



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 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>
City, State Zip

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