

Before you answer these questions, please read the other side. →

What is your age? _____

Are you: Male ___ or Female ___

| Do You Now: | YES, every day | YES, some days | NO |
|--|--------------------------|--------------------------|----------------------------|
| Eat five servings of fruits or vegetables a day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigarettes, cigars, or use smokeless tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink Alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During your dental visit TODAY did anyone: | YES | NO | |
| Ask you if you eat five servings of fruits or vegetables daily? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ask you if you smoke cigarettes, cigars, or use smokeless tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ask you if you drink alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | |
| During your dental visit TODAY did anyone: | YES | NO | (or does not apply) |
| Advise you to eat five servings of fruits or vegetables daily? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Advise you to quit tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Advise you to cut down or quit alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | |

If you are willing to be called for phone survey, and receive a \$10 gift card, please give us:

Your Name: _____ Phone (area code first) _____

Best day(s) to call you _____; Best time of day: _____ (am / pm)

Dear Patient,

Your dentist is taking part in a study about preventing oral cancer. You are being asked to fill out the other side of this card to help us learn more about what happens during a dental visit.

Answering the questions is voluntary and all your answers will be kept confidential. Nobody from the dental office will see your answers.

We will be contacting some patients from this practice for a brief phone survey. If you are willing to be called, please give us your name and phone number. For taking part in the phone survey you will be mailed a \$10 gift card.

If you decide not to give us your name, we hope you will still answer the questions on this card.

For questions about this project, please call
Andrea Hand Mathews: 205-934-2578

THANK YOU FOR HELPING US! ☺

As you leave, please place your completed card in the survey box.