Appendix A. Survey Instrument

Thank you for agreeing to complete the 2013 Global Tobacco Treatment Training Survey.

This is an international survey of programmes that train people to help individuals to stop using tobacco products. It is a repeat of a similar survey conducted in 2008.

[*Described in Rigotti NA et al. Addiction. 2009 Feb;104(2):288*]

We want to learn how training programmes worldwide compare to current tobacco treatment guidelines. We also want to identify successes and challenges for the implementation of Article 14 (Treatment of Tobacco Use) of the World Health Organization’s Framework Convention on Tobacco Control.

Your individual responses will be kept confidential. At the end of the survey you will have a chance to send us your comments.

Please note, the survey refers to treatment for USERS OF ALL TYPES OF TOBACCO (i.e. cigarettes, cigars, cigarillos, hookahs, pipes, smokeless tobacco or any other tobacco product).

For those who do trainings in multiple settings, please answer questions about your most comprehensive program.

1. Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Confirm email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Website URL (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 6. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Tick this box if you are a freelance trainer and are not completing the survey on behalf of a training organization. |
| Please do complete the survey as your responses are very important to us. |  |

8. Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What is your role in the organization? (Please select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  |  |

 | Manager/Director |
|

|  |  |
| --- | --- |
|  |  |

 | Trainer |
|

|  |  |
| --- | --- |
|  |  |

 | Administrator |
|

|  |  |
| --- | --- |
|  |  |

 | Researcher |
|

|  |  |
| --- | --- |
|  |  |

 | Commissioner (Funder of the service) |
|

|  |  |
| --- | --- |
|  |  |

 | Other, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

10. What is the title of the training programme(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What year did your organization start running training programmes? \_\_\_\_\_\_\_\_

12. How many people did you train in:

a. The year of 2012? \_\_\_\_\_\_\_\_\_trainees

|  |  |
| --- | --- |
|  Tick here if you don’t know |  |

b. Total since the programme began? \_\_\_\_\_\_\_\_\_\_trainees total

 Tick here if you don’t know

13. Who funds your training programme? (Please select all that apply)

|  |  |
| --- | --- |
|  | Government |
|  | Professional organization |
|  | Educational institution |
|  | Other non-governmental organization |
|  | Pharmaceutical company |
|  | Tobacco company |
|  | Fees paid by participants |
|  | Other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

14. Does your programme offer training in smoking cessation or treatment of tobacco dependence to:

Practicing health professionals or educators? (Please mark all that apply)

|  |  |
| --- | --- |
|  | All of the below |
|  | Physicians |
|  | Clinical officers(mid-level practitioners)/physicians assistants |
|  | Nurses |
|  | Psychologists |
|  | Dentists |
|  | Pharmacists |
|  | Smoking cessation/Tobacco treatment specialists (i.e. full-time providers of tobacco treatment) |
|  | None of these |
|  | Social workers/social assistants |
|  | Community health workers |
|  | Respiratory therapists |
|  | Dieticians |
|  | Addictions specialists |
|  | Teachers |
|  | Community or religious leaders |
|  | Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | None of these |

Students of health professions? (Please mark all that apply)

|  |  |
| --- | --- |
|  | All of the below |
|  | Medical students |
|  | Residents, interns, fellows, house officers or registrars |
|  | Clinical officer or physicians assistants students |
|  | Nursing students |
|  | Psychology students |
|  | Pharmacy students |
|  | Other students, please specify\_\_\_\_\_\_\_\_\_\_ |
|  | None of these |

15. What methods does your training programme use? (Please mark all that apply)

|  |  |
| --- | --- |
|  | Face-to-face training |
|  | Online training |
|  | Other (please describe) |

16. How many total hours of training does your programme provide? \_\_\_\_\_\_\_\_\_\_hours

17. Are trainees taught to deliver the following (Please mark all that apply)

|  |  |
| --- | --- |
|  | Brief advice to prompt a quit attempt |
|  | One to one in-person support |
|  | Group treatment support |
|  | Telephone support |
|  | Online support |
|  | Support via social media |
|  | Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

18. Of the list of topics below, which topics does your programme teach trainees about? (Please mark all that apply).

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Don’t Know |
| Prevalence and patterns of tobacco use |  |  |  |
| The consequences of tobacco use on health |  |  |  |
| The benefits of stopping tobacco use |  |  |  |
| The reasons people use tobacco and find it hard to stop, e.g. dependence |  |  |  |
| Biomarkers for tobacco use (e.g. CO or cotinine) |  |  |  |
| Medications to aid the quit attempt |  |  |  |
| Behavior support programmes to help a tobacco user to quit |  |  |  |
| Other topics, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| None of the above |  |  |  |

19. Does your programme teach trainees to use harm reduction strategies for tobacco users who cannot or do not want to quit? *We define harm reduction as an attempt to reduce the harm from tobacco use without complete cessation of one or more tobacco constituents.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Don’t Know |
| Use of nicotine replacement therapy for tobacco reduction or temporary abstinence i.e. during periods of time when one is unable to use tobacco |  |  |  |
| Use of electronic cigarettes (e-cigarettes) for tobacco reduction or temporary abstinence |  |  |  |
| Use of oral/smokeless tobacco for smoking reduction |  |  |  |
| Other harm reduction methods, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

20. Which of the following skills does your programme cover? Please mark all that apply

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Don’t Know |
| How to interview a tobacco user to collect the information needed for treatment |  |  |  |
| How to develop a treatment plan for each tobacco user |  |  |  |
| How to manage medications for tobacco cessation |  |  |  |
| How to provide continued support and help tobacco users to prevent relapse |  |  |  |
| Practical skills (such as CO monitoring practice) |  |  |  |
| How to keep records of tobacco users treated and measure programme results |  |  |  |
| How to refer or work with community resources when treating tobacco users with medical, psychiatric, or psychosocial problems |  |  |  |
| Other, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Don’t know specific skills covered |  |  |  |

21. Do you offer specific training or information for work with any of the following clients? (Please mark all that apply)

|  |  |
| --- | --- |
|  | Youth (under 18 years) |
|  | Clients with mental health problems |
|  | Pregnant women |
|  | People in prison |
|  | People from racial or ethnic minority groups |
|  | Hospitalized patients |
|  | No training or information specific to groups |
|  | Other, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

22. Are individuals’ knowledge and/or skills assessed at the end of the training programme?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | No, there is no end of programme assessment |
|  |  |  | Yes |

If Yes, check all types of assessment used:

|  |  |  |
| --- | --- | --- |
|  |  | Essay or written short answer (open response) examination |
|  |  | Multiple choice (closed response) examination |
|  |  | Observation of counseling |
|  |  | Other (please describe) |

23. Do participants have to pass the training course as a pre-requisite to assisting tobacco users in trying to quit?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

24. Is certification offered to participants who pass your programme?

|  |  |
| --- | --- |
|  | Yes, by the training programme or sponsor institution |
|  | Yes, by an external board |
|  | No, certification is not available |
|  | Don’t know |

25. Are individuals required by the government or a certifying organization to renew the training?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  No, it is one time with no follow-up |  |  |
|  |  Yes, the training has to be repeated every | \_\_\_\_\_years OR | \_\_\_\_\_months |
|  |  Yes, an exam has to be taken every | \_\_\_\_\_years OR | \_\_\_\_\_months |
|  |  Yes, other training renewal is required, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Don’t know |  |  |

26. Does your organization collect and analyze information to evaluate the effectiveness of your training programme?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

27. What challenges does your organization face in conducting training? (please select all that apply)

|  |  |  |
| --- | --- | --- |
|  |  | Funding |
|  |  | Finding trainers to teach |
|  |  | Finding people to be trained |
|  |  | Finding training materials |
|  |  | Other (please describe) |
|  |  | Don’t know |
|  |  | No major challenges |

28. Please write any comments or suggestion in the box below:

Our goal is to have every training programme in your country complete this survey. Do you know of any other tobacco treatment training programmes?

|  |  |
| --- | --- |
|  | Yes, please provide their contact details below. |
|  | No, please attach this document in an email to us (gkruse@partners.org) to finish. |

Other tobacco treatment training programmes

|  |  |  |
| --- | --- | --- |
| Organization | Contact name | Email address |
|  |  |  |
|  |  |  |
|  |  |  |

If there existed an international organization for those who provide training for smoking cessation/ treatment of tobacco dependence, would you be interested in joining?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Thank you for completing the survey.** The information you provided will be a valuable addition to all those involved.