

# 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](mailto: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: \_\_\_\_\_ **HQSURVNAM** \_\_\_\_\_

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 \_\_\_\_\_%

**HQPTBNHSP**

Black or African American, of Hispanic origin about \_\_\_\_\_%

**HQPTBHSP**

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).

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

i. Prescribing nicotine replacement therapy for patients ready to quit <b>IS</b> a high priority for our practice. <b>HQNICOT</b>						
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**2.5 Which of the following are currently used in this practice? (Please check one box per statement)**

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

**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    \_\_\_\_ Email    \_\_\_\_ Billing/Claims    \_\_\_\_ Decision support systems

**HQPTEDU                      HQEMAIL    HQBILLCLM    HQDECISION**

\_\_\_\_ Ordering supplies    \_\_\_\_ Personal use    \_\_\_\_ Scheduling    \_\_\_\_ Drug reference database

**HQORDER                      HQPERSONAL    HQSCHEDULE    HQDRUGREF**

\_\_\_\_ Electronic Medical Record    \_\_\_\_ Other, please specify: \_\_\_\_\_

**HQELREC                                      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.**

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


**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

PROVIDER		RETURN TOP PORTION TO UAB	####	
<input type="checkbox"/>	ADVISE <i>“It is important that you quit smoking now, and I can help you.”</i>			
<input type="checkbox"/>	ASSESS <i>“Are you seriously thinking about quitting smoking within the next 6 months?”</i>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No
<input type="checkbox"/>	ASSIST Information Rx given to patient			
PATIENT		PATIENT COPY – TEAR HERE		
				
<b>Rx</b>	<b>Information Prescription</b>			
<b>Patient Instructions:</b> Your dental provider has referred you to <a href="http://www.decide2quit.org">www.decide2quit.org</a> . Type this into the address bar of your web browser. Once you log in, you will receive :				
<ul style="list-style-type: none"><li>• Interactive calculator and education materials to help you think about smoking and quitting</li><li>• How to get support from those around you (friends, family, doctor)</li></ul>				
_____	_____			
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 <a href="http://www.decide2quit.org">www.decide2quit.org</a> website.				
Patient Signature	_____	Date	_____	
Decide2Quit HELPDESK • Tel: (205) 996-4957				

INTERVENTION VERSION

PROVIDER		RETURN TOP PORTION TO UAB	####
<input type="checkbox"/>	ADVISE <i>“It is important that you quit smoking now, and I can help you.”</i>		
<input type="checkbox"/>	ASSESS <i>“Are you seriously thinking about quitting smoking within the next 6 months?”</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	ASSIST Patient referred into system with:	PATIENT EMAIL:	
PATIENT		PATIENT COPY – TEAR HERE	
			
<b>Rx</b>		<i>Information Prescription</i>	
<b>Patient Instructions:</b> Your dental provider has referred you to <a href="http://www.decide2quit.org">www.decide2quit.org</a> . Type this into the address bar of your web browser. Once you log in, you will receive :			
<ul style="list-style-type: none"><li>• Interactive calculator and education materials to help you think about smoking and quitting</li><li>• How to get support from those around you (friends, family, doctor)</li></ul>			
_____		_____	
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 <a href="http://www.decide2quit.org">www.decide2quit.org</a> 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

<b>Did anyone <u>at the dentist's office that referred you to this website</u> do any of the</b>	<b>Yes, at my last visit</b>	<b>Yes, at another visit</b>	<b>No</b>
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<b>following:</b>			
8. Ask you if you smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Advise you to quit smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Refer you to the 1-800-QUIT-NOW tobacco quitline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Arrange a follow-up visit or call to talk more about your quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Prescribe nicotine patches, gum or lozenges to help you quit smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Give you any handouts or pamphlets about tobacco use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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](http://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? <sup>14</sup>

Yes

➡ A1A. During the past 30 days, on how many days did you smoke cigarettes? <sup>15</sup>

\_\_\_ Number of days

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? <sup>16</sup>

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? <sup>(Baseline website logon survey)</sup>

- \_\_\_\_\_(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? <sup>18</sup> (

- 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? <sup>Question from 12, choices adapted from 13</sup> *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 (7to 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?<sup>17</sup>

- 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): <sup>(Team)</sup>

- 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: <sup>(adaptation of STORIES SIS)</sup>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A4a: Cut down on smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4b: Quit Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4c: Talk to a doctor about quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4d. Get support from those around you to help quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4e. Set a quit date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4f. Use Nicotine Replacement Therapy like the patch or gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4g. Make a list of reasons to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4h. Use behavioral strategies like distraction or substitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Thinking about the Decide2Quit website, how helpful were each of the following: <sup>Team</sup>

**IF PATIENT IS FROM A CONTROL PRACTICE: A5a-A5f**

**IF PATIENT IS FROM AN INTERVENTION PRACTICE- All A5Questions**

	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Did not use
A5a. My Health Risks section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5b. Thinking about Quitting section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5c. Family tools section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5d. Health provider tools section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5e. The library section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5f. Web resources section of website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5g. Communicating with a Tobacco Treatment Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5h. Become an Ex online community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5i. Our Advice column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5j. Email messages from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5k. Email messages from Decide2Quit Experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your overall experience with the Decide2Quit website, how much would you agree with the following statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A6: I would recommend Decide2Quit to my friends and family <sup>Team</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- <sup>1</sup>Fagerstrom Questionnaire to Determine Level of Nicotine Addiction, adaption of original
- <sup>2</sup>modification of Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
- <sup>3</sup> Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
- <sup>4</sup> National Health and Nutrition Examination Survey (NHANES)
- <sup>5</sup> National Youth Tobacco Survey (NYTS), adaptation to delete a response category and add 2 categories
- <sup>6</sup> Cancer Prevention Research Center, Smoking: Stage of Change  
<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.)
- <sup>7</sup> Judith Gordon from the 6-week Smoker Survey

<sup>8</sup> Judith Gordon from the Baseline Tobacco Use Survey

<sup>9</sup> 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>

<sup>10</sup> ATS, Adult Tobacco Survey 2003

<sup>11</sup> Monitoring the Future- University of Michigan

<sup>12</sup> BRFSS 2005

<sup>13</sup> BRFSS 2000

<sup>14</sup> California Adult Tobacco Survey (CATS), Massachusetts Tobacco Survey Adults (MTS), California Tobacco Survey Adult (CTS)

<sup>15</sup> National Health and Nutrition Examination Survey (NHANES), New York Adult Tobacco Survey (NYATS), Adult Tobacco Survey (ATS),

National Adult Tobacco Survey (NATS)

<sup>16</sup> National Adult Tobacco Survey (NATS)

<sup>17</sup> International Tobacco Control Survey (ICS)

<sup>18</sup> 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