***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ROLE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 **q1\_a** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| b) Advise tobacco users to quit **q1\_b** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| c) During the office visit, provide patients with education materials related to tobacco use **q1\_c** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| d) Refer patients to the following resources  **q1\_da** 1-800-QUIT-NOW quitline/other quitline numbers  **q1\_db** Other tobacco cessation websites­­­-------------------  **q1\_dc** Other providers (for tobacco cessation)--------------  **q1\_dd** Quit tobacco programs in the area--------------------  **q1\_de** Other (specify)\_\_\_\_\_\_\_\_\_ **q1\_dspecify**\_ | **❒**  **❒**  **❒**  **❒**  **❒** | **❒**  **❒**  **❒**  **❒**  **❒** | | **❒**  **❒**  **❒**  **❒**  **❒** | **❒**  **❒**  **❒**  **❒**  **❒** | | **❒**  **❒**  **❒**  **❒**  **❒** |
| e) Help tobacco users set a quit date **q1\_e** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| f) Recommend nicotine replacement therapy like the patch or gum **q1\_f** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| g) Prescribe medicines to help a tobacco user quit **q1\_g** | **❒** | **❒** | | **❒** | **❒** | | **❒** |
| h) Document patient tobacco use in the record/chart **q1\_h** | **❒** | **❒** | | **❒** | **❒** | | **❒** |

**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).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SAS Code:** | **1** | **2** | **3** | **4** | **5** | **6** |
|  | **Strongly**  **Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Unsure** |
| 1. We do not have sufficient time during a routine visit to help a patient quit smoking. **q2\_a** |  |  |  |  |  |  |
| 1. We have not had adequate training in smoking cessation counseling. **q2\_b** |  |  |  |  |  |  |
| 1. We do not provide cessation counseling because we must focus on other health issues with our patients. **q2\_c** |  |  |  |  |  |  |
| 1. We do not have the resources needed to help a patient quit smoking (e.g. referral sources, educational materials). **q2\_d** |  |  |  |  |  |  |
| 1. We do not provide cessation counseling because other providers outside of this clinic provide these services. **q2\_e** |  |  |  |  |  |  |
| 1. We do not provide cessation counseling because we have few patients who smoke. **q2\_f** |  |  |  |  |  |  |
| 1. We believe that smoking cessation counseling has limited effectiveness in our patients. **q2\_g** |  |  |  |  |  |  |
| 1. We cannot get reimbursed for smoking cessation counseling. **q2\_h** |  |  |  |  |  |  |
| 1. Prescribing nicotine replacement therapy for patients ready to quit **IS** a high priority for our practice. **q2\_i** |  |  |  |  |  |  |

**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. **Q3\_1** |
| b)\_\_\_ Changed office protocols or policies to increase rates of screening for tobacco and advising smokers to quit **Q3\_2** |
| c)\_\_\_ Increased systematic screening for tobacco use **Q3\_3** |
| d)\_\_\_ Increased systematic advice to tobacco users to quit using **Q3\_4** |
| e)\_\_\_ Increased use of patient education materials related to tobacco use and quitting **Q3\_5** |

f)\_\_\_ Other (please specify)\_ **Q3\_6** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Q3\_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? **Q4**

* Very Satisfied
* Satisfied
* Neither
* Dissatisfied
* Very Dissatisfied

5. Would you recommend this project to a colleague? **Q5**

❒ 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?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SAS Code:** | **1** | **2** | **3** | **4** | **5** | **6** |
| 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 q6\_a** |  |  |  |  |  |  |
| **Booster calls or emails q6\_b** |  |  |  |  |  |  |
| **Help desk/ technical support q6\_c** |  |  |  |  |  |  |
| **Information Prescription q6\_d** |  |  |  |  |  |  |
| **Posters for your practice q6\_e** |  |  |  |  |  |  |
| **Incentives to participation q6\_f** |  |  |  |  |  |  |

7. Think about how you implemented Refer Go Quit in your practice. What were your top 3 challenges and top 3 strategies for implementing the study?

Challenge 1: **challenge\_1**

Challenge 2: **challenge\_2**

Challenge 3: **challenge\_3**

Strategy 1: **strategy\_1**

Strategy 2: **strategy\_2**

Strategy 3: **strategy\_3**

**CONTROL ONLY *(not included)***

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 *(not included)***

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 patients 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 **q9\_a**

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

about \_\_\_\_ % of all patients **q9\_b**

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

about \_\_\_\_ % of tobacco users **q9\_c**

Thank you so much for your participation in the Refer-Go-Quit Project.

If you have any questions about this survey, please call Jessica Williams at 205-996-4957.

SUBMIT