



Welcome to *Queens Quits!*

Queens Quits is a program developed to assist Queens-based health care providers to follow best practices for smoking cessation with their patients. *Queens Quits* is a partnership between the Queens Health Network, Memorial Sloan-Kettering Cancer Center, and the American Cancer Society. Our program is made possible by a five-year grant from the New York State Department of Health's Tobacco Control Program. We are one of the 19 funded Statewide Tobacco Cessation Centers.

We would like to know current practices and attitudes regarding clinic-based tobacco cessation interventions for your patients. The information you provide will be used to better assist your department with training and resources needed for smoking cessation. We greatly appreciate your time and effort.

Sincerely,

Queens Quits Partnership

You can return this survey to a Queens Quits staff member at the end of the lecture or you can send it anytime to:

**Queens Quits
Queens Hospital Center
82-68 164th Street, Room A531
Jamaica, NY 11432**

1. For what percentage of your patients do you routinely provide the following tobacco cessation activities?

Provider intervention	Less than 20%	21% to 40%	41% to 60%	61% to 80%	More than 80%
a. Ask <u>all your patients at every visit</u> about tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Advise (tobacco users) to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assess (tobacco users willingness to quit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assist (tobacco users) in developing a quit plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Arrange follow-up contact (for tobacco users)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What barriers exist for providing tobacco cessation counseling in your clinical practice? (CHECK ALL THAT APPLY)

- | | | | |
|---|--------------------------|---|--------------------------|
| a. Not reimbursed by third party payers | <input type="checkbox"/> | e. Inadequate training | <input type="checkbox"/> |
| b. Not necessary/not needed | <input type="checkbox"/> | f. Not cost-effective | <input type="checkbox"/> |
| c. Unsubstantiated by research | <input type="checkbox"/> | g. Patients not willing/motivated | <input type="checkbox"/> |
| d. Takes too much time | <input type="checkbox"/> | h. Other health issues take priority during a visit | <input type="checkbox"/> |

i. Other (specify):	<input type="checkbox"/>
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3. Indicate which of the following referral resources you currently use:

Referral resource	Yes	No	Comment
a. NY State Quit Line	<input type="checkbox"/>	<input type="checkbox"/>	
b. NY State Fax-to-Quit	<input type="checkbox"/>	<input type="checkbox"/>	
c. Elmhurst or Queens Smoking Cessation Programs	<input type="checkbox"/>	<input type="checkbox"/>	
d. Tobacco cessation posters/brochures in patient waiting/exam rooms	<input type="checkbox"/>	<input type="checkbox"/>	

4. Overall, how would you describe you and your staff's interest in providing smoking cessation counseling? (CIRCLE ONE)
- a. There is no expressed interest in this area
 - b. There is expressed interest in this area but there has been no firm commitment
 - c. There is commitment to integrating smoking cessation counseling to the standard of clinical care but there are no consistent actions towards this objective
 - d. There have been steps taken to integrate smoking cessation counseling into the standard of clinical care
 - e. Smoking cessation counseling is already well integrated into our standard of care
 - f. Other (SPECIFY) _____

Section B – Provider Background

1. In your lifetime, have you smoked at least 100 cigarettes? (CIRCLE APPROPRIATE RESPONSES)
 - a. No
 - b. Yes → Are you currently smoking or using any tobacco products?
 - a. No, I am no longer using tobacco products
 - b. Yes, I am currently using tobacco products

2. What is your age?
 - a. 20 - 29 years
 - b. 30 - 39 years
 - c. 40 - 49 years
 - d. 50 - 59 years
 - e. 60 - 69 years
 - f. 70 years or over

3. Your gender?
 - a. Male
 - b. Female

4. Your ethnic/racial group?
 - a. African American
 - b. Asian
 - c. Hispanic
 - d. Native American
 - e. Pacific Islander
 - f. White
 - g. Other (SPECIFY): _____

5. What is your professional/graduate degree? _____ Year completed: _____

THANK YOU FOR YOUR TIME. WE APPRECIATE YOUR PARTICIPATION! So that we can provide you general feedback about results from this survey and to keep you informed of future *Queens Quits!* initiatives, please complete the following:

Survey date: _____/_____/_____

Provider's name: _____
First Middle Initial Last Degree

Work address: _____
 Organization name (hospital, clinic, agency)

 Department/Service unit

 Street Floor/Suite

 City, State Zip

Work phone: (_____) _____

E-mail: _____

Comments and suggestions for *Queens Quits!*:

NOTE: Queens Quits! will keep information you provide on this survey form, including your contact information, strictly confidential.

You can return this survey to a Queens Quits staff member at the end of the lecture or to “Queens Quits” at QHC, 82-68 164th Street, Room A531 Jamaica, NY 11432.

QUEENS QUILTS! COMMUNITY PROVIDER SURVEY

No: _____

Section C – OPTIONAL: Attitudes and beliefs about tobacco cessation

Please indicate the extent to which you agree or disagree with each of the following items.

Item (CIRCLE ONE RESPONSE FOR EACH ITEM)	Strongly Disagree	Some- what Disagree	Neither Agree nor Disagree	Some- what Agree	Strongly Agree
1. Providers can be effective in helping their patients stop smoking	1	2	3	4	5
2. Patients want me to help them stop smoking	1	2	3	4	5
3. Advice from a provider is one of the best ways to help people stop smoking	1	2	3	4	5
4. Patients want to stop smoking	1	2	3	4	5
5. Patients appreciate it when I provide smoking cessation counseling	1	2	3	4	5
6. Based on years of life saved, provider's counseling about smoking is a cost-effective intervention compared to other interventions	1	2	3	4	5
7. Patients are interested in prevention	1	2	3	4	5
8. Patients expect me to counsel them about smoking	1	2	3	4	5
9. Providing follow-up visits helps patients stay off cigarettes	1	2	3	4	5
10. Providers play an important role in countering the influence of tobacco advertising	1	2	3	4	5
11. I am not familiar with the guidelines for prescribing medication to help my patients stop smoking	1	2	3	4	5
12. Smokers are generally noncompliant about quitting	1	2	3	4	5
13. Smoking cessation counseling is a thankless task	1	2	3	4	5
14. Smoking cessation counseling is not an effective use of my time	1	2	3	4	5
15. I have insufficient skills to effectively counsel patients about smoking cessation	1	2	3	4	5
16. Smoking cessation counseling is not a priority to me	1	2	3	4	5
17. Counseling patients about smoking is frustrating	1	2	3	4	5
18. I am unaware of the best strategies for helping patients to stop smoking	1	2	3	4	5
19. Provider-delivered smoking cessation interventions do not work	1	2	3	4	5
20. I am not confident in my ability to help patients stop smoking	1	2	3	4	5