**QP Patient Website Survey**

1. What is your age? **PatAgeGrp**

* 1. <19 **END SURVEY**
  2. 19-24
  3. 25-34
  4. 35-44
  5. 45-54
  6. 55-64
  7. 65+

1. For which of the following activities do you routinely use the Internet?  (check all that apply)

0. Not at all **Q2InetNone**

* 1. Search for information on topics such as news, health, travel, sports **Q2InetSearch**
  2. Read information on a website **Q2InetRead**
  3. Send or read e-mail **Q2InetEmail**
  4. Watch videos or listen to audio clips **Q2InetVideos**
  5. Download files such as computer software, videos, or pictures **Q2InetDownload**
  6. Use an online social networking site like MySpace or Facebook or blogging **Q2InetSocial**
  7. Engage in online activities that require more input such as purchasing items, playing games, banking **Q2InetForms**

1. Do you allow smoking in your home? **Q3AllowSmkHom**
   1. Yes
2. No

4. About how many cigarettes do you smoke per day?\_\_\_\_\_ (number) **Q4NumCigDay**

5. Have you ever visited a smoking cessation website? **Q5VisitedSmokWebsite**

1. Yes

0. No

6. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes **Q6BaseStop1day12m**

0. No

7. Do you want to stop smoking cigarettes? **Q7WantStop**

2. I do not smoke now

1. Yes

0. No

|  |  |  |  |
| --- | --- | --- | --- |
| **SAS Code** | **1** | **2** | **3** |
| **Did anyone at the doctor or dentists’s office that referred you to this website do any of the following:** | **Yes, at my last visit** | **Yes, at another visit** | **No** |
| 8. Ask you if you smoke cigarettes? **Q8ProvAskSmk** |  |  |  |
| 9. Advise you to quit smoking cigarettes? **Q9ProvAdviseQuit** |  |  |  |
| 10. Refer you to the 1-800-QUIT-NOW tobacco quitline? **Q10ProvRefQLine** |  |  |  |
| 11. Arrange a follow-up visit or call to talk more about your quitting smoking? **Q11ProvArrFU** |  |  |  |
| 12. Prescribe nicotine patches, gum or lozenges to help you quit smoking cigarettes? **Q12ProvPrescribe** |  |  |  |
| 13. Give you any handouts or pamphlets about tobacco use? **Q13ProvHandouts** |  |  |  |

14. Are you…? **PatSex**

1. Male
2. Female

15. 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? **PatEthn**

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Don’t Know/Not Sure
4. Prefer not to answer

16. What RACE do you consider yourself to be? (*Select one or more of the following)*

1. Black or African American **Black**
2. White **White**
3. Asian **Asian**
4. American Indian or Alaska Native **AmIndAlaskan**
5. Native Hawaiian or Other Pacific Islander **PacIsleHaw**
6. Other: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OthRace**
7. Don’t Know/ Not Sure
8. Prefer not to answer

17. What is the **highest grade or year of school** you completed? **EducLevel**

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)

98. Don’t Know/Not Sure

99. Prefer not to answer