



DPBRN Research Project Interest Survey

1. What type of practice do you have? ☐ General Dentistry ☐ Other, please specify: _____
2. Do you have an Internet connection in your office that allows access to external websites?
☐ Yes ☐ No
3. What is the total number of dentists and hygienists in your practice? (Include both full and part time)
Dentists _____ Hygienists _____
4. Have you ever referred patients to a quit line (e.g., 1-800-QUITNOW) or used a "Fax to Quit" smoking cessation program? ☐ Yes ☐ No
5. In a typical week, estimate the number of smokers seen in your practice. (*A practice is ALL providers: dentists, hygienists, etc. at the dental practice*) _____ smokers/week
6. Are you interested in participating in this project? ☐ Yes, very interested ☐ Yes, somewhat interested ☐ No

Thank you. Please place in the US mail.

If you have questions email or call Jessica Williams at jhwilliams@uab.edu or 205-996-4957.



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<insert Dentist Name>
<insert Dentist Address Line 1>
<insert Dentist Address Line 2>
City, State Zip

PLEASE
PLACE
STAMP
HERE

Jessica Williams
University of Alabama at Birmingham
FOT 739
1530 3rd Ave S
Birmingham, AL 35294-3407

<insert Dentist Name>
<insert Dentist Address Line 1>
<insert Dentist Address Line 2>
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