

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

Did anyone <u>at the dentists's office that referred you to this website</u> do any of the following:	Yes, at my last visit	Yes, at another visit	No
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

to help you quit smoking cigarettes?			
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. Prefer not to answer

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. Prefer not to answer

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. Prefer not to answer