Q#	Variable	Label	Format
PRE-VISIT			
pre	participantID		
pre	practice_id		
pre	subject_id		
Q1	current_smoking_status	Currently smoke any tobacco pilot	YN
Q2	comfort_tobacco_screen	Comfortable w/tobac use screen	YNDK
Q3	comfort_etoh_screen	Comfortable w/alcohol use screen	TobAlc
Q4	comfort_sugar_intake	Comfortable w/sugar use screen	TobAlc
Q5	comfort_hiv_screen	Comfortable w/HIV risk screen	HIVHPV
Q6	comfort_hpv_screen	Comfortable w/HPV risk screen	HIVHPV
Q7	comfort_chronic	Comfortable w/chronic disease screen	MedCond
Q8		why not comfortable - text - omit	
Q9	pay_for_mra	Would pay for screen for multiple diseases	YNDK
Q10	visit_in_last_yr	Made appt w/PCP for checkup within last year	YNDK
Q11	last_pcp_visit	Been to doctor/clinic in last 12 months	NY
	YearLastPCP	Year of last PCP visit	numeric
	MonthLastPCP	Month of last PCP visit	numeric
Q12	survey_date	omitted - all 3/2018	
Q13	PTgender	Patient gender	gender
Q14	PTage	Patient age	
Q15	PTethnicity	Patient ethnicity	ethnicity
Q16	Ptrace	Patient race	race
Q17	insurance_type	Insurance	insurance
Q18	education	Highest degree	educ
Q19	zipcode	Patient residence 5 digit zipcode	
PRE-VISIT	**POST-VISIT**		
Q1	tobacco_screen	Anyone ask if you smoke/use any tobacco product	YN
Q2	tobacco_cessation	Anyone ask if you quit tobacco use	YN
Q3	etoh_screen	Anyone ask your use of aalcohol	YN
Q4	sugar_screen	Anyone discuss your nutrition/use of sugar	YN
Q5	sex_behav_screen	Anyone disuss sex behaviors, HIV,HPV	YN
Q6	pmhx_screen	Anuone ask about existing medical conditiony	YN

Q#	Variable-given	Label	Format
1	participantID	participantID	
2	SampletypeID	SampletypeID	
3	any_response_received	any_response_received	
4	MRA_response	MRA_response	
5	cpcq_response_complete	cpcq_response_complete	
11	participate	participate in survey	participate
12	opt_out_reason	reason opted out	opt_out_reason
13	mra_1cat	estimated % of Pts screened >1 health risk behavior	screen
14	mra_2a	screen tobacco use	freqtoalways
15	mra_2b	screen e-cigarette use	freqtoalways
16	mra_2c	discuss risks with tobacco users	freqtoalways
17	mra_2d	provide NRT recommendations to tobacco users	freqtoalways
18	mra_2e	provide non-med tobacco cessation rec to users	freqtoalways
19	mra_2f	screen alcohol	freqtoalways
20	mra_2g	discuss risks with alcohol users	freqtoalways
21	mra_2h	screen risky sexual behaviors	freqtoalways
22	mra_2i	discuss risks of risky sexual behaviors	freqtoalways
23	mra_2j	screen sugary foods	freqtoalways
24	mra_2k	screen sugary beverages	freqtoalways
25	mra_2l	discuss physical activity level	freqtoalways
26	mra_2m	discuss weight	freqtoalways
27	mra_3	who conducts risk assessments	conducts
28	ccs_1a	screen for family history of diabetes	freqtoalways
29	ccs_1b	screen for family history of hypertension	freqtoalways
30	ccs_1c	screen for family history of heart disease	freqtoalways
31	ccs_1d	screen for family history of obesity	freqtoalways
32	ccs_2a	screen for medical Hx diabetes, truncated at occasionally	freqtoalways
33	ccs_2b	screen for medical Hx HTN, truncated at occasionally	freqtoalways
34	ccs_2c	screen for medical Hx heart dis, truncated at occasionally	freqtoalways
35	ccs_2d	screen for medical history of GERD/reflux	freqtoalways
36	ccs_2e	screen for medical history of sleep apnea/problems	freqtoalways
37	ccs_2f	screen for medical history of obesity	freqtoalways
38	ccs_3a	% of patients recieve blood pressure readings	screen
39	ccs_3b	% of patients assess height/weight	screen
40	ccs_3c	Test any patient for HIV	YN
41	ccs_3d	Measure blood glucose on any patient	YN
48	ccs_4	who asks family history of chronic conditions	whofamhx
49	ccs_5	who asks patient medical history for chronic conditions	whochronic
50	ccs_6a	Visit blood pressure assessment conducted	visit
51	ccs_6b	Visit height/weight assessment conducted	visit
52	ccs_6c	conducts any HIV testing	YN
53	ccs_6d	Visit blood glucose screening conducted	visit
54	ccs_6e	Visit diabetes assessment conducted	visit

55	ccs_6f	Visit hypertension assessment conducted	visit
56	ccs_6g	Visit heart disease assessment conducted	visit
57	ccs_6h	Visit reflux/GERD assessment conducted	visit
58	ccs_6i	Visit sleep apnea/problems assessment conducted	visit
59	klr_1a	Knowledgable re ref sources for tobacco	Knowledgable
60	klr_1b	Knowledgable re ref sources for alcohol use	Knowledgable
61	klr_1c	Knowledgable re ref sources for other substance use	Knowledgable
62	klr_1d	Knowledgable re ref sources for STI risks	Knowledgable
63	klr_1e	Knowledgable re ref sources for diabetes	Knowledgable
64	klr_1f	Knowledgable re ref sources for hypertension	Knowledgable
65	klr_1g	Knowledgable re ref sources for heart disease	Knowledgable
66	klr_1h	Knowledgable re ref sources for reflux/GERD	Knowledgable
67	klr_1i	Knowledgable re ref sources for sleep problems/apnea	Knowledgable
68	klr_1j	Knowledgable re ref sources for obestiy	Knowledgable
69	klr_1k	Knowledgable re ref sources for nutritional counseling	Knowledgable
70	rpir_1a	Make referrals for tobacco use	screen
71	rpir_1b	Make referrals for alcohol use	screen
72	rpir_1c	Make referrals for other substance use	screen
73	rpir_1d	Make referrals for STI risks	screen
74	rpir_1e	Make referrals for diabetes	screen
75	rpir_1f	Make referrals for hypertension	screen
76	rpir_1g	Make referrals for heart disease	screen
77	rpir_1h	Make referrals for reflux/GERD	screen
78	rpir_1i	Make referrals for sleep problems/apnea	screen
79	rpir_1j	Make referrals for obestiy	screen
80	rpir_1k	Make referrals for nutritional counseling	screen
81	rpir_2	Who do you make referrals to	refpcp
82	rpir_3	how often do you follow-up after referral	freqalwaysToDK
83	barrier_1a	barrier_ lack of time	freqtoalways
84	barrier_1b	barrier_Excessive paperwork to obtain reimbursement	freqtoalways
85	barrier_1c	barrier_Lack of reimbursement	freqtoalways
86	barrier_1d	barrier_Not comfortable with Multi-Risk screening	freqtoalways
87	barrier_1e	barrier_Office set-up does not allow private discussions	freqtoalways
88	barrier_1f	barrier_Patients would be uncomfortable with screening	freqtoalways
89	barrier_1g	barrier_Dont have sufficient staff to conduct screening	freqtoalways
90	barrier_1h	barrier_No data collection tools to gather info from Pts	freqtoalways
91	barrier_1i	barrier_Dont have referral sources if identify health risks	freqtoalways
92	barrier_1j	barrier_Conducting MRAs beyond my scope of practice	freqtoalways
97	barrier_2	barrier_ physical layout of office	FreqToOcc

98	barrier_3	barrier_workflow	FreqToOcc
99	attitudes_1a	MRAs are important to offer	agree
100	attitudes_1b	MRAs are better done in PCP office than dental	agree
101	attitudes_1c	MRA in PCP office can reduce morbidity	agree
102	attitudes_1d	MRA in dental office can reduce morbidity	agree
103	attitudes_1e	Would consider offering MRA	agree
104	attitudes_1f	staff talk openly	agree
105	attitudes_1g	practice reflects on new processes	agree
106	attitudes_1h	operates as a team	agree
112	ps_1a	Freq disussions related to quality of dental care	freq5more
113	ps_1b	Freq disussions related to patient satisfaction	freq5more
114	ps_1c	Freq disussions related to practitioner/staff satisfaction	freq5more
115	ps_1d	Freq disussions related to dentist productivity	freq5more
116	ps_1e	Freq disussions related to staff productivity	freq5more
117	ps_1f	Freq disussions related to utilization/cost of care	freq5more
118	ps_2a	Dentist performance monitored:Dental quality of care	YNDK
119	ps_2b	Dentist performance monitored:Patient satisfaction	YNDK
120	ps_2c	Dentist performance monitored:Productivity	YNDK
121	ps_2d	Dentist performance monitored:Utilization or costs	YNDK
122	ps_3a	Staff performance monitored:Dental quality of care	YNDK
123	ps_3b	Staff performance monitored:Patient satisfaction	YNDK
124	ps_3c	Staff performance monitored:Productivity	YNDK
125	ps_3d	Staff performance monitored:Utilization or costs	YNDK
126	ps_4	Use planned communications to contact Pts due for visits	YNDK
127	ps_5a	Existing Agrees with community service agenies	YNDK
128	ps_5b	Existing PCP referral system	YNDK
129	ps_6	Practice use of computer records for clinical/patient data	YN
133	cpcq_1a	have improved quality of care past 6 months	agree
134	cpcq_1b	choose new processes of care	agree
135	cpcq_1c	resources are too limited to improve	agree
136	cpcq_1d	shared vision about quality	agree
137	cpcq_1e	practitioners adhere to practice policies	agree
138	cpcq_1f	developed admin structures to create change	agree
139	cpcq_1g	practice is stressed due to internal changes	agree
140	cpcq_1h	environment is collaborative/cohesive	agree
141	cpcq_1i	practice has quality improvement process	agree
142	cpcq_2a	Provide information/skills-training for staff	agree
143	cpcq_2b	opinion leaders or role modeling	agree
144	cpcq_2c	has implemented changed or created systems	agree
145	cpcq_2d	has removed or reduced barriers	agree
146	cpcq_2e	has organized people into teams	agree
147	cpcq_2f	has delegated aspects of care dentist dont have to do	agree
148	cpcq_2g	has provided power to authorize and make changes	agree
149	cpcq_2h	made periodic measures determine intervention effects	agree

150	cpcq_2i	has developed reports of individual/practice performance	agree
151	cpcq_2j	has performance quality goals/benchmark rates annually	agree
152	cpcq_2k	has implemented customized changes to practice site	agree
153	cpcq_2l	has implemented improvements to reduce dentist work	agree
154	cpcq_2m	has implemented improvements to benefit patients	agree
159	responsetype	response type	