\*\*\*ID to be used is the User ID from the GOOGLE log

# *Time to complete:\_\_\_\_min*

# *Before Survey, insert ID on ALL Pages..*

# Quit Primo/DPBRN

# Patient Telephone Interview

“My name is *Jane Doe* and I am calling from decide2quit. May I please speak with

*(use nickname of patient provided by admin site on LISTTOCALL).* “

***If you do not reach this person but do reach someone****, ask for suggested times to call back.*

***If you receive voice mail****, leave your name, the nature of the call and state that you will call again. Leave number if patient would prefer to call you back.*

***If you reach this person****,* “I recently sent you an email asking you to complete a survey and was wondering whether or not you received it?”

 *If NO,* “May I verify your email address and send it again? Or, would you be willing to complete the survey at this time by phone?” *Proceed as directed by patient response. In addition – gain answer to one question if possible.*

 *If YES,* “As reviewed in the email, this web site is part of a research study and designed to assist you in quitting smoking. During your registration to the site, you were asked to complete a survey at a later date for which you will receive a $30.00 gift card. I would like to ask you to complete the survey at this time by phone. The survey takes only 10-15 minutes to complete.”

All information you provide will be confidential, you will not be identified by name and none of your information will be given to your dentist/medical provider. Your participation in this interview is voluntary and if you decide not to participate; it will not affect you or your care in any way.

Are you willing to participate in the phone survey?

**IF NO:** That is fine and I thank you for talking with me. **“**May I ask 1 question?”

If YES: “Did you smoke in the last 30 days?”

If NO: “Ok, no problem”

**IF YES:** Great, is this a good time for us to talk?

If NO: Is there a better time to call? TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES: If there are any questions you do not wish to answer, please let me know. There are no right or wrong answers to these questions - just answer the best you can.

A1. Did you smoke any cigarettes during the past 30 days? 14

□ Yes **AnyCigs**

 A1A. During the past 30 days, on how many days did you smoke cigarettes? 15

□\_\_\_\_Number of days **NumDaysSmk30**

□ DON’T KNOW/NOT SURE

□ REFUSED

 A1B. Was the last time that you smoked a cigarette, even one or two puffs .... Within the past 7 days? 16

□ YES **LastCig7days**

□ NO

□ DON’T KNOW/NOT SURE

□ REFUSED

□ No – **GO TO A2**

□ DON’T KNOW/NOT SURE

□ REFUSED

A2. Do you now use any of the following tobacco products? (Team wrote question) **NoOthProd**

□ Cigars **cigars**

□ Smokeless Tobacco like dip, chew, or snuff **Smokeless**

□ Tobacco candy **TobCandy**

□ Other

□ DON’T KNOW/NOT SURE **DontKnowOtherType**

□ REFUSED

**IF QA1 = Yes, Don’t know/Not sure, or Refused- GO TO BRANCH 1**

**IF QA1 = No - GO TO BRANCH 2**

**BRANCH 1- SMOKER:**

**S1:** About how many cigarettes do you smoke per day? (Baseline website logon survey)

□ \_\_\_\_\_(insert number) **CigPerDayAtFU**

□ DON’T KNOW/NOT SURE

□ REFUSED

**S2:** Since you registered with the website on [*input date from website*], have you stopped smoking for one

day or longer because you were trying to quit smoking? **StopAfterReg1day**

□ YES

□ NO

□ DON’T KNOW/NOT SURE

□ REFUSED

**BRANCH 2-NONSMOKER:**

**NS1:** Congratulations on quitting smoking! About how long has it been since you last smoked cigarettes regularly? Question from 12, choices from 13 *Interviewer: Ask the question, then confirm their answer by reading the choice.* **TimeLastSmokeCat**

□ Never smoked regularly

□ Within the past month (0 to 1 month ago)

□ Within the past 3 months (1 to 3 months ago)

□ Within the past 6 months (3 to 6 months ago)

□ Within the past year (6 to 12 months ago)

□ Within the past 5 years (1 to 5 years ago)

□ Within the past 15 years (5 to 15 years ago)

□15 or more years ago

□ Don't know / Not sure

□ Refused

 **NS2**. Did you stop suddenly or did you gradually cut down the number of cigarettes you smoked?17

□ Stopped suddenly **StopSuddenOrGrad**

□ Cut down gradually

□ DON’T KNOW/NOT SURE

□ REFUSED

**BOTH BRANCHES TOGETHER: ALL PARTICIPANTS**

A3. Since you registered with Decide2Quit on { *input date from website* }, have you used any of the following to

help you quit smoking (check all that apply): (Team)

🞏 A quitline (telephone counseling for quitting) **FUA3Quitline**

🞏 In person quit smoking counseling **FUA3InPerson**

🞏 General websites with information for quitting smoking outside of Decide2Quit **FUA3GenWebsites**

🞏 Interactive Online Support Group **FUA3Interactive**

🞏 Hypnotherapy **FUA3Hypnotherapy**

🞏 Acupuncture **FUA3Acupuncture**

🞏 Nicotine Replacement Therapy (gum, patch, lozenge) **FUA3NicRepl**

🞏 Quit Smoking medications (Chantix, Varenicline, Zyban, Wellbutrin, Nortriptiline, Buproprion) **FUA3QuitMeds**

🞏 Prayer, faith, or spiritual support **FUA3Prayer**

🞏 Other (specify)\_\_\_\_ **FUA3Other** \_\_\_\_\_ **FUA3OtherSpec**

A4. We would to know how much Decide2Quit influenced you.  Please indicate how much you agree or disagree that Decide2Quit influenced you to do each of the following: (adaptation of STORIES SIS)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SAS CODE** | **1** | **2** | **3** | **4** | **5** |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| A4a: Cut down on smoking **FUA4CutDown** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4b: Quit Smoking **FUA4QuitSmok** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4c: Talk to a doctor about quitting smoking **FUA4TalkDoc** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4d. Get support from those around you to help quit smoking **FUA4GetSupport** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4e. Set a quit date **FUA4SetQuitDate** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4f. Use Nicotine Replacement Therapy like the patch or gum **FUA4UseNicRepl**  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4g. Make a list of reasons to quit smoking **FUA4MakeList** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| A4h. Use behavioral strategies like distraction or substitution **FUA4BehavStrat**  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

A5. Thinking about the Decide2Quit website, how helpful were each of the following: Team

**IF PATIENT IS *CONTROL* A5a-A5f (SUGGESTION – CROSS OUT g-k)**

**IF PATIENT IS *INTERVENTION*- All A5Questions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SAS CODE** | **4** | **3** | **2** | **1** | **0** |  |
|  | **Very helpful** | **Somewhat helpful** | **Not very helpful** | **Not at all helpful** | **Did not use** |  |
| A5a. My Health Risks section of website **FUA5MyHealthRisks** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5b. Thinking about Quitting section of website **FUA5ThinkQuit** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5c. Family tools section of website **FUA5FamilyTools** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5d. Health provider tools section of website **FUA5ProvTools** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5e. The library section of website **FUA5Library** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5f. Web resources section of website **FUA5WebRes** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5g. Communicating with a Tobacco Treatment Specialist **FUA5CommTTS** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5h. Become an Ex online community **FUA5ExOnline** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5i. Our Advice column **FUA5AdviceCol** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5j. Email messages from peers **FUA5EmailFPeers** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| A5k. Email messages from Decide2Quit Experts **FUA5EmailFExperts** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |

Thinking about your overall experience with the Decide2Quit website, how much would you agree with the following statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SAS CODE** | **1** | **2** | **3** | **4** | 5 |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| A6: I would recommend Decide2Quit to my friends and family Team **FUA6RecD2Q** | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Thank you for completing this survey. Now we need to get a little bit of information in order to send you your gift card. We will be mailing your gift card by certified mail and this will require a signature! Please provide your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please provide your mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please do not list PO Boxes as the post office will not deliver certified mail to a PO Box) Please also specify whether you would like a Target or Wal-Mart gift card.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your input is very helpful to our study on Tobacco use. If you have any questions, please call Kathryn at 508-856-3547.**