

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: _____

Today's Date: _____

Your position: _____

Do the dentists in this practice also practice at other clinics? _____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) about _____%
- Young adults (19 to 44 years) about _____%
- Middle aged adults (45 to 64 years) about _____%
- Older adults (65 or older) about _____%

(Total = approximately 100%)

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

- White, not of Hispanic origin about _____%
- White, of Hispanic origin about _____%
- Black or African American, not of Hispanic origin about _____%
- Black or African American, of Hispanic origin about _____%
- American Indian about _____%
- Asian or Pacific Islander about _____%
- Other, please specify _____ about _____%

(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 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 _____%

(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

2.2 Are any of the dentists in the practice accepting new patients right now? ____Yes ____No

2.3 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 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. We have not had adequate training in smoking cessation counseling.						
c. We do not provide cessation counseling because we must focus on other health issues with our patients.						
d. We do not have the resources needed to help a patient quit smoking (e.g. referral sources, educational materials).						
e. We do not provide cessation counseling because other providers outside of this clinic provide these services.						
f. We do not provide cessation counseling because we have few patients who smoke.						
g. We believe that smoking cessation counseling has limited effectiveness in our patients.						

h. We cannot get reimbursed for smoking cessation counseling.						
i. Prescribing nicotine replacement therapy for patients ready to quit IS a high priority for our practice.						

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. Patient intake forms that ask the patient about their smoking status.			
c. Stickers or tags applied to charts of patients who smoke.			
d. Instructions attached to patient charts that guide staff through the steps of smoking cessation counseling.			
e. Flow sheets attached to patient charts that facilitate documentation of all smoking cessation counseling provided to patients.			
f. Self-help or educational materials for patients who smoke.			
g. Referral to 1-800-QuitNow.			
h. Referral mechanisms for patients who require more intensive assistance to quit.			

PART 3: USE OF COMPUTERS IN THIS OFFICE

3.1 How many computers with Internet access does this practice have? _____

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

- _____ High-speed internet (DSL or Cable)
- _____ Dial-up (requires user to key-in phone number for access)
- _____ Other, please specify _____

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

- _____ Patient education _____ Email _____ Billing/Claims _____ Decision support systems
- _____ Ordering supplies _____ Personal use _____ Scheduling _____ Drug reference database
- _____ Electronic Medical Record _____ Other, please specify: _____

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

