, educational materials). HQNORSC</td>
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<tr>
<td>e. We do not provide cessation counseling because other providers outside of this clinic provide these services. HQQTREF</td>
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<td>f. We do not provide cessation counseling because we have few patients who smoke. HQFEWSMK</td>
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<td>g. We believe that smoking cessation counseling has limited effectiveness in our patients. HQNOTEFF</td>
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<td>h. We cannot get reimbursed for smoking cessation counseling. HQNOREIMB</td>
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</table>
i. Prescribing nicotine replacement therapy for patients ready to quit IS a high priority for our practice. **HQNICTOT**

### 2.5 Which of the following are currently used in this practice? (Please check one box per statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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<tbody>
<tr>
<td>a. A formally adopted clinical guideline for smoking cessation.</td>
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<tr>
<td>b. Patient intake forms that ask the patient about their smoking status.</td>
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<tr>
<td>c. Stickers or tags applied to charts of patients who smoke.</td>
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<tr>
<td>d. Instructions attached to patient charts that guide staff through the steps of smoking cessation counseling.</td>
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<tr>
<td>e. Flow sheets attached to patient charts that facilitate documentation of all smoking cessation counseling provided to patients.</td>
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<tr>
<td>f. Self-help or educational materials for patients who smoke.</td>
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<tr>
<td>g. Referral to 1-800-QuitNow.</td>
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<tr>
<td>h. Referral mechanisms for patients who require more intensive assistance to quit.</td>
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</table>

### PART 3: USE OF COMPUTERS IN THIS OFFICE

3.1 How many computers with Internet access does this practice have? _______________________ **HQCOMPNUM**

3.2 What type of Internet access do you have at this practice? (Check all that apply):

- High-speed internet (DSL or Cable) **HQHISPD**
- Dial-up (requires user to key-in phone number for access) **HQDIAUP**
- Other, please specify ___________________________________________ **HQOTNET HQNETSP**

3.3 Indicate in what ways this practice uses the computer (check all that apply):

- Patient education **HQPTEDU**
- Email **HQEMAIL**
- Billing/Claims **HQBILLCLM**
- Decision support systems **HQDECISION**
- Ordering supplies **HQORDER**
- Personal use **HQPERSONG**
- Scheduling **HQSCHEDULE**
- Drug reference database **HQDRUGREF**
- Electronic Medical Record **HQELREC**
- Other, please specify: ___________________________________________ **HQOTHER HQOTHERSP**

3.4 In the past 12 months, has anyone in this practice used email, electronic messaging, or secure messaging to communicate with a patient? _______Yes _______No **HQCOMMU**
PART 4: PROVIDER INFORMATION

Please provide the following information on all providers (dentists, hygienists, etc.) at this practice. We will not share your personal information, including your e-mail address, with other parties. This information is needed to allow you and your staff to access the website and will only be used to contact you for project-related correspondence. PLEASE PRINT ALL RESPONSES.

<table>
<thead>
<tr>
<th>Provider’s First Name</th>
<th>Provider’s Last Name</th>
<th>Preferred Email(s)</th>
<th>Title or Role</th>
<th>Years at this practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQP1FNM</td>
<td>HQP1LNM</td>
<td>HQP1EMAIL</td>
<td>HQP1TITLE</td>
<td>HQP1YEAR</td>
</tr>
<tr>
<td>HQP2FNM</td>
<td>HQP2LNM</td>
<td>HQP2EMAIL</td>
<td>HQP2TITLE</td>
<td>HQP2YEAR</td>
</tr>
<tr>
<td>HQP3FNM</td>
<td>HQP3LNM</td>
<td>HQP3EMAIL</td>
<td>HQP3TITLE</td>
<td>HQP3YEAR</td>
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<tr>
<td>HQP4FNM</td>
<td>HQP4LNM</td>
<td>HQP4EMAIL</td>
<td>HQP4TITLE</td>
<td>HQP4YEAR</td>
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<tr>
<td>HQP5FNM</td>
<td>HQP5LNM</td>
<td>HQP5EMAIL</td>
<td>HQP5TITLE</td>
<td>HQP5YEAR</td>
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<tr>
<td>HQP6FNM</td>
<td>HQP6LNM</td>
<td>HQP6EMAIL</td>
<td>HQP6TITLE</td>
<td>HQP6YEAR</td>
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<tr>
<td>HQP7FNM</td>
<td>HQP7LNM</td>
<td>HQP7EMAIL</td>
<td>HQP7TITLE</td>
<td>HQP7YEAR</td>
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<tr>
<td>HQP8FNM</td>
<td>HQP8LNM</td>
<td>HQP8EMAIL</td>
<td>HQP8TITLE</td>
<td>HQP8YEAR</td>
</tr>
<tr>
<td>HQP9FNM</td>
<td>HQP9LNM</td>
<td>HQP9EMAIL</td>
<td>HQP9TITLE</td>
<td>HQP9YEAR</td>
</tr>
<tr>
<td>HQP10FNM</td>
<td>HQP10LNM</td>
<td>HQP10EMAIL</td>
<td>HQP10TITLE</td>
<td>HQP10YEAR</td>
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<tr>
<td>HQP11FNM</td>
<td>HQP11LNM</td>
<td>HQP11EMAIL</td>
<td>HQP11TITLE</td>
<td>HQP11YEAR</td>
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<tr>
<td>HQP12FNM</td>
<td>HQP12LNM</td>
<td>HQP12EMAIL</td>
<td>HQP12TITLE</td>
<td>HQP12YEAR</td>
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<tr>
<td>HQP13FNM</td>
<td>HQP13LNM</td>
<td>HQP13EMAIL</td>
<td>HQP13TITLE</td>
<td>HQP13YEAR</td>
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<tr>
<td>HQP14FNM</td>
<td>HQP14LNM</td>
<td>HQP14EMAIL</td>
<td>HQP14TITLE</td>
<td>HQP14YEAR</td>
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</table>

Thank you. Please place the completed practice survey, invoice, and W9 in the data collection box and return with the completed patient surveys. If you have any questions regarding the questionnaire, please call: Jessica Williams at 205-996-4957.
Information Prescriptions

CONTROL VERSION

☐ ADVISE “It is important that you quit smoking now, and I can help you.”

☐ ASSESS “Are you seriously thinking about quitting smoking within the next 6 months?”  □ Yes  □ No

☐ ASSIST Information Rx given to patient

Rx

Information Prescription

Patient Instructions: Your dental provider has referred you to www.decide2quit.org. Type this into the address bar of your web browser. Once you log in, you will receive:

- Interactive calculator and education materials to help you think about smoking and quitting
- How to get support from those around you (friends, family, doctor)

__________________________  ________________________
Referring Dentist/Hygienist  Date

I understand that quitting smoking is the single most important thing I can do for my health. I know that quitting smoking will not be easy but I have the support of my dentist/hygienist to be successful. I agree to be referred and will consider visiting the www.decide2quit.org website.

__________________________  ________________________
Patient Signature  Date

Decide2Quit HELPDESK  Tel: (205) 996-4957
INTERVENTION VERSION

☐ ADVISE “It is important that you quit smoking now, and I can help you.”

☐ ASSESS “Are you seriously thinking about quitting smoking within the next 6 months?” ☐ Yes ☐ No

☐ ASSIST Patient referred into system with: [PATIENT EMAIL: ]

PATIENT

Rx

Information Prescription

Patient Instructions: Your dental provider has referred you to [www.decide2quit.org]. Type this into the address bar of your web browser. Once you log in, you will receive:

- Interactive calculator and education materials to help you think about smoking and quitting
- How to get support from those around you (friends, family, doctor)

__________________________________________ ____________________________
Referring Dentist/Hygienist Date

AGREEMENT

I understand that quitting smoking is the single most important thing I can do for my health. I know that quitting smoking will not be easy but I have the support of my dentist/hygienist to be successful. I agree to be referred and will consider visiting the [www.decide2quit.org] website.

Patient Signature ____________________________ Date ____________________

Decide2Quit HELPDESK • Tel: (205) 996-4957
Online Patient Registration Survey (D2Q)

QP Patient Website Survey

1. What is your age?
   1. <19 END SURVEY
   2. 19-24
   3. 25-34
   4. 35-44
   5. 45-54
   6. 55-64
   7. 65+

2. For which of the following activities do you routinely use the Internet? (check all that apply)
   0. Not at all
   1. Search for information on topics such as news, health, travel, sports
   2. Read information on a website
   3. Send or read e-mail
   4. Watch videos or listen to audio clips
   5. Download files such as computer software, videos, or pictures
   6. Use an online social networking site like MySpace or Facebook or blogging
   7. Engage in online activities that require more input such as purchasing items, playing games, banking

3. Do you allow smoking in your home?
   1. Yes
   0. No

4. About how many cigarettes do you smoke per day? _____ (number)

5. Have you ever visited a smoking cessation website?
   1. Yes
   0. No

6. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
   1. Yes
   0. No

7. Do you want to stop smoking cigarettes?
   2. I do not smoke now
   1. Yes
   0. No

<table>
<thead>
<tr>
<th>Did anyone at the dentist’s office that referred you to this website do any of the</th>
<th>Yes, at my last visit</th>
<th>Yes, at another visit</th>
<th>No</th>
</tr>
</thead>
</table>

<p>| | | | |</p>
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<tr>
<th></th>
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<tbody>
<tr>
<td>8.</td>
<td>Ask you if you smoke cigarettes?</td>
<td></td>
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<tr>
<td>9.</td>
<td>Advise you to quit smoking cigarettes?</td>
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<tr>
<td>10.</td>
<td>Refer you to the 1-800-QUIT-NOW tobacco quitline?</td>
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<tr>
<td>11.</td>
<td>Arrange a follow-up visit or call to talk more about your quitting smoking?</td>
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<tr>
<td>12.</td>
<td>Prescribe nicotine patches, gum or lozenges to help you quit smoking cigarettes?</td>
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<tr>
<td>13.</td>
<td>Give you any handouts or pamphlets about tobacco use?</td>
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</tbody>
</table>

14. Are you...?
   - 0. Male
   - 1. Female

15. Do you consider yourself to be Hispanic or Latino, that is a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race?
   - 1. Hispanic or Latino
   - 2. Not Hispanic or Latino
   - 98. Don’t Know/Not Sure
   - 99. Refused

16. What RACE do you consider yourself to be? *(Select one or more of the following)*
   - 1. Black or African American
   - 2. White
   - 3. Asian
   - 4. American Indian or Alaska Native
   - 5. Native Hawaiian or Other Pacific Islander
   - 6. Other: (specify)____________________
   - 98. Don’t Know/ Not Sure
   - 99. Refused

17. What is the **HIGHEST GRADE OR YEAR OF SCHOOL** you completed?
   - 1. Never attended school or only attended kindergarten
   - 2. Grades 1 through 8 (Elementary)
   - 3. Grades 9 through 11 (Some high school)
   - 4. Grade 12 or GED (High school graduate)
   - 5. College 1 year to 3 years (Some college or technical school)
   - 6. College 4 years or more (College graduate)
   - 98. Don’t Know/Not Sure
   - 99. Refused
18. Please provide a name for the Decide2Quit system to call you. This can be your first name or nickname. We have personalized the system to use your “name” when you log on!

____________________________

19. You may be contacted by email or telephone to complete a follow-up survey for the project. If you are interested, please provide a telephone number to contact you about a follow-up survey. If you are eligible and complete the survey, you will receive a $30.00 compensation for your time.

Primary Phone (home or cell): (in format – xxx-xxx-xxxx)_____________________________________

Secondary Phone: (in format – xxx-xxx-xxxx)_____________________________________

Six Month Patient Survey
Quit Primo/DPBRN
Patient Online Survey

Thank you for your participation in www.Decide2Quit.org. The following brief survey is about your experiences with the website. It will take between 5-10 minutes to complete. At the end of the survey you will be asked for your address to mail you a $xx reimbursement for your time.

A1. Did you smoke any cigarettes during the past 30 days? 
□ Yes
□ No – GO TO A2
□ DON’T KNOW/NOT SURE
□ REFUSED

A1A. During the past 30 days, on how many days did you smoke cigarettes?
□ ___ Number of days
□ DON’T KNOW/NOT SURE
□ REFUSED

□ YES
□ NO
□ DON’T KNOW/NOT SURE
□ REFUSED

A1B. Was the last time that you smoked a cigarette, even one or two puffs .... within the past 7 days? 
□ YES
□ NO
□ DON’T KNOW/NOT SURE
□ REFUSED

□ No – GO TO A2
□ DON’T KNOW/NOT SURE
□ REFUSED

A2. Do you now use any of the following tobacco products? (Team wrote question)
□ Cigars
□ Smokeless Tobacco like dip, chew, or snuff
□ Tobacco candy
□ Other
□ DON’T KNOW/NOT SURE
□ REFUSED

IF QA1B = Yes, Don’t know/Not sure, or Refused- GO TO BRANCH 1
IF QA1B = No - GO TO BRANCH 2
BRANCH 1- SMOKER:

S1: About how many cigarettes do you smoke per day? *(Baseline website logon survey)*
- □ _____ (insert number)
- □ DON’T KNOW/NOT SURE
- □ REFUSED

S2: Since you registered with the website on [input date from website], have you stopped smoking for one day or longer because you were trying to quit smoking? *(Interviewer: Ask the question, then confirm their answer by reading the choice.)*
- □ YES
- □ NO
- □ DON’T KNOW/NOT SURE
- □ REFUSED

BRANCH 2-NONSMOKER:

NS1: Congratulations on quitting smoking! About how long has it been since you last smoked cigarettes regularly? *(Interviewer: Ask the question, then confirm their answer by reading the choice.)*
- □ Never smoked regularly
- □ Within the past month (0 to 1 month ago)
- □ Within the past 3 months (2 to 3 months ago)
- □ Within the past 6 months (4 to 6 months ago)
- □ Within the past year (7 to 12 months ago)
- □ Within the past 5 years 2 to 5 years ago)
- □ Within the past 15 years (6 to 15 years ago)
- □ 16 or more years ago
- □ Don't know / Not sure
- □ Refused

NS2. Did you stop suddenly or did you gradually cut down the number of cigarettes you smoked? *(Interviewer: Ask the question, then confirm their answer by reading the choice.)*
- □ Stopped suddenly
- □ Cut down gradually
- □ DON’T KNOW/NOT SURE
- □ REFUSED
BOTH BRANCHES TOGETHER: ALL PARTICIPANTS

A3. Since you registered with Decide2Quit on {input date from website}, have you used any of the following to help you quit smoking (check all that apply): (Team)

☐ A quitline (telephone counseling for quitting)
☐ In person quit smoking counseling
☐ General websites with information for quitting smoking outside of Decide2Quit
☐ Interactive Online Support Group
☐ Hypnotherapy
☐ Acupuncture
☐ Nicotine Replacement Therapy (gum, patch, lozenge)
☐ Quit Smoking medications (Chantix, Varenicline, Zyban, Wellbutrin, Nortriptiline, Bupropion)
☐ Prayer, faith, or spiritual support
☐ Other (specify)_________________________

A4. We would to know how much Decide2Quit influenced you. Please indicate how much you agree or disagree that Decide2Quit influenced you to do each of the following: (adaptation of STORIES SIS)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4a: Cut down on smoking</td>
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<tr>
<td>A4b: Quit Smoking</td>
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<td>A4c: Talk to a doctor about quitting smoking</td>
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<td>A4d. Get support from those around you to help quit smoking</td>
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<td>A4e. Set a quit date</td>
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<tr>
<td>A4f. Use Nicotine Replacement Therapy like the patch or gum</td>
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<td>A4g. Make a list of reasons to quit smoking</td>
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<td>A4h. Use behavioral strategies like distraction or substitution</td>
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</table>
A5. Thinking about the Decide2Quit website, how helpful were each of the following:

Team

<table>
<thead>
<tr>
<th>IF PATIENT IS FROM A CONTROL PRACTICE: A5a-A5f</th>
<th>Very helpful</th>
<th>Somewhat helpful</th>
<th>Not very helpful</th>
<th>Not at all helpful</th>
<th>Did not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5a. My Health Risks section of website</td>
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</tr>
<tr>
<td>A5b. Thinking about Quitting section of website</td>
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<tr>
<td>A5c. Family tools section of website</td>
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<td>A5d. Health provider tools section of website</td>
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<tr>
<td>A5e. The library section of website</td>
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<td>A5f. Web resources section of website</td>
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<td>A5g. Communicating with a Tobacco Treatment Specialist</td>
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<td>A5h. Become an Ex online community</td>
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<td>A5i. Our Advice column</td>
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<td>A5j. Email messages from peers</td>
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<td>A5k. Email messages from Decide2Quit Experts</td>
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Team

<table>
<thead>
<tr>
<th>Thinking about your overall experience with the Decide2Quit website, how much would you agree with the following statement.</th>
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<tbody>
<tr>
<td>A6: I would recommend Decide2Quit to my friends and family</td>
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<tr>
<td>Team</td>
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</tbody>
</table>

This completes the survey. Please provide your address in the space below so your $XX reimbursement can be sent to you.

Thank you for your time. Your input is very helpful to our study on Tobacco use. If you have any questions, please call XX XX at XXX-XXX-XXXX.

References
1. Fagerstrom Questionnaire to Determine Level of Nicotine Addiction, adaption of original
4. National Health and Nutrition Examination Survey (NHANES)
5. National Youth Tobacco Survey (NYTS), adaption to delete a response category and add 2 categories
6. Cancer Prevention Research Center, Smoking: Stage of Change [http://www.uri.edu/research/cprc/Measures/Smoking11.htm](http://www.uri.edu/research/cprc/Measures/Smoking11.htm), adapted to say tobacco instead of smoking and deletion of Stage of Change descriptors (Precont, etc.)
7. Judith Gordon from the 6-week Smoker Survey
8 Judith Gordon from the Baseline Tobacco Use Survey
9 NIH guidelines but based on question from a PHS Personal Information on Principal Investigator Program Director example offered by the NIH. http://grants.nih.gov/grants/funding/phs398/personal.doc
10 ATS, Adult Tobacco Survey 2003
11 Monitoring the Future- University of Michigan
12 BRFSS 2005
13 BRFSS 2000
14 California Adult Tobacco Survey (CATS), Massachusetts Tobacco Survey Adults (MTS), California Tobacco Survey Adult (CTS)
15 National Health and Nutrition Examination Survey (NHANES), New York Adult Tobacco Survey (NYATS), Adult Tobacco Survey (ATS), National Adult Tobacco Survey (NATS)
16 National Adult Tobacco Survey (NATS)
17 International Tobacco Control Survey (ICS)
18 Not sure source- team partly but is it based on a standard Q?
*DK/NS R O means Don’t know/not sure, refused, and other were added by DTC to this question