

Dental Professionals' Engagement in Tobacco Cessation Counseling

Demographics	
Question	Response options
Are you 18 years of age or older?	Yes; No
Are you currently practicing clinical dentistry/dental hygiene at least part-time?	Yes, No
What is your age?	Fill-in
What is your gender identity?	Male; Female; Transgender; Do not identify as male; female or transgender; Prefer not to answer
What is your racial or ethnic identity?	Caucasian, White or European origin; Hispanic, Latino, or Spanish; Black or African American; Asian or Asian American; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; Other race, ethnicity, or origin; Prefer not to answer
Practice Characteristics	
How many years have you been in practice as a dentist/hygienist?	0-5 years; 6-20 years; 21+ years
Which best describes your current employment position(s)?	Clinician; Administrator; Educator/Instructor; Researcher; Retired; Other
On average, how many days per week do you currently see patients?	Less than 1; 2; 3; 4; 5 or more
How <i>satisfied</i> are you with your professional career (work life	Sliding bar from 0-10 (1=least satisfied; 10=most satisfied)
What best describes the dental practice setting where you see patients?	Small private practice; Large private practice or corporation; Public health practice; Other
What is your current employer situation?	Sole proprietor; Partner; Employee; Independent contractor
In your primary practice, in which specialty areas are you announcing yourself and practicing as a licensed specialist?	No specialty; Periodontics; Pediatric dentistry; Orthodontics; Endodontics; Oral surgery; Prosthodontics; Oral medicine; Oral radiology; Oral pathology

Which of the following best describes you in your primary practice?	Too busy to treat all people requesting appointments; Provided care to all who requested appointments but overworked; Provide care to all who requested appointments but not overworked; Not busy enough, could have treated more
What is the zip code of the practice where you see patients?	Fill-in
How does your dental practice record and store patient information?	Entirely electronic charting; Mostly electronic charting; Mostly paper charting; Entirely paper charting
Does your dental practice accept patients insured through Denti-Cal (Medicaid)?	Yes; No
Are you currently a member of the California Dental Hygienists' Association?*	Yes; No
What type of degree did you receive to become a dental hygienist? (Don't count training or degrees after licensure)*	Certificate/Diploma; Associate degree; Bachelor's degree; Other
At your primary place of practice, how much time is usually scheduled for you to complete an adult dental prophylaxis appointment (including recall x-rays and exam)?*	30 minutes or less; More than 30 minutes, but less than 60 minutes; 60 minutes or more

Behaviors

How often do you do the following in your clinical practice?	
Perform an oral cancer screening exam	Never; Sometimes; Often; Always
Ask patients about tobacco use status and history	
Document tobacco use status/history in dental record	
Give clear, strong, personalized advice to quit/stay quit	
Discuss health risks of tobacco	
Use open-ended questions to generate discussion about tobacco cessation	
Assess patient's readiness to quit	
Motivate those not interested in quitting to think about quitting	
Assist those who are interested in quitting to develop a plan to quit	
Refer patients to a cessation program	
Provide materials containing telephone quit-line information	
Discuss cessation medications (e.g., nicotine replacements, Zyban, Chantix)	
Follow up with patients trying to quit	
Re-evaluate tobacco use with all patients at follow-up visits	

How much do you agree with the following statement: I verbally ask about tobacco use with all of my patients.	Strongly disagree; Somewhat disagree; Somewhat agree; Strongly agree
How often do you ask your patients about the following products?	
Cigarettes	Never; Sometimes; Most of the time; All of the time
Smokeless tobacco (dip/chew)	
E-cigarettes	
Other tobacco products (i.e., cigars, hookah/waterpipe, pipes)	
Cannabis/marijuana	
At what age do you typically begin asking your patients about tobacco use?	Age 12 or younger; Ages 13-17; Ages 18-24; Ages 25 and older; I do not typically ask about tobacco use
Have you ever received any training in tobacco use prevention or cessation intervention strategies?	Yes; No
Are you aware of the California Smokers' Helpline, found at www.nobutts.org or by calling 1-800-NO-BUTTS or 1-800-QUIT-NOW?	Yes; No
Does your office currently have a tobacco cessation protocol (e.g., written set of steps that staff follow for delivering tobacco cessation counseling)?	Yes; No; I don't know
Select the staff member(s) who provides tobacco cessation services in your dental practice. (Select all that apply)	Dentist; Dental Hygienist; Dental Assistant; Office Manager; Receptionist; No one provides this service; Other
What percentage of the patients in your practice would you estimate use tobacco products?	Less than 5%; Between 5-20%; Greater than 20%

Attitudes

How confident are you to perform the following:	
Counsel patients on how to stop using tobacco	Not at all confident; Slightly confident; Somewhat confident; Very confident
Assess stage of readiness to stop using tobacco	
Assess a patient's nicotine dependence	
Discuss cessation medication options	
Talk to patients about e-cigarettes	
Refer to appropriate resource for cessation support	
Talk to patients about cannabis/marijuana	
How willing are you to take the following actions in your practice to encourage tobacco cessation among your patients?	
Implement a written protocol for tobacco cessation counseling in your office	Not at all willing; Slightly willing; Somewhat willing; Very willing
Provide educational materials (e.g., brochures)	
Provide cards with the number of the smokers' quit-line	

Sign-up patients online with the smokers' quit-line (e-referral)	
Recommend cessation medications (e.g., nicotine replacements, Zyban, Chantix)	
Write prescriptions for cessation medications	
Be trained to help patients stop using tobacco	
Be the tobacco cessation leader in your practice	
Follow-up with patients trying to quit	
Please name one thing that will greatly enhance your ability to provide tobacco cessation services to your patients.	Fill-in
The following question is about barriers that make it harder for you to incorporate tobacco cessation into your practice. Indicate how often these barriers occur.	Never a barrier; Sometimes a barrier; Often a barrier; Always a barrier
Amount of time required	
Patient resistance	
Do not think it is effective	
Lack of training in tobacco cessation	
Lack of referral resources	
Lack of patient education materials in my office	
Lack of reimbursement	
Resistance from other members in office	
Not personally interested	
Other	
How many times have you used the following products in your lifetime?	Never; 1-99 times; 100 times or more
Cigarettes	
Smokeless tobacco (dip/chew)	
Cigars	
Hookah/waterpipe	
E-cigarettes	
Cannabis/marijuana	
Do you currently use the following products every day, some days or not at all?	Not at all; Some days; Every day
Cigarettes	
Smokeless tobacco (dip/chew)	
Cigars	
Hookah/waterpipe	
E-cigarettes	
Cannabis/marijuana	

*Items only asked in survey of dental hygienists