1. What type of practice do you have? ­­­­ \_\_\_\_ General Dentistry \_\_\_ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GEN\_PRAC (=1, else =0) OTH\_PRAC\_SP (text – if not general)**

2. Do you have an Internet connection in your office that allows access to external websites?

\_\_\_ Yes **INTERNET** \_\_\_ No

3. What is the total number of dentists and hygienists in your practice? (Include both full and part time)

Dentists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTDEN** Hygienists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTHYG**

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 **EVREFERFAX (=1)** \_\_\_ 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 **SMOKPERWK**

6. Are you interested in participating in this project?

\_\_\_Yes, very interested **(=2)** \_\_\_Yes, somewhat interested**(=1)** \_\_\_No**(=0)**

**INTEREST**

**Thank you. Please place in the US mail.**

If you have questions email or call Jessica Williams at [jhwilliams@uab.edu](mailto:%20jhwilliams@uab.edu) or 205-996-4957.