

Before Survey, insert Dr. name on pages 1, 3, and 7.

Oral Cancer Prevention Project Patient Telephone Interview

Hello, may I speak with Mr./Mrs. _____. Wait for response.

This is _____ calling from the University of Alabama School of Dentistry. How are you today? Wait for response.

Your dentist, Dr _____ is participating in a study that looks at preventing oral cancer. I am calling about the post card survey you filled out at the office about six months ago that gave us permission to call you. I would like to ask you a few questions that will take about 10 minutes and you will receive a \$10 gift card for your time. Can I tell you a little more about this project?

- **IF NO:** Is there a better time to call?
 - If YES, TIME: _____
 - If NO, That is fine and I thank you for talking with me.
- IF YES:** Great. PROCEED.

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. 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.

- **[For every 20th call, add the following:** *Would you be willing to let us audiotape this interview for quality purposes? IF YES, turn on recorder, IF NO, tell person you will not record and proceed.]*

Are you willing to participate in the phone survey?

- IF NO:** That is fine and I thank you for talking with me.
- 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. Do you smoke cigarettes, cigars, or use smokeless tobacco (dip, chew or snuff) now?²*DK/NS

- YES
 - A1a. *IF YES:* Do you smoke (or use tobacco products) every day or some days?
 - YES, every day
 - YES, some days
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Now I am going to ask you a question about each type of tobacco.

A2 Do you currently smoke cigarettes (smoked even 1 puff in the last 7 days)?⁸

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

A3. Do you currently smoke cigars (smoked even 1 puff in the last 7 days)?⁸ Adapted to fit cigars

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

A4. Do you currently use chewing tobacco or snuff (took even 1 dip in the last 7 days)?⁸

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

IF A2 or A3 or A4 is YES, PROCEED TO PAGE 3

ELSE,

IF A2=NO, PROCEED TO PAGE 5

ELSE,

IF A3=NO, PROCEED TO PAGE 5

ELSE,

IF A4=NO, PROCEED TO PAGE 5

ELSE,

PROCEED TO PAGE 7

BRANCH 1- QUESTION B ON THIS PAGE ARE FOR PATIENTS WHO CURRENTLY SMOKE

B1. Since the time that you completed the survey in Dr. _____ office, how many times have you made a serious attempt to quit smoking? (A serious quit attempt is 24 hours or more without smoking) ^{8 adapted to say Dr's office *DK/NS R}

- None
- 1 time
- 2 times
- 3 times
- More than 3 times
- DON'T KNOW/NOT SURE
- REFUSED

B2. Are you seriously thinking of quitting tobacco? ^{6 * DK/NS R}

- YES, within the NEXT 30 DAYS
- YES, within the NEXT 6 MONTHS
- NO, not thinking of quitting
- DON'T KNOW/NOT SURE
- REFUSED

IF MORE THAN 1 IN A2-A4 ARE YES, PROCEED TO ALL CATEGORIES THAT APPLY
IF A2 IS YES, PROCEED TO "IF CIGARETTES"
IF A3 IS YES, PROCEED TO "IF CIGARS"
IF A4 IS YES, PROCEED TO "IF SMOKELESS TOBACCO"

IF CIGARETTES:

B3a1. How soon after you wake up do you smoke your first cigarette? ^{1 * DK/NS R}

- 0-5 min
- 6-30 min
- 31-60 min
- After 60 min
- DON'T KNOW/NOT SURE
- REFUSED

B3a2. How many cigarettes per day do you smoke? ^{1 * DK/NS R}

- | | |
|--|-------------------|
| <input type="checkbox"/> 10 or less | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 11 to 20 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 21 to 30 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 31 or more | PROCEED TO PAGE 7 |
| <input type="checkbox"/> DON'T KNOW/NOT SURE | PROCEED TO PAGE 7 |
| <input type="checkbox"/> REFUSED | PROCEED TO PAGE 7 |

IF CIGARS:

B3b. In a typical week, how many days do you smoke cigars? ^{Made symmetrical to B3c}

- 0 PROCEED TO PAGE 7
- 1 PROCEED TO PAGE 7
- 2 PROCEED TO PAGE 7
- 3 PROCEED TO PAGE 7
- 4 PROCEED TO PAGE 7
- 5 PROCEED TO PAGE 7
- 6 PROCEED TO PAGE 7
- 7 PROCEED TO PAGE 7
- Don't Know/Not Sure PROCEED TO PAGE 7
- Refused PROCEED TO PAGE 7

IF SMOKELESS TOBACCO:

B3c. In a typical week, how many days do you use chewing tobacco or snuff? ^{8 *DK/NS R}

- 0 PROCEED TO PAGE 7
- 1 PROCEED TO PAGE 7
- 2 PROCEED TO PAGE 7
- 3 PROCEED TO PAGE 7
- 4 PROCEED TO PAGE 7
- 5 PROCEED TO PAGE 7
- 6 PROCEED TO PAGE 7
- 7 PROCEED TO PAGE 7
- Don't Know/Not Sure PROCEED TO PAGE 7
- Refused PROCEED TO PAGE 7

PROCEED TO PAGE 7

**BRANCH 2- QUESTION C ON THIS PAGE ARE FOR PATIENTS WHO
DO NOT CURRENTLY USE TOBACCO**

Congratulations on quitting smoking!

C1. About how long has it been since you last smoked cigarettes/cigars or used tobacco regularly?²

Interviewer: Ask the question, then confirm their answer by reading the choice. Choices from 5,
choice "past 3-6 months" added

- EARLIER TODAY
- Not TODAY but sometime during the PAST 7 DAYS
- Not during the PAST 7 DAYS but sometime during the PAST 30 DAYS
- Not during the PAST 30 DAYS but sometime during the PAST 3 MONTHS
- Not during the PAST 3 MONTHS but sometime during the PAST 6 MONTHS
- Not during the PAST 6 MONTHS but sometime during the PAST YEAR
- 1 to 4 YEARS AGO
- 5 OR MORE YEARS AGO
- DON'T KNOW/NOT SURE
- REFUSED

C2. When you quit using tobacco, did you use the nicotine patch, gum, or any other medication to help you quit?
10, Added if yes part.

YES

If yes, Which did you use?

C2a. Nicotine Patch

C2b. Nicotine Gum

C3c. Medication _____

- NO
- DON'T KNOW/NOT SURE
- REFUSED

C3. When you quit using tobacco, did you use quit-lines or websites to help? ^{*DK/NS R}

Interviewer: Check all that apply.

- QUITLINE
- WEBSITE
- OTHER _____
- NONE OF THE ABOVE
- DON'T KNOW/NOT SURE
- REFUSED

C4. When you were using tobacco, what type of tobacco products did you use? ^{*DK/NS R O}

Interviewer: If patient reports multiple products, check all that apply.

- CIGARETTES
- CIGARS
- CHEW, DIP, OR SNUFF
- OTHER _____
- NONE OF THE ABOVE
- DON'T KNOW/NOT SURE
- REFUSED

IF C4 “CIGARETTES” IS CHECKED, PROCEED TO “IF CIGARETTES”

IF C4 “CIGARS” IS CHECKED, PROCEED TO “IF CIGARS”

IF C4 “CHEW, DIP, OR SNUFF” IS CHECKED, PROCEED TO “IF SMOKELESS TOBACCO”

IF C4 “OTHER, NONE OF THE ABOVE, DON’T KNOW/NOT SURE, OR REFUSED ARE CHECKED, PROCEED TO PAGE 7

IF MORE THAN ONE CATEGORY IS CHECKED FOR C4, PROCEED TO ALL CATEGORIES THAT APPLY

IF CIGARETTES:

C4a. When you did smoke, how many cigarettes per day did you smoke?^{1 * DK/NS R}

- | | |
|--|-------------------|
| <input type="checkbox"/> 10 or less | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 11 to 20 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 21 to 30 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 31 or more | PROCEED TO PAGE 7 |
| <input type="checkbox"/> DON’T KNOW/NOT SURE | PROCEED TO PAGE 7 |
| <input type="checkbox"/> REFUSED | PROCEED TO PAGE 7 |

IF CIGARS:

C4b. In a typical week, how many days did you smoke cigars?^{8 Adapted to fit cigars and be past tense *DK/NS R}

- | | |
|--|-------------------|
| <input type="checkbox"/> 0 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 1 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 2 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 3 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 4 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 5 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 6 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 7 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> Don’t Know/Not Sure | PROCEED TO PAGE 7 |
| <input type="checkbox"/> Refused | PROCEED TO PAGE 7 |

IF SMOKELESS TOBACCO:

C4c. In a typical week, how many days did you use chewing tobacco or snuff?^{8 Adapted to be past tense*DK/NS R}

- | | |
|--|-------------------|
| <input type="checkbox"/> 0 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 1 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 2 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 3 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 4 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 5 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 6 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> 7 | PROCEED TO PAGE 7 |
| <input type="checkbox"/> Don’t Know/Not Sure | PROCEED TO PAGE 7 |
| <input type="checkbox"/> Refused | PROCEED TO PAGE 7 |

PROCEED TO PAGE 7

ALL PARTICIPANTS- BOTH BRANCHES- QUESTION D

D1. Did your dentist, hygienist, or dental assistant give you written materials about your tobacco use? ⁷

YES

➡ If YES, did you:

- Not read them
- Read parts of the materials
- Read all of the materials once
- Read them more than once

➡ **How helpful did you find them?**

- Not at all helpful
- Somewhat helpful
- Very helpful
- Does not apply

NO

DON'T KNOW/NOT SURE

REFUSED

D2. During your last dental visit, did anyone advise you to quit using tobacco? ^{From Baseline DTC Postcard, adapted to fit last visit}

YES

➡ If YES, D3a. How would you rate the helpfulness of Dr. _____ and staff in helping you to consider quitting tobacco? Would you say they were...? ^{*DK/NS R}

- Not at all helpful
- Somewhat helpful
- Very helpful
- Does not apply
- DON'T KNOW/NOT SURE
- REFUSED

NO

DON'T KNOW/NOT SURE

REFUSED

D3. In the past 6 months, has a medical doctor advised you to quit using tobacco products? ^{*DK/NS R}

YES

NO

DON'T KNOW/NOT SURE

REFUSED

D4. Do you live with others who smoke or chew tobacco? ^{*DK/NS R}

YES

NO

DON'T KNOW/NOT SURE

REFUSED

I'm going to ask you a few questions about your opinion on tobacco. Please let me know how strongly you agree or disagree with the following:

D5. Tobacco use puts you at risk for health problems. ^{Team}

- STRONGLY AGREE
- AGREE
- NEUTRAL
- DISAGREE
- STRONGLY DISAGREE
- DON'T KNOW/NOT SURE
- REFUSED

D6. Tobacco use puts you at risk for **oral** health problems. ^{Team}

- STRONGLY AGREE
- AGREE
- NEUTRAL
- DISAGREE
- STRONGLY DISAGREE
- DON'T KNOW/NOT SURE
- REFUSED

D7. Dentists should talk to patients about tobacco use. ^{Team}

- STRONGLY AGREE
- AGREE
- NEUTRAL
- DISAGREE
- STRONGLY DISAGREE
- DON'T KNOW/NOT SURE
- REFUSED

D8. INTERVIEWER: Indicate SEX of Respondent.³

- MALE
- FEMALE

D9. What is your age (today) in years? ^{* DK/NS R}

- ____ =NUMBER OF YEARS
- DON'T KNOW/NOT SURE
 - REFUSED

D10. About how old were you when you first started using tobacco products on a daily or weekly basis (cigars, non-smokeless)?^{2 * DK/NS R}

- ____ =NUMBER OF YEARS
- DON'T KNOW/NOT SURE
 - REFUSED

D11. What is the highest grade or year of school you completed? (*Interviewer: Do not ask the categories, but fill in appropriate category*)^{3 * DK/NS R}

- NEVER ATTENDED SCHOOL or ONLY ATTENDED KINDERGARTEN
- Grades 1 through 8 (ELEMENTARY)
- Grades 9 through 11 (SOME HIGH SCHOOL)
- Grade 12 or GED (HIGH SCHOOL GRADUATE)
- College 1 year to 3 years (SOME COLLEGE OR TECHNICAL SCHOOL)

- College 4 years or more (COLLEGE GRADUATE)
- DON'T KNOW/NOT SURE
- REFUSED

- D12. Do you consider yourself to be Hispanic or Latino, that is a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race?⁹ *DK/NS R
- Hispanic or Latino
 - Not Hispanic or Latino
 - Don't Know/Not Sure
 - Refused

- D13. What RACE do you consider yourself to be? (Select one or more of the following)⁹ reordered choices and added Other, and DK/NS R
- Black or African American
 - White
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Other: (specify) _____
 - Don't Know/ Not Sure
 - Refused

- D14. Would you say that in general, your health is:³
- EXCELLENT
 - VERY GOOD
 - GOOD
 - FAIR
 - POOR
 - DON'T KNOW/NOT SURE
 - REFUSED

This completes the survey. If it's okay, let me get your address so I can send you a gift card. Do you have a Wal-Mart in the area? If no, ask if a K-Mart is in the area. Note which store's card to send. Ask for the person's name and address. [To be saved in separate file for tracking completed survey address list]

Thank you so much for completing this phone survey. Your input is very helpful to our study on Oral Cancer Prevention. If you have any questions, please call Heather Coley at 205-934-9421.

References

- ¹Fagerstrom Questionnaire to Determine Level of Nicotine Addiction, adaption of original
 - ²modification of Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
 - ³ Behavioral Risk Factor Surveillance System, BRFSS Historical Questions, 2003
 - ⁴ National Health and Nutrition Examination Survey (NHANES)
 - ⁵ National Youth Tobacco Survey (NYTS), adaptation to delete a response category and add 2 categories
 - ⁶ Cancer Prevention Research Center, Smoking: Stage of Change
<http://www.uri.edu/research/cprc/Measures/Smoking11.htm>, adapted to say tobacco instead of smoking and deletion of Stage of Change descriptors (Precont, etc.)
 - ⁷ Judith Gordon from the 6-week Smoker Survey
 - ⁸ Judith Gordon from the Baseline Tobacco Use Survey
 - ⁹ NIH guidelines but based on question from a PHS Personal Information on Principal Investigator /Program Director example offered by the NIH. <http://grants.nih.gov/grants/funding/phs398/personal.doc>
 - ¹⁰ ATS, Adult Tobacco Survey 2003
- *DK/NS R O means Don't know/not sure, refused, and other were added by DTC to this question