

Quit Primo/DPBRN Patient Telephone Interview

“My name is Jane Doe and I am calling from decide2quit. May I please speak with (use nickname of patient provided by admin site on LISTTOCALL). “

If you do not reach this person but do reach someone, ask for suggested times to call back.

If you receive voice mail, leave your name, the nature of the call and state that you will call again. Leave number if patient would prefer to call you back.

If you reach this person, “I recently sent you an email asking you to complete a survey and was wondering whether or not you received it?”

If NO, “May I verify your email address and send it again? Or, would you be willing to complete the survey at this time by phone?” **Proceed as directed by patient response.**

If YES, “As reviewed in the email, this web site is part of a research study and designed to assist you in quitting smoking. During your registration to the site, you were asked to complete a survey at a later date for which you will receive a \$30.00 gift card. I would like to ask you to complete the survey at this time by phone. The survey takes only 10-15 minutes to complete.”

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/medical provider. 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.

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. Did you smoke any cigarettes during the past 30 days? ¹⁴

Yes

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

_____ 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? ¹⁶

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 QA1 = Yes, Don't know/Not sure, or Refused- GO TO BRANCH 1

IF QA1 = No - GO TO BRANCH 2

BRANCH 1- SMOKER:

S1: About how many cigarettes do you smoke per day? (Baseline website logon survey)

- _____(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?

- 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? Question from 12, choices from 13 *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 (1 to 3 months ago)
- Within the past 6 months (3 to 6 months ago)
- Within the past year (6 to 12 months ago)
- Within the past 5 years (1 to 5 years ago)
- Within the past 15 years (5 to 15 years ago)
- 15 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?¹⁷

- 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): ^(Team)

- 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, Nortriptyline, 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: ^(adaptation of STORIES SIS)

| | 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 reason 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"/> |

Before Survey, insert ID on ALL Pages.

ID: _____

A5. Thinking about the Decide2Quit website, how helpful were each of the following: ^{Team}

IF PATIENT IS CONTROL A5a-A5f (SUGGESTION – CROSS OUT g-k)

IF PATIENT IS INTERVENTION- 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 ^{Team} | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this survey. Now we need to get a little bit of information in order to send you your gift card. We will be mailing your gift card by certified mail and this will require a signature! Please provide your name: _____ Please provide your mailing address: _____ (Please do not list PO Boxes as the post office will not deliver certified mail to a PO Box) Please also specify whether you would like a Target or WalMart gift card. _____

Your input is very helpful to our study on Tobacco use. If you have any questions, please call Kathryn at 508-856-3547.