Refer – Go- Quit
Final Survey

This survey is to be completed by the contact person. It will take about 15 minutes to complete. The information provided is confidential and the results will be reported only as statistical summaries, with no personal or practice identifiers. We appreciate your participation as it is critical to the success of this project.

Your name:_____

Your role/responsibility at this practice:_____

Tobacco Control

1. *How much has the Refer-Go-Quit Project influenced you to do each of the following?*	**Not Influenced at All**				**Very Much Influenced**
	1	**2**	**3**	**4**	**5**
a) Identify or screen patients for tobacco use	☐	☐	☐	☐	☐
b) Advise tobacco users to quit	☐	☐	☐	☐	☐
c) During the office visit, provide patients with education materials related to tobacco use	☐	☐	☐	☐	☐
d) Refer patients to the following resources					
1-800-QUIT-NOW quitline/other quitline numbers	☐	☐	☐	☐	☐
Other tobacco cessation websites---------------------	☐	☐	☐	☐	☐
Other providers (for tobacco cessation)-------------	☐	☐	☐	☐	☐
Quit tobacco programs in the area-------------------	☐	☐	☐	☐	☐
Other (specify)_____	☐	☐	☐	☐	☐
e) Help tobacco users set a quit date	☐	☐	☐	☐	☐
f) Recommend nicotine replacement therapy like the patch or gum	☐	☐	☐	☐	☐
g) Prescribe medicines to help a tobacco user quit	☐	☐	☐	☐	☐
h) Document patient tobacco use in the record/chart	☐	☐	☐	☐	☐

About Your Practice

2. 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.						

3. Indicate below in what ways has your practice made any changes in the way that it approaches tobacco cessation with your patients since participating in this project? (check all that apply)

a)____ Increased staff training for adherence to tobacco control guidelines.

b)____ Changed office protocols or policies to increase rates of screening for tobacco and advising smokers to quit

c)____ Increased systematic screening for tobacco use

d)____ Increased systematic advice to tobacco users to quit using

e)____ Increased use of patient education materials related to tobacco use and quitting

f)____ Other (please specify)_____

About the Study

We are interested in how the Refer-Go- Quit project has met your needs and expectations.
The next few questions are about your experiences with the Project.

4. Overall, how satisfied were you with the Refer-Go-QuitProject?

❒ Very Satisfied

❒ Satisfied

❒ Neither

❒ Dissatisfied

❒ Very Dissatisfied

5. Would you recommend this project to a colleague?

❒ Yes, Strongly Recommend

❒ Yes, Recommend

❒ No, Would not recommend

6. Thinking about the Refer-Go-Quit Project, how helpful was each of the following components?

Below are different components of the Refer a Smoker Project. Please rate **HOW HELPFUL** each was to you.	**Very helpful**	**Somewhat helpful**	**Neutral**	**Not really helpful**	**Not at all Helpful**	**Did Not Use**
Training call						
Booster calls or emails						
Help desk/ technical support						
Information Prescription						
Posters for your practice						
Incentives to participation						

7. THIS NEEDS TO BRANCH FOR HIGH AND LOW PERFORMING PRACTICES:

High performing
What were your top three strategies for implementing Refer-Go-Quit into your practice.

Low performing
What three things made it difficult for you to implement Refer-Go-Quit into your practice.

CONTROL ONLY

8.a.C. Following are the resources that are available on the Refer a Smoker Website. Please rate each as to HOW

HELPFUL it was to your practice when identifying patients who smoke and advising patients to quit.

Below are the different sections of the Refer a Smoker Website. Please rate **HOW HELPFUL** each was in your efforts to help your patients quit smoking.	**Very helpful**	**Somewhat helpful**	**Neutral**	**Not really helpful**	**Not at all Helpful**	**Unsure/Did Not Use**
Continuing Education						
Patient Education Material						

INTERVENTION ONLY

8.a.I. Following are the resources that are available on the Refer a Smoker Website. Please rate each as to HOW

HELPFUL it was to your practice when identifying patients who smoke and advising patients to quit.

Below are the different sections of the Refer a Smoker Website. Please rate **HOW HELPFUL** each was in your efforts to help your patients quit smoking.	**Very helpful**	**Somewhat helpful**	**Neutral**	**Not really helpful**	**Not at all Helpful**	**Unsure/Did Not Use**
ReferASmoker Box						
Practice Reports						
Quick Start Guide						
Send a Message						

Continuing Education						
Patient Education Materials						

8.b. Now thinking about the Virtual Patient that you selected, please rate the following statements as to whether you Agree or Disagree with the statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Virtual Patient made the website more fun.					
I wanted to skip over the Virtual Patient.					
The Virtual Patient motivated me to come back to the site.					
The Virtual Patient was distracting.					
I chose a virtual patient that is similar to patients in my practice.					
The virtual patient helped me think about working with real patients.					
My virtual patient quit smoking.					
Interacting with the Virtual Patient was a good use of my time.					
I did not choose a virtual patient.					
The name of my Virtual Patient was:					

PATIENT CHARACTERISTICS

9. For each of the following, please estimate the percentage of <u>patients</u> in this practice. (If you do not know exact percentages, please provide your BEST GUESS.)

a) Approximately how many patients are seen at this practice per week? _____/week

b. Approximately what percentage of the **patients in this practice** are ASKED about using tobacco

about ـ____ % of all patients

C) Approximately what percentage of the **tobacco users in this practice** are ADVISED TO QUIT to quit tobacco

about ـ____ % of tobacco users

Thank you so much for your participation in the Refer-Go-Quit Project.
If you have any questions about this survey, please call XX XX at XXX-XXX-XXXX.

SUBMIT