**Refer→Go→Quit Smoking Cessation Study**

Health Care Provider Survey

**QUESTIONS 1-14 ARE FOR BOTH INTERVENTION AND CONTROL PRACTICES. QUESTIONS 15-16 ARE ONLY FOR INTERVENTION.**

**Baseline Profile**

1. What is your age? **Q1AGE**
   1. <19 **END SURVEY**
   2. 19-24
   3. 25-34
   4. 35-44
   5. 45-54
   6. 55-64
   7. 65+
2. Are you…? **Q2SEX**
3. Male
4. Female

1. Do you consider yourself to be Hispanic or Latino, that is a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race?
2. Hispanic or Latino **Q3ETHN**
3. Not Hispanic or Latino
4. Don’t Know/Not Sure
5. Refused
6. What RACE do you consider yourself to be? (*Select one or more of the following)*
7. Black or African American **Q4BLACK**
8. White **Q4WHITE**
9. Asian **Q4ASIAN**
10. American Indian or Alaska Native **Q4AMINDALANAT**
11. Native Hawaiian or Other Pacific Islander **Q4NATHAWAII**
12. Other: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Q4RACEOTHER**
13. Don’t Know/ Not Sure **Q4DNKNOW**
14. Refused **Q4REFUSED**
15. Which of the following best describes your role…? **Q5ROLE**
    1. Doctor of Medicine (MD)
    2. Doctor of Osteopathic Medicine (DO)
    3. Physician Assistant (PA)
    4. Nurse Practitioner (NP)
    5. Clinical Nurse Specialist (CNS)
    6. Registered Nurse (RN)
    7. Licensed Practical Nurse (LPN)
    8. Patient Care Technician (PCT)
    9. Nutritionist/Registered Dietician (RD)
    10. Social Worker
    11. Receptionist/Secretary
    12. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. What name would you prefer to appear on your CME/CEU certificates?\_\_\_\_\_\_  
      **Q6-CME NAME-DROPPED**
17. Do you smoke cigarettes? **Q7SMOKE**
    1. Yes, I smoke cigarettes everyday
    2. Yes, I smoke occasionally (NOT every day)
    3. No, I am an EX-smoker
    4. No, I never was a smoker
18. Don’t know / Not sure
19. Refused

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To what extent do you agree or disagree with the following statements? | Strongly Agree | Agree | Neither Agree Nor  Disgree | Disagree | Strongly Disagree |
| 1. I am uncomfortable with counseling my smoking patients about quitting.  **Q8UNCOMFORTABLE** |  |  |  |  |  |
| 1. I sometimes do not have time to counsel my smoking patients about quitting.  **Q9LACKTIME** |  |  |  |  |  |
| 1. My patients’ acute health problems take precedence over smoking cessation counseling. **Q10ACUTEPROB** |  |  |  |  |  |

1. For which of the following activities do you routinely use the Internet?  (check all that apply)
   1. Not at all **Q11NOTATALL**
   2. Search for information on topics such as news, health, travel, sports **Q11SearchInfo**
   3. Read information on a website **Q11ReadInfo**
   4. Send or read e-mail **Q11USEMAIL**
   5. Watch videos or listen to audio clips **Q11VIDEO**
   6. Download files such as computer software, videos, or pictures **Q11DNLDFILES**
   7. Use an online social networking site like MySpace or Facebook or blogging **Q11ONSOCIAL**
   8. Engage in online activities that require more input such as purchasing items, playing games, banking **Q11INPUTBASED**

For the next few questions think about the Refer→Go→Quit Smoking Cessation Study you have enrolled in to help your patients quit smoking using the online website.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicate your belief about the following questions: | Strongly Agree | Agree | Neither/Nor | Disagree | Strongly Disagree |
| 1. I believe that my patients will be willing to be referred **Q12WILLBEREF** |  |  |  |  |  |
| 1. I believe my patients, once referred, will go **Q13WILLGO** |  |  |  |  |  |
| 1. I believe that the online educational system will be of value to my patients  **Q14SYSTEMOFVALUE** |  |  |  |  |  |

**BELOW NOT INCLUDED**

**QUESTIONS FOR INTERVENTION ONLY**

1. After you refer patients to the project, your patients can choose whether or not they visit the website.  To encourage them, we will send a personalized message from you to the patients you refer. This message will be sent from an entirely automated system; therefore, patients will not be able to respond to you directly.

**Please edit the brief, automated email message that you would like your patients to receive after your referral. TEXT IN THE BOX BELOW WILL BE EDITABLE BY PROVIDER**

As we discussed in the office, I feel the [www.Decide2Quit.org](http://www.Decide2Quit.org) website on tobacco cessation would be helpful to you. Please review the website and we can discuss in more detail at your next office visit.

**If your patient does not visit the website within 2 weeks of your referral, we can send another automated message from you. Please edit the text you would like to send patients who have not logged in. TEXT IN THE BOX BELOW WILL BE EDITABLE BY PROVIDER**

Quitting tobacco will be one of the most important decisions you can make for your health. During your last visit we discussed [www.Decide2Quit.org](http://www.Decide2Quit.org). I encourage you to review the website for more information. We can discuss any questions you may have at your next office visit.

**AFTER EDITING THE TEXT, THE PROVIDER WILL CLICK A BUTTON TAKINGTHEM TO A PAGE DISPLAYING THE MESSAGES THEY EDITED/CHOSE. THE TEXT FOR THAT PAGE SAYS:**

Below are the messages that will be emailed to your patients. Would you like to:

1. Further edit the messages **IF YES, SAVE EDITED TEXT AND REINSERT IN QUESTION 15 FOR FURTHER EDITS**
2. Approve messages **IF YES, CONTINUE TO QUESTION 16**
3. We have designed several Virtual Patients to provide you with tips to help your patients quit smoking. You will choose one Virtual Patient to appear on your Refer-A-Smoker homepage. Over the course of the project, the Virtual Patient will provide new information to you based on the number of patients that your practice refers to the system. Furthermore, the appearance of your Virtual Patient will change based on patient referrals made by your practice, e.g., the more patients referred by your practice the healthier your Virtual Patient will be. Please choose one of the Virtual Patients below to appear on your homepage:

Virtual Patient 1: Young, pregnant woman in 1st trimester. This is her first pregnancy. She currently smokes.

Virtual Patient 2: Fifty-two year old man with CAD. Just had stents placed. He currently smokes.