



## 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.



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<insert Dentist Name>  
<insert Dentist Address Line 1>  
<insert Dentist Address Line 2>  
City, State Zip

PLEASE  
PLACE  
STAMP  
HERE

Jessica Williams  
University of Alabama at Birmingham  
FOT 739  
1530 3rd Ave S  
Birmingham, AL 35294-3407

<insert Dentist Name>  
<insert Dentist Address Line 1>  
<insert Dentist Address Line 2>  
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