

## Attachment 2- Testing Instrument/Smokers' Willingness to Use Tobacco Cessation Products and Services, DOH Oral Health

OMB #0920-0222; Expiration Date: 02/28/10

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**Note to reviewers: This self-administered module is part of a larger survey.  
Sponsor has requested that questions be administered as written.**

1. Which, if any, of the following services or products, do you think help smokers quit? ("X" all that apply)
  - Stop smoking clinic or class
  - Telephone quitline
  - One-on-one counseling from a health care provider
  - Self-help materials, books or videos
  - Nicotine patch, gum, lozenge, inhaler
  - Prescription medications (Zyban/Wellbutrin/bupropion, Chantix)
  - Acupuncture
  - Hypnosis
  - Internet quit site
  - Mobile phone/PDA
  - Other
  - None
2. Stop smoking products with nicotine are....? ("X" ONE)
  - More harmful than cigarettes
  - Less harmful than cigarettes
  - As harmful as cigarettes
  - Don't know
3. What types of assistance did you utilize the last time when you tried to quit smoking? ("X" all that apply)
  - Stop smoking clinic or class
  - Telephone quitline
  - One-on-one counseling from a health care provider
  - Self-help materials, books or videos
  - Nicotine patch, gum, lozenge, inhaler
  - Prescription medications (Zyban/Wellbutrin/bupropion, Chantix)
  - Acupuncture
  - Hypnosis
  - Internet quit site
  - Mobile phone/PDA

Other  
None

4. The last time you tried to quit smoking what did you do? (“X” all that apply)

Gradually reduced the number of cigarettes smoked  
Switched to “light” cigarettes  
Switched to smokeless tobacco/snuff  
Got help from family/friends  
Other  
None

5. How many times have you tried to quit smoking?

\_\_\_\_\_

6. What best describes your intentions regarding quitting smoking? Would you say you...(“X” one)

Will quit in the next 30 days  
Will quit in the next 6 months  
Will quit sometime but not in the next 6 months  
I do not plan to quit

7. What **medical information** could your health care provider give you that would increase your motivation to quit? (“X” all that apply)

**Information on...**

How smoking is affecting your overall health  
How smoking is affecting your current health problems  
How smoking around others affects their health  
Your family history of smoking-related illnesses  
Other  
I do not need medical information about smoking  
Information from my provider won’t increase my motivation to quit

8. What **information on quitting** could your health care provider give you that would increase your motivation to quit? (“X” all that apply)

**Information on...**

How the quitting process works (it takes several tries to quit)  
How he/she can help you develop a plan for quitting  
How telephone quitlines work  
How stop smoking clinics/classes work  
How quitting medications work  
Services that are covered by my health insurance  
How to get support for quitting from your family/friends  
How to deal with stress when quitting  
Other  
I do not need information about quitting  
Information from my provider won’t increase my motivation to quit

9. What **services** would you want from your health care provider to help you quit? (“X” all that apply)

Help developing a plan for quitting  
Prescription for quitting medication  
Self help materials, books, or videos  
Referral to stop smoking clinic/class/specialist

Referral to a telephone quitline  
 Information on how to quit on your own  
 Information for family/friends to help you quit  
 Other  
 I would not be interested in services from my provider

10. How likely are you to seek health care provider's advice in your next quit attempt? (5= Most likely, 1=least likely)

1      2      3      4      5

11. Have you ever asked a health care provider for help in quitting smoking?

Yes  
 No

12. Do you think a health care provider should help you quit smoking?

Yes  
 No

13. If the following services/treatments were free, which would you use in your next quit attempt? ("X" all that apply)

Stop smoking clinic or class  
 Telephone quitline  
 One-on-one counseling from a health care provider  
 Self-help materials, books or videos  
 Nicotine patch, gum, lozenge, inhaler  
 Prescription medications (Zyban/Wellbutrin/bupropion, Chantix)  
 Acupuncture  
 Hypnosis  
 Internet quit site  
 Mobile phone/PDA  
 Other  
 I would not use any services/treatments

14. What services would you want from a free telephone quitline to help you quit? ("X" all that apply)

Help developing a quit plan  
 Information on quitting medications  
 Self help materials, books, or videos  
 Referral to stop smoking clinic/class/local specialist  
 Information on how quit on your own  
 Information for family/friends to help you quit  
 Information on healthy eating/increasing exercise  
 Unlimited calls  
 Access to internet services  
 Free quitting medications  
 Prizes for Quitting  
 Other  
 I would not be interested in quitline services

15. What are the important factors to you in choosing the product you selected? Please, rank them (1 to 4) in order.

[ ] Costs of the therapy  
 [ ] Convenience of the therapy  
 [ ] Availability (prescription or nonprescription)  
 [ ] More helpful in quitting

17. If you were purchasing the medication to quit smoking, would you be willing to pay maximum amount of \$450 out of your pocket for the medication that may help you quit smoking?

Yes (skip to 21)

No

18. If no, would you be willing to pay \$300 out of your pocket for the medication?

Yes (skip to 21)

No

19. If no, would you be willing to pay \$150 out of your pocket for the medication?

Yes (skip to 21)

No

20. If no, would you be willing to pay \$100 out of your pocket for the medication?

Yes

No

21. Now thinking about your household income and other expenses, how confident are you in your previous answers on willingness to pay for the quit medication. ("X" that apply)

Very confident

Somewhat confident

Not too confident

Not at all Confident

## **Division of Oral Health (DOH) Question**

**Note to reviewers: This question is interviewer-administered.**

22. In the past 12 months, has a dentist, dental hygienist or other dental professional spoken with you about...

22a. ...quitting cigarette smoking or stopping using tobacco to improve your dental health?

Yes

No

22b. ...having your blood sugar checked to improve your dental health?

Yes

No

22c. ...looking inside your mouth to check for oral cancer?

Yes

No