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 or 205-996-4957.