



SURVEY OF TOBACCO USE AND ORAL HEALTH

I have received written information about the survey on the promotion of tobacco abstinence and cessation by dental staff, and have been provided with the opportunity to ask the researchers questions.

I understand that participation in the survey is voluntary and that I can refuse to participate at any time without giving a reason. I also understand that all information provided here will be kept confidential.

I consent to participate in the survey.

Recipient of consent

Place, date and signature

Helsinki, 21 August 2009

Place, date and recipient's signature

Name in block letters

Professor Heikki Murtomaa
Recipient's name in block letters

Please provide your contact details for a follow-up questionnaire.

Street address:

Postal code:

City or town:

Email address:

I will respond online.

I wish to receive a printed questionnaire.