

Appendix 4. Tobacco Cessation Patient Survey



eReferral and Teachable Moment Project

Tobacco Cessation Patient Survey

Note: Q1. was regarding participating in the study (See Participant Consent Process Document)

Nurse Communication:

Q2. Thinking about your recent visit to [NAME OF CLINIC], did the nurse talk with you about smoking?
Yes / No

(If no, skip to question Q5)

Q3. Thinking of that discussion about smoking with the nurse:

1.) Were you asked whether or not you smoked now or in the past?

Yes / No

2.) Were you asked by the nurse about your interest in quitting?

Yes / No

3.) Were you advised to quit smoking?

Yes / No

4.) Were you offered help to quit smoking?

Yes / No

Q4. Thinking of that discussion about smoking with the nurse, how would you rate the nurse on the following qualities?

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
1.) I was treated with respect.	1	2	3	4	5
2.) I felt listened to.	1	2	3	4	5
3.) I was able to honestly speak my mind about quitting.	1	2	3	4	5
4.) My opinion about quitting smoking was treated with respect.	1	2	3	4	5
5.) Things were explained in a way that I could understand.	1	2	3	4	5

Doctor OR Provider Communication:

Q5. Thinking about your recent visit to [NAME OF CLINIC], did your doctor talk with you about smoking?
Yes / No

(If no, skip to question Q7)

Q6. Thinking of that discussion about smoking with the doctor, how would you rate the doctor on the following qualities?

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
1.) I was treated with respect.	1	2	3	4	5
2.) I felt listened to.	1	2	3	4	5
3.) I was able to honestly speak my mind about quitting.	1	2	3	4	5
4.) My opinion about quitting smoking was treated with respect.	1	2	3	4	5
5.) The discussion about smoking was helpful.	1	2	3	4	5
6.) Things were explained in a way that I could understand.	1	2	3	4	5
7.) I am open to discussing smoking with this doctor in the future.	1	2	3	4	5

Tobacco Cessation Resources:

Q7. At your recent visit to [NAME OF CLINIC], were you referred to a resource or program to help you quit smoking?

Yes / No

(If no, stop the survey is complete)

Q8. Did you accept the referral for help to quit smoking?

Yes / No

(If no, skip to Question Q11)

Q9. Do you intend to talk with the tobacco specialist when he or she calls?

Yes / No / Not sure

Q10. Are you clear about what is going to happen next in regard to helping you quit?

Yes / No / Not sure

Q11. Did this referral make you feel like your primary care team is leaving you behind? Yes / No / Not sure

Q12. Did this referral make you feel supported by your primary care team?

Yes / No / Not sure

Thank You / Automatic Redirection to Incentive Survey:

Thank you for taking the time to participate in our survey; it is now complete.

When you click next, you will be redirected to a page to gather contact information so we can send your gift card. Any contact information you provide will only be used for the purpose of sending the gift card.

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