Dental Practice Interest Card

[POSTCARD BACK]
Do you have Internet access in your office?
   Yes______  No______

Do YOU access the Internet from your office at least once a week?
   Yes______  No______

Would you be interested in participating in this project?
   Yes, very interested______  Yes, somewhat interested______  No______

How many years have you been in practice? ________________

Thank you so much for your participation in this survey; please return via US mail.

[POSTCARD FRONT – RETURN ADDRESS]

Andrea H. Mathews, RDH, BS
1530 3rd Avenue South
SDB 111
Birmingham, AL 35294-0007
BASELINE PRACTICE SURVEY
ORAL CANCER PREVENTION PROJECT

We appreciate your participation in the Oral Cancer Prevention Project. 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.

Name of person completing survey: _________________________________ Today’s Date: ________________

Your position:____________________________________________________

Do the dentist(s) in this practice also practice at other settings?

_____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.)

1a. Approximately what percentage of the patients in this practice are ... ?
[please check that the total adds to approximately 100%]

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Teenagers (1 to 18 years)</td>
<td>about ____%</td>
</tr>
<tr>
<td>Young adults (19 to 44 years)</td>
<td>about ____%</td>
</tr>
<tr>
<td>Middle aged adults (45 to 64 years)</td>
<td>about ____%</td>
</tr>
<tr>
<td>Elderly (65 or older)</td>
<td>about ____%</td>
</tr>
</tbody>
</table>

[Adds to about 100%]

1b. Approximately what percentage of the patients in this practice are..? 
[please check that the total adds to approximately 100%]

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, not of Hispanic origin</td>
<td>about ____%</td>
</tr>
<tr>
<td>White, of Hispanic origin</td>
<td>about ____%</td>
</tr>
<tr>
<td>Black or African-American, not of Hispanic origin</td>
<td>about ____%</td>
</tr>
<tr>
<td>Black or African-American, of Hispanic origin</td>
<td>about ____%</td>
</tr>
<tr>
<td>American Indian</td>
<td>about ____%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>about ____%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>about ____%</td>
</tr>
</tbody>
</table>

[Adds to about 100%]
1c. 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 about ____________%
Covered by a public program that pays for some or all dental care about ____________%
Not covered by any third party and pay their own bills about ____________%
Not covered by any third party and receive free care or
for a fee that is substantially reduced about ____________%
[Adds to about 100%]

PART 2: ABOUT THIS PRACTICE

2a. Check one of the following that best describes this practice during the past 12 months?

_____ 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 patient

2b. On approximately what percent of patients are the following services provided at some time while they are patients in this practice?
(If you do not know exact percentages, please provide your BEST GUESS.)

_____ % of patients get: Diet counseling
_____ % of patients get: Tobacco counseling
_____ % of patients get: Alcohol moderation and/or cessation counseling
_____ % of patients get: Blood pressure screening
_____ % of patients get: Oral cancer screening examination
_____ % of patients get: Oral hygiene instruction
_____ % of patients get: In-office fluoride application
_____ % of patients get: Fluoride gel/rinse prescribed or recommended for home use
_____ % of patients get: Patient education from written pamphlets
_____ % of patients get: Patient education from videos or slides
_____ % of patients get: Intraoral photographs taken (conventional, non-video photography)
_____ % of patients get: Intraoral video images taken (usually done with fiberoptic)
_____ % of patients get: Oral CDx Brush Biopsy for early detection of oral cancer
_____ % of patients get: Surgical Biopsy
_____ % of patients get: In-office whitening (usually done with carbamide peroxide)
_____ % of patients get: At-home whitening (usually done with carbamide peroxide)
PART 3: USE OF COMPUTERS IN THIS OFFICE

3a. How many computers with Internet access does this practice have? ___________________

3b. What type of Internet access do you have at this practice? (check all that apply):
   - High-speed internet or phone access (DSL or Cable)
   - Dial-up (requires user to key-in phone number for access)
   - Other, please specify____________________________________________________

3c. Indicate in what ways this dental practice uses the computer (check all that apply):
   - Patient education
   - Electronic dental record
   - Drug reference database
   - Other, please specify_________________________________________________
   - Email
   - Personal use
   - Decision support systems
   - Other, please specify___________________________________________
   - Order supplies
   - Scheduling
   - Billing

PART 4: CHARACTERISTICS OF PROVIDERS

Please provide the following information on all providers (dentists, hygienists, dental assistants) at this practice:

<table>
<thead>
<tr>
<th>Dentist(s) First Name</th>
<th>Dentist(s) Last Name</th>
<th>Office and/or Home Email(s)</th>
<th>Years at this practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygienist(s) First Name</td>
<td>Hygienist(s) Last Name</td>
<td>Office and/or Home Email(s)</td>
<td>Years at this practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Assistant(s) First Name</td>
<td>Last Name</td>
<td>Office and/or Home Email(s)</td>
<td>Years at this practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete the following for the OTHER PROVIDERS at this practice

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Office and/or Home Email(s)</th>
<th>Years at this practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you. Please return the completed survey in the enclosed, addressed envelope within one week of receiving materials. If you have any questions regarding the questionnaire, please call: Andrea Mathews, UAB School of Dentistry, 205-934-2578.
Dear Patient,

Your dentist is taking part in a study about preventing oral cancer. You are being asked to fill out the other side of this card to help us learn more about what happens during a dental visit.

Answering the questions is voluntary and all your answers will be kept confidential. Nobody from the dental office will see your answers.

We will be contacting some patients from this practice for a brief phone survey. If you are willing to be called, please give us your name and phone number. For taking part in the phone survey you will be mailed a $10 gift card.

If you decide not to give us your name, we hope you will still answer the questions on this card.

THANK YOU FOR HELPING US! 😊

As you leave, please place your completed card in the survey box.

For questions about this project, please call Jessica Williams at 205-996-4957.
Before you answer these questions, please read the other side.
What is your age? ________ Are you: Male ___ or Female ___

<table>
<thead>
<tr>
<th>Do You Now:</th>
<th>YES, every day</th>
<th>YES, some days</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat five servings of fruits or vegetables a day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cigarettes, cigars, or use smokeless tobacco?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink Alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**During your dental visit TODAY did anyone:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask you if you eat five servings of fruits or vegetables daily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask you if you smoke cigarettes, cigars, or use smokeless tobacco?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask you if you drink alcohol?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**During your dental visit TODAY did anyone:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO (or does not apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise you to eat five servings of fruits or vegetables daily?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise you to quit tobacco?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise you to cut down or quit alcohol?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are willing to be called for phone survey, and receive a $10 gift card, please give us:

Your Name: ___________________________ Phone (area code first)_____________________

Best day(s) to call you_________________ Best time of day: __________(am / pm)
Before Survey, insert Dr. name on pages 1, 3, and 7.

Oral Cancer Prevention Project
Patient Telephone Interview

Hello, may I speak with Mr./Mrs. _______________. Wait for response.

This is ________________ calling from the University of Alabama School of Dentistry. How are you today? Wait for response.

Your dentist, Dr __________ is participating in a study that looks at preventing oral cancer. I am calling about the post card survey you filled out at the office about six months ago that gave us permission to call you. I would like to ask you a few questions that will take about 10 minutes and you will receive a $10 gift card for your time. Can I tell you a little more about this project?

IF NO: Is there a better time to call?
   IF YES, TIME: ____________________________
   If NO, That is fine and I thank you for talking with me.
IF YES: Great. PROCEED.

All information you provide will be confidential, you will not be identified by name and none of your information will be given to your dentist. Your participation in this interview is voluntary and if you decide not to participate; it will not affect you or your care in any way.

[For every 20th call, add the following: Would you be willing to let us audiotape this interview for quality purposes? IF YES, turn on recorder, IF NO, tell person you will not record and proceed.]

Are you willing to participate in the phone survey?

IF NO: That is fine and I thank you for talking with me.
IF YES: Great, is this a good time for us to talk?
   IF NO: Is there a better time to call? TIME________________
   If YES: If there are any questions you do not wish to answer, please let me know. There are no right or wrong answers to these questions - just answer the best you can.

A1. Do you smoke cigarettes, cigars, or use smokeless tobacco (dip, chew or snuff) now? 2 *DK/NS
   □ YES
      ➡ A1a. IF YES: Do you smoke (or use tobacco products) every day or some days?
         □ YES, every day
         □ YES, some days
   □ NO
      ➡ A1b. IF NO: Interview asks: Have you ever smoked cigarettes, cigars, or used smokeless tobacco? 11 added cigars and smokeless
         YES- PROCEED WITH SURVEY
         NO- END SURVEY and take the person’s information to SEND A GIFT CARD
         □ DON’T KNOW/NOT SURE
         □ REFUSED
Now I am going to ask you a question about each type of tobacco.

A2. Do you currently smoke cigarettes (smoked even 1 puff in the last 7 days)?
- YES
- NO
- DON’T KNOW/NOT SURE
- REFUSED

A3. Do you currently smoke cigars (smoked even 1 puff in the last 7 days)? Adapted to fit cigars
- YES
- NO
- DON’T KNOW/NOT SURE
- REFUSED

A4. Do you currently use chewing tobacco or snuff (took even 1 dip in the last 7 days)? Adapted to fit cigars
- YES
- NO
- DON’T KNOW/NOT SURE
- REFUSED

IF A2 or A3 or A4 is YES, PROCEED TO PAGE 3
ELSE, IF A2=NO, PROCEED TO PAGE 5
ELSE, IF A3=NO, PROCEED TO PAGE 5
ELSE, IF A4=NO, PROCEED TO PAGE 5
ELSE, PROCEED TO PAGE 7
BRANCH 1- QUESTION B ON THIS PAGE ARE FOR PATIENTS WHO CURRENTLY SMOKE

B1. Since the time that you completed the survey in Dr.____________office, how many times have you made a serious attempt to quit smoking? (A serious quit attempt is 24 hours or more without smoking) 8 adapted to say Dr’s office *DK/NS R
  □ None
  □ 1 time
  □ 2 times
  □ 3 times
  □ More than 3 times
  □ DON’T KNOW/NOT SURE
  □ REFUSED

  □ YES, within the NEXT 30 DAYS
  □ YES, within the NEXT 6 MONTHS
  □ NO, not thinking of quitting
  □ DON’T KNOW/NOT SURE
  □ REFUSED

IF MORE THAN 1 IN A2-A4 ARE YES, PROCEED TO ALL CATEGORIES THAT APPLY
IF A2 IS YES, PROCEED TO “IF CIGARETTES”
IF A3 IS YES, PROCEED TO “IF CIGARS”
IF A4 IS YES, PROCEED TO “IF SMOKELESS TOBACCO”

IF CIGARETTES:
  B3a1. How soon after you wake up do you smoke your first cigarette? 1 * DK/NS R
       □ 0-5 min
       □ 6-30 min
       □ 31-60 min
       □ After 60 min
       □ DON’T KNOW/NOT SURE
       □ REFUSED

  B3a2. How many cigarettes per day do you smoke? 1 * DK/NS R
       □ 10 or less PROCEED TO PAGE 7
       □ 11 to 20 PROCEED TO PAGE 7
       □ 21 to 30 PROCEED TO PAGE 7
       □ 31 or more PROCEED TO PAGE 7
       □ DON’T KNOW/NOT SURE PROCEED TO PAGE 7
       □ REFUSED PROCEED TO PAGE 7
IF CIGARS:

B3b. In a typical week, how many days do you smoke cigars?

☐ 0       PROCEED TO PAGE 7
☐ 1       PROCEED TO PAGE 7
☐ 2       PROCEED TO PAGE 7
☐ 3       PROCEED TO PAGE 7
☐ 4       PROCEED TO PAGE 7
☐ 5       PROCEED TO PAGE 7
☐ 6       PROCEED TO PAGE 7
☐ 7       PROCEED TO PAGE 7
☐ Don’t Know/Not Sure  PROCEED TO PAGE 7
☐ Refused  PROCEED TO PAGE 7

IF SMOKELESS TOBACCO:

B3c. In a typical week, how many days do you use chewing tobacco or snuff?

☐ 0       PROCEED TO PAGE 7
☐ 1       PROCEED TO PAGE 7
☐ 2       PROCEED TO PAGE 7
☐ 3       PROCEED TO PAGE 7
☐ 4       PROCEED TO PAGE 7
☐ 5       PROCEED TO PAGE 7
☐ 6       PROCEED TO PAGE 7
☐ 7       PROCEED TO PAGE 7
☐ Don’t Know/Not Sure  PROCEED TO PAGE 7
☐ Refused  PROCEED TO PAGE 7

PROCEED TO PAGE 7
Congratulations on quitting smoking!

C1. About how long has it been since you last smoked cigarettes/cigars or used tobacco regularly?

Interviewer: Ask the question, then confirm their answer by reading the choice.

Choices from 5, choice "past 3-6 months" added

- [ ] EARLIER TODAY
- [ ] Not TODAY but sometime during the PAST 7 DAYS
- [ ] Not during the PAST 7 DAYS but sometime during the PAST 30 DAYS
- [ ] Not during the PAST 30 DAYS but sometime during the PAST 3 MONTHS
- [ ] Not during the PAST 3 MONTHS but sometime during the PAST 6 MONTHS
- [ ] Not during the PAST 6 MONTHS but sometime during the PAST YEAR
- [ ] 1 to 4 YEARS AGO
- [ ] 5 OR MORE YEARS AGO
- [ ] DON’T KNOW/NOT SURE
- [ ] REFUSED

C2. When you quit using tobacco, did you use the nicotine patch, gum, or any other medication to help you quit?

If yes, Which did you use?

- [ ] YES
  - [ ] Nicotine Patch
  - [ ] Nicotine Gum
  - [ ] Medication_________
- [ ] NO
- [ ] DON’T KNOW/NOT SURE
- [ ] REFUSED

C3. When you quit using tobacco, did you use quit-lines or websites to help?

Interviewer: Check all that apply.

- [ ] QUITLINE
- [ ] WEBSITE
- [ ] OTHER_________
- [ ] NONE OF THE ABOVE
- [ ] DON’T KNOW/NOT SURE
- [ ] REFUSED

C4. When you were using tobacco, what type of tobacco products did you use?

Interviewer: If patient reports multiple products, check all that apply.

- [ ] CIGARETTES
- [ ] CIGARS
- [ ] CHEW, DIP, OR SNUFF
- [ ] OTHER_________
- [ ] NONE OF THE ABOVE
- [ ] DON’T KNOW/NOT SURE
- [ ] REFUSED
IF C4 “CIGARETTES” IS CHECKED, PROCEED TO “IF CIGARETTES”
IF C4 “CIGARS” IS CHECKED, PROCEED TO “IF CIGARS”
IF C4 “CHEW, DIP, OR SNUFF” IS CHECKED, PROCEED TO “IF SMOKELESS TOBACCO”
IF C4 “OTHER, NONE OF THE ABOVE, DON’T KNOW/NOT SURE, OR REFUSED ARE CHECKED,
PROCEED TO PAGE 7
IF MORE THAN ONE CATEGORY IS CHECKED FOR C4, PROCEED TO ALL CATEGORIES THAT APPLY

IF CIGARETTES:
  C4a. When you did smoke, how many cigarettes per day did you smoke? ¹ * DK/NS R
    □ 10 or less      PROCEED TO PAGE 7
    □ 11 to 20       PROCEED TO PAGE 7
    □ 21 to 30       PROCEED TO PAGE 7
    □ 31 or more     PROCEED TO PAGE 7
    □ DON’T KNOW/NOT SURE  PROCEED TO PAGE 7
    □ REFUSED         PROCEED TO PAGE 7

IF CIGARS:
  C4b. In a typical week, how many days did you smoke cigars? ⁸ Adapted to fit cigars and be past tense *DK/NS R
    □ 0              PROCEED TO PAGE 7
    □ 1              PROCEED TO PAGE 7
    □ 2              PROCEED TO PAGE 7
    □ 3              PROCEED TO PAGE 7
    □ 4              PROCEED TO PAGE 7
    □ 5              PROCEED TO PAGE 7
    □ 6              PROCEED TO PAGE 7
    □ 7              PROCEED TO PAGE 7
    □ Don’t Know/Not Sure  PROCEED TO PAGE 7
    □ Refused        PROCEED TO PAGE 7

If SMOKELESS TOBACCO:
  C4c. In a typical week, how many days did you use chewing tobacco or snuff? ⁸ Adapted to be past tense*DK/NS R
    □ 0              PROCEED TO PAGE 7
    □ 1              PROCEED TO PAGE 7
    □ 2              PROCEED TO PAGE 7
    □ 3              PROCEED TO PAGE 7
    □ 4              PROCEED TO PAGE 7
    □ 5              PROCEED TO PAGE 7
    □ 6              PROCEED TO PAGE 7
    □ 7              PROCEED TO PAGE 7
    □ Don’t Know/Not Sure  PROCEED TO PAGE 7
    □ Refused        PROCEED TO PAGE 7

PROCEED TO PAGE 7
ALL PARTICIPANTS- BOTH BRANCHES- QUESTION D

Have you used a tobacco quitline or website for help in quitting smoking? Interviewer: Check all that apply.

- QUITLINE
- WEBSITE
- OTHER __________
- NONE OF THE ABOVE
- DON’T KNOW/NOT SURE
- REFUSED

D1. Did your dentist, hygienist, or dental assistant give you written materials about your tobacco use? 

- YES
  - If YES, D1a. did you:
    - Not read them
    - Read parts of the materials
    - Read all of the materials once
    - Read them more than once
  - D1b. How helpful did you find them?
    - Not at all helpful
    - Somewhat helpful
    - Very helpful
    - Does not apply

- NO
- DON’T KNOW/NOT SURE
- REFUSED

D2. During your last dental visit, did anyone advise you to quit using tobacco? From Baseline DTC Postcard, adapted to fit last visit

- YES
  - If YES, D2a. How would you rate the helpfulness of Dr. ________ and staff in helping you to consider quitting tobacco? Would you say they were…?
    - Not at all helpful
    - Somewhat helpful
    - Very helpful
    - Does not apply

- NO
- DON’T KNOW/NOT SURE
- REFUSED

D3. In the past 6 months, has a medical doctor advised you to quit using tobacco products? 

- YES

- NO
- DON’T KNOW/NOT SURE
- REFUSED

D4. Do you live with others who smoke or chew tobacco? 

- YES

- NO
- DON’T KNOW/NOT SURE
- REFUSED
I’m going to ask you a few questions about your opinion on tobacco. Please let me know how strongly you agree or disagree with the following:

D5. Tobacco use puts you at risk for health problems. □ STRONGLY AGREE □ AGREE □ NEUTRAL □ DISAGREE □ STRONGLY DISAGREE □ DON’T KNOW/NOT SURE □ REFUSED

D6. Tobacco use puts you at risk for oral health problems. □ STRONGLY AGREE □ AGREE □ NEUTRAL □ DISAGREE □ STRONGLY DISAGREE □ DON’T KNOW/NOT SURE □ REFUSED

D7. Dentists should talk to patients about tobacco use. □ STRONGLY AGREE □ AGREE □ NEUTRAL □ DISAGREE □ STRONGLY DISAGREE □ DON’T KNOW/NOT SURE □ REFUSED

D8. INTERVIEWER: Indicate SEX of Respondent. □ MALE □ FEMALE

D9. What is your age (today) in years? * DK/NS R

___=NUMBER OF YEARS □ DON’T KNOW/NOT SURE □ REFUSED

D10. About how old were you when you first started using tobacco products on a daily or weekly basis (cigars, non-smokeless)? * DK/NS R

___=NUMBER OF YEARS □ DON’T KNOW/NOT SURE □ REFUSED
D11. What is the highest grade or year of school you completed? *(Interviewer: Do not ask the categories, but fill in appropriate category)*

☐ NEVER ATTENDED SCHOOL or ONLY ATTENDED KINDERGARTEN
☐ Grades 1 through 8 (ELEMENTARY)
☐ Grades 9 through 11 (SOME HIGH SCHOOL)
☐ Grade 12 or GED (HIGH SCHOOL GRADUATE)
☐ College 1 year to 3 years (SOME COLLEGE OR TECHNICAL SCHOOL)
☐ College 4 years or more (COLLEGE GRADUATE)
☐ DON’T KNOW/NOT SURE
☐ REFUSED

D12. 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?

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Don’t Know/Not Sure
☐ Refused

D13. What RACE do you consider yourself to be? *(Select one or more of the following)*

☐ Black or African American
☐ White
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other: (specify)____________________
☐ Don’t Know/ Not Sure
☐ Refused

D14. Would you say that in general, your health is:

☐ EXCELLENT
☐ VERY GOOD
☐ GOOD
☐ FAIR
☐ POOR
☐ DON’T KNOW/NOT SURE
☐ REFUSED

This completes the survey. If it’s okay, let me get your address so I can send you a gift card. Do you have a Wal-Mart in the area? If no, ask if a K-Mart is in the area. Note which store’s card to send. Ask for the person’s name and address. [To be saved in separate file for tracking completed survey address list]

Thank you so much for completing this phone survey. Your input is very helpful to our study on Oral Cancer Prevention. If you have any questions, please call Heather Coley at 205-934-9421.

References

1 Fagerstrom Questionnaire to Determine Level of Nicotine Addiction, adaption of original
2 modification of Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
3 Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
4 National Health and Nutrition Examination Survey (NHANES)
5 National Youth Tobacco Survey (NYTS), adaptation to delete a response category and add 2 categories

Page 9 of 10

02272006
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](http://grants.nih.gov/grants/funding/phs398/personal.doc)
10 ATS, Adult Tobacco Survey 2003
11 Monitoring the Future- University of Michigan
   *DK/NS R O means Don’t know/not sure, refused, and other were added by DTC to this question*
DENTAL PRACTICE FINAL SURVEY

Dentist Survey
Oral Cancer Prevention Project Phase 3

This section of the survey is to be completed by the dentist. It will only take about 3-5 minutes to complete. The information provided is confidential and the results will be reported only as statistical summaries, with no personal or practice identifiers. We appreciate your participation as it is critical to the success of this project.

Please answer how much the Oral Cancer Prevention Project has influenced you to do each of the following actions by marking on the scale from 1 -5 with 1 meaning “Not Influenced at All” and 5 meaning “Very Much Influenced.”

D1. How much has the Oral Cancer Prevention Project influenced you to do each of the following?

<table>
<thead>
<tr>
<th>action</th>
<th>Not Influenced at All</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Identify or screen patients for tobacco use by questions in the medical history form</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Identify or screen patients for tobacco use by directly asking them</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Identify or screen patients for tobacco use by physical exam</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Document patient tobacco use in the dental record/chart</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Advise tobacco users to quit</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Provide patients with patient education materials related to tobacco use</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Refer patients to the following resources</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-800-QUIT-NOW quitline/other quitline numbers</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco cessation websites----------------------------------------------</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other providers (for tobacco cessation)---------------------------------</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quit tobacco programs in the area---------------------------------------</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)---------------------------------------------------------</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Help tobacco users set a quit date</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Recommend nicotine replacement therapy like the patch or gum</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Prescribe medicines to help a tobacco user quit</td>
<td>□ □ □ □ □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D2. What is the biggest barrier in your practice to optimal implementation of tobacco screening and prevention as it relates to oral cancer prevention? (CHECK ONLY ONE BOX)

- My practice is too busy
- I do not have Patient Education Materials
- I can’t get reimbursed
- I do not know what to do, or how to do it
- I do not believe it will work
- Other (please specify) ___________________________________________
We are interested in how the Oral Cancer Prevention Project has met your needs and expectations. The next couple of questions are about your experiences with the Project.

D3. How satisfied were you with the Oral Cancer Prevention Project overall?
   - Very Satisfied
   - Satisfied
   - Neither
   - Dissatisfied
   - Very Dissatisfied

D4. Would you recommend this project to a colleague?
   - Yes, Strongly Recommend
   - Yes, Recommend
   - No, Would not recommend

Now we would like for you to provide us with information about yourself.

D5. What is your age? __________ years

D6. What is your gender? Male Female

D7. What is your ethnicity? ______________
   - Caucasian/White
   - African American
   - Native American
   - Asian
   - Hispanic
   - Other, please specify ______________
**General Practice Survey**  
*Oral Cancer Prevention Project Phase 3*

This section of the survey is to be completed by the dentist or a staff member designated by the dentist. It will only take about 10 minutes to complete. The information provided is confidential and the results will be reported only as statistical summaries, with no personal or practice identifiers. We appreciate your participation as it is critical to the success of this project.

Your Name: _________________________________  
Job Title: _________________________________  
Today’s Date: _______________________________

### PRACTICE CHARACTERISTICS

**P1. For each of the following, please estimate the percentage of the people who work in this practice, including dentists, hygienists, assistants, and other office staff. (If you do not know exact percentages, please provide your BEST GUESS.)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Approximately what percentage of the <strong>people who work in this practice</strong>, including dentists, hygienists assistants, and other office staff are…?</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Male</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Female</td>
<td>about ___ %</td>
</tr>
<tr>
<td>[Adds to about 100%]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Approximately what percentage of the <strong>people who work in this practice</strong>, including dentists, hygienists, assistants, and other office staff are…?</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>about ___ %</td>
</tr>
<tr>
<td>African American</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Native American</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Asian</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Hispanic</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>about ___ %</td>
</tr>
<tr>
<td>[Adds to about 100%]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) Approximately what percentage of the <strong>people who work in this practice</strong>, including dentists, hygienists, assistants, and other office staff are…?</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Tobacco users</td>
<td>about ___ %</td>
</tr>
<tr>
<td>Non-tobacco users</td>
<td>about ___ %</td>
</tr>
<tr>
<td>[Adds to about 100%]</td>
<td></td>
</tr>
</tbody>
</table>
### P2. Has your practice made any changes in the way that it approaches oral cancer prevention in the past 18 months?

- [ ] No
- [ ] Yes

If you answered YES to question P2: On which of the following areas did your changes focus? (check all that apply)

- [ ] Increased staff training for oral cancer screening examinations
- [ ] Changed office protocols or policies to increase rates of oral cancer screening exams
- [ ] Increased patient education regarding oral cancer prevention
- [ ] Increased use of Oral CDx Brush Biopsy for early detection of oral cancer
- [ ] Increased systematic screening for risky alcohol use
- [ ] Increased systematic advice for moderation of alcohol intake
- [ ] Increased use of patient education materials related to alcohol and oral cancer
- [ ] Increased systematic screening for tobacco use
- [ ] Increased systematic advice to tobacco users to quit using
- [ ] Increased use of patient education materials related to tobacco use and quitting
- [ ] Increased advice to all patients related to healthy diet and oral cancer prevention
- [ ] Other (please specify) ____________

### PATIENT CHARACTERISTICS

### P3. 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.)

- a) Approximately what percentage of the patients in this practice are…?
  - [ ] Asked about using tobacco
  - [ ] about ____ % of all patients

- b) Approximately what percentage of the tobacco users in this practice are…?
  - [ ] Advised to quit tobacco
  - [ ] about ____ % of tobacco users
Please answer how often you have done each of the following actions in the past 30 days by marking on the scale from 1 - 5 with 1 meaning “At No Visits” and 5 meaning “At Every Visit.”

# Tobacco

## P4. In the past 30 days how often have the following been done with patients who use tobacco?

<table>
<thead>
<tr>
<th>At No Visits</th>
<th>At Every Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a) Advised to quit tobacco</td>
<td>☐</td>
</tr>
<tr>
<td>b) Provided patient education materials related to tobacco use</td>
<td>☐</td>
</tr>
<tr>
<td>c) Referred to the following resources:</td>
<td>☐</td>
</tr>
<tr>
<td>1-800-QUIT-NOW quitline/other quitline numbers----</td>
<td>☐</td>
</tr>
<tr>
<td>Tobacco cessation website-----------------------------</td>
<td>☐</td>
</tr>
<tr>
<td>Other providers (for tobacco cessation)-----------------</td>
<td>☐</td>
</tr>
<tr>
<td>Quit tobacco programs in the area---------------------</td>
<td>☐</td>
</tr>
<tr>
<td>Other (specify)_______________________________</td>
<td>☐</td>
</tr>
<tr>
<td>d) Evaluated how ready a tobacco user is to quit</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Tobacco Users Not Planning to Quit

## P5. In the past 30 days how often have the following been done with patients who use tobacco and are not planning to quit?

<table>
<thead>
<tr>
<th>At No Visits</th>
<th>At Every Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a) Discussed potentially negative consequences of tobacco use</td>
<td>☐</td>
</tr>
<tr>
<td>b) Discussed potential benefits of stopping tobacco use</td>
<td>☐</td>
</tr>
<tr>
<td>c) Encouraged them to write down their reasons for quitting</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Tobacco Users Planning to Quit

## P6. In the past 30 days how often have the following been done with patients who use tobacco and are planning to quit?

<table>
<thead>
<tr>
<th>At No Visits</th>
<th>At Every Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a) Encouraged them to seek positive support from family and friends</td>
<td>☐</td>
</tr>
<tr>
<td>b) Advised to remove all triggers for tobacco use (cigarette lighters, ashtrays, pipes) from their home</td>
<td>☐</td>
</tr>
<tr>
<td>c) Helped set a quit date</td>
<td>☐</td>
</tr>
<tr>
<td>d) Recommended nicotine replacement therapy like the patch or gum</td>
<td>☐</td>
</tr>
<tr>
<td>e) Prescribed medicines to help tobacco user quit</td>
<td>☐</td>
</tr>
</tbody>
</table>

The survey should be returned in the attached addressed, stamped envelope. If you have any questions about this survey, please call XX XX at XXX-XXX-XXXX.