

Physician Attitudes and Communication of Tobacco Use and Treatment

Instructions

Thank you for taking time to complete this important survey. Your opinions and experiences are extremely valuable and will help us to conduct a comprehensive assessment of tobacco dependence treatment. The questions primarily address smoking cessation and tobacco use, including emerging products like electronic cigarettes and should take less than 15 minutes to complete.

1. Do you have direct health care contact with <u>adult</u> patients in your <u>outpatient</u> practice?

□₁ Yes	
☐₂ No → Please	here and return survey in the self-addressed stamped envelope

2. Please indicate <u>how frequently</u> you do the following in your <u>outpatient practice</u> by circling your choice.

			Some of	Most of	
	Never	Rarely	the Time	the Time	Always
Ask your patients if they smoke	1	2	3	4	5
Advise smokers to stop smoking	1	2	3	4	5
Ask smokers if they are interested in quitting	1	2	3	4	5
Encourage smokers to set a quit date	1	2	3	4	5
Discuss medication options, such as nicotine replacement,					
Zyban® (Bupropion SR) or Chantix® (Varenicline)	1	2	3	4	5
Refer for smoking cessation treatment	1	2	3	4	5
Follow-up with a letter, call, or visit about their smoking	1	2	3	4	5

3. Please indicate the extent to which you <u>agree or disagree</u> that the following are <u>barriers for you</u> <u>in providing</u> smoking cessation treatment by <u>circling your choice</u>.

	Strongly	Somewhat	Somewhat	Strongly
	Agree	Agree	Disagree	Disagree
Lack of time during patient visit	1	2	3	4
Patient's resistance to cessation messages	1	2	3	4
No or limited provider reimbursement	1	2	3	4
Lack of community resources for referral	1	2	3	4
Cost of cessation treatment to the patient (e.g. medication,				
counseling programs)	1	2	3	4
Lack of training or experience in smoking cessation	1	2	3	4
Competing priorities in the visit (e.g. acute illness)	1	2	3	4
Patient's disinterest in pharmacotherapy	1	2	3	4

4. Please indicate how <u>effective</u> you believe the following methods are in helping smokers quit cigarettes by <u>circling your choice</u>.

	Not at all Effective	Minimally Effective	Somewhat Effective	Very Effective
Nicotine Patch	1	2	3	4
Nicotine Gum	1	2	3	4
Nicotine Lozenge	1	2	3	4
Nicotine Oral Inhaler (Nicotrol®)	1	2	3	4
Nicotine Nasal Spray (Nicotrol®)	1	2	3	4
Zyban® (Bupropion SR)	1	2	3	4
Chantix® (Varenicline)	1	2	3	4
Electronic cigarettes (e-cigarettes)	1	2	3	4
Combination of two or more cessation medications	1	2	3	4
E-cigarettes in combination with cessation medication	1	2	3	4
Cutting back on number of cigarettes smoked per day	1	2	3	4

5. Please indicate the extent to which you <u>agree or disagree</u> that <u>nicotine</u> directly contributes to the development of the following health problems by <u>circling your choice</u>.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Birth defects	1	2	3	4
Cardiovascular disease	1	2	3	4
Cancer	1	2	3	4
Depression	1	2	3	4
COPD	1	2	3	4

6. Have your patients <u>ever</u> <u>asked</u> you about e-cigarettes?

□¹ Yes	If YES \rightarrow	6.a. Have any of your patients asked you about e-cigarettes in
□ 2 No		<u>the past 30 days</u> ?
		□₁ Yes
		□₂ No

7. Have you <u>ever recommended</u> to a smoker they should switch to e-cigarettes?

□₁ Yes □₂ No	If YES →	7.a. Have you recommended to a smoker they should switch to e-cigarettes in <u>the past 30 days</u> ?
		□₁ Yes □₂ No

For the next two questions, please read each scenario and indicate which message or messages MOST CLOSELY describes what you would communicate to the patient.

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11. Please indicate the extent to which you <u>agree or disagree</u> with the following statements about <u>e-cigarettes</u> by <u>circling your choice</u>.

	Strongly	Somewhat	Somewhat	Strongly
	Agree	Agree	Disagree	Disagree
E-cigarettes should be available by prescription only	1	2	3	4
Flavors in e-cigarettes should be banned	1	2	3	4
E-cigarette use should be prohibited in public places	1	2	3	4
E-cigarettes should have warnings that they are as harmful as cigarettes	1	2	3	4
E-cigarette use reduces the risk of tobacco-caused disease	1	2	3	4
E-cigarettes help people quit smoking cigarettes	1	2	3	4
E- cigarettes are safer than regular cigarettes	1	2	3	4
E-cigarettes are less addictive than cigarettes	1	2	3	4
E-cigarettes are not safe	1	2	3	4
More evidence is needed demonstrating the effectiveness of e-cigarettes for cessation	1	2	3	4
I am very confident in my ability to answer questions about e-cigarettes from patients	1	2	3	4

12. Please indicate whether you have been informed about e-cigarettes from any of the following sources by circling "Yes" or "no" for each.

Local live lectures (e.g., Grand rounds)	Yes	No
On-line programs (e.g., webinars)	Yes	No
Conferences	Yes	No
Medical journals and other CME materials	Yes	No
Newspaper	Yes	No
TV News	Yes	No
Radio News	Yes	No
Internet news feeds	Yes	No
Internet sites	Yes	No
Social media (Twitter, Facebook)	Yes	No
E-cigarette advertisements	Yes	No

13.	What are the	e top three	medical id	ournals that	vou read	regularly	,?
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1	
2	
3	

14. How old are you? _____

	ale
□ ₂ Male	•
I. Which of th	e following best describes your race/ethnicity?
□ ₁ Whit	re, Non-Hispanic
☐2 Black	c/African American, Non-Hispanic
□₃ Hispa	anic
□ ₄ Asiar	n/Pacific Islander
□ ₅ Soutl	h Asian
☐ ₆ Othe	er
E \\/ha+	did you complete undergreducte medical education?
.5. wnat year c	did you complete undergraduate medical education? Year
6 Did you con	nplete your medical education in the United States?
o. Dia you con	iplete your medical education in the officed states:
□₁Yes	
□ ₂ No	
.7. What is you	r primary medical specialty?
□ ₁ Card	iology
	ily Medicine
	rnal Medicine
□ 4 Ob/G	Зуп
□₅ Onco	
☐ ₆ Puln	nonary
	nt of your work time is spent providing direct patient care?9
8. What perce	Percent
•	Percent
•	e following best describes your practice?
•	
. 9. Which of th	
. 9. Which of th o □1 Solo □2 Grou	e following best describes your practice?
. 9. Which of th o □1 Solo □2 Grou □3 Mult	e following best describes your practice? up- single specialty
.9. Which of the □1 Solo □2 Grou □3 Mult □4 Empl	e following best describes your practice? up- single specialty cispecialty

20. Please check the response that best describes your experience with the <u>Public Health Service</u> <u>Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008).</u>
□₁ Have never heard of these guidelines □₂ Have heard of these guidelines, but have not read them □₃ Have read these guidelines, but have not used them □₄ Have used these guidelines
21. Have you smoked at least 100 cigarettes in your life?
□₁Yes □₂No
22. Have you ever tried an e-cigarette?
□₁Yes □₂ No
23. Have you had any training in smoking cessation treatment?
□₁ Yes □₂ No
24. Would you be interested in receiving training in smoking cessation treatment?
□₁Yes □₂ No

Thank you very much for your time.

Please return your completed survey in the self-addressed stamped envelope.

If you misplaced the self-addressed stamped envelope, please return the survey to:

Rutgers School of Public Health 683 Hoes Lane West, Room 306 Piscataway, NJ 08854

Phone (732) 235-9183