

## Staff Knowledge and Behavior: Tobacco Assessment

This **Staff Knowledge and Behavior: Tobacco Assessment** document is provided by the Behavioral Health and Wellness Program (BHWP) at the University of Colorado for exemplary purposes only. The items included on this page represent only a portion of survey items typically included as part of this assessment for partnering organizations. Depending on the situation, additional follow-up questions will likely be appropriate. *Please note, survey items are unpublished. Please reference the following citation when using items from this sample survey:*

Behavioral Health and Wellness Program (2023). *Organizational Policy and Practice: Tobacco Assessment* [Unpublished survey]. University of Colorado Anschutz Medical Campus.

If you would like a tailored survey or evaluation plan designed specifically for your organization or program, please contact BHWP to request these services at (303) 724-3714 or [bh.wellness@ucdenver.edu](mailto:bh.wellness@ucdenver.edu).

Prior to beginning this survey, it may be desirable to collect demographic information from respondents. Such information is used only for the purpose of linking survey responses over time. It is not used to identify the respondent. If appropriate, collecting the following information is recommended:

- What is your birth **month**?
- What is your birth **day**?
- What are your **initials**?

The following survey assesses your **opinions, knowledge, and practices** related to tobacco treatment at your organization. Your responses are invaluable, and they will help to improve services offered at [organization name].

1. In your lifetime, which products have you REGULARLY\* used (check all that apply)? \*Here, "regularly" refers to at least a few times every few days.
  - Cigarettes
  - Smokeless tobacco (e.g., chewing tobacco, snuff, snus)
  - Cigars
  - Pipe
  - E-cigarettes or vaping
  - Hookah/waterpipe
  - Other tobacco products (please specify): \_\_\_\_\_

2. Which of the following best describes you (check all that apply)?

- I have successfully quit within the past 3 months.
- I have tried to quit unsuccessfully within the past 3 months.
- I would like to try to quit over the next month.
- I would like to try to quit over the next 6 months.
- I have no interest in quitting.
- I have not used any tobacco in the past 3 months.
- I have never used nicotine or tobacco products regularly.
- I have never used nicotine or tobacco products.

For each of the 12 statements that follow in this survey, respondents should select one of the options from the set of five possible responses below. Respondents should indicate how much they AGREE or DISAGREE with the following statements using this scale:

- *Strongly Disagree*
- *Disagree*
- *Neither Agree nor Disagree*
- *Agree*
- *Strongly Agree*

3. Given my existing roles and responsibilities, it is feasible to also provide tobacco prevention and cessation services.
4. It bothers me that secondhand smoke has a negative impact on the health of my patients/clients' children.
5. I feel rewarded when I help a patient/client to successfully quit using tobacco.
6. We do not have sufficient time during a routine visit to help a patient/client quit tobacco/nicotine.
7. I believe tobacco companies should be regulated in their business practices.
8. Given some of the challenges our patients/clients are facing, I feel that working with them on tobacco cessation would be detrimental to more immediate medical and/or behavioral goals.
9. Seeing the health effects of tobacco use on my patients/clients upsets me.
10. Smoking cessation is a reasonable goal for the populations we work with.
11. There is no safe level of exposure to secondhand smoke.
12. Whether or not our patients/clients use tobacco themselves, I feel it is our clinic's responsibility to discuss secondhand smoke exposure in the home, whenever it is present.
13. Complete abstinence from nicotine (including electronic nicotine delivery products, such as vaping devices) is a reasonable goal for the populations we work with.
14. Given competing demands, I feel it is often more important to prioritize non-tobacco related health issues during routine visits.

For each of the following 11 statements, respondents should select one of the options from the set of five possible responses below. Respondents should select the category that best describes their level of knowledge and/or familiarity with the following **strategy, tool, or practice** for tobacco treatment. Respondents should answer these questions even if they do not have direct contact with patients/clients.

- *I have never heard of this*
  - *I have not received formal training, and I do not [would not] feel comfortable using this*
  - *I have received formal training, but I still do not [would not] feel comfortable using this*
  - *I have not received formal training, but I still feel [would feel] comfortable using this*
  - *I have received formal training, and I feel [would feel] comfortable using this*
15. Brief evidence-based tobacco treatment intervention protocols like the 5 A's, 2 A's & R, and/or SBIRT
  16. Enter tobacco use and history information within our clinic's HER
  17. Administer and interpret validated nicotine dependence instruments (e.g., Heaviness of Smoking Index, Fagerström Test for Nicotine Dependence)
  18. CPT/HCPCS billing codes for tobacco cessation services, intermediate or intensive
  19. Available web-based or mobile tobacco cessation resources
  20. Tobacco-free policies for homes and/or vehicles
  21. Procedures for making referrals to the state tobacco quitline
  22. Make specific recommendations for FDA-approved pharmacotherapies (nicotine replacement therapy, bupropion, varenicline)
  23. Implement Motivational Interviewing (MI) techniques with patients/clients to facilitate healthy behavior changes
  24. Assist patients/clients in making a cessation or reduction treatment plan
  25. Assist patients/clients in developing a cessation maintenance plan, including a plan for what to do in the event of relapse

For each of the following 17 statements, respondents should select one of the options from the set of six possible responses below. Respondents should select what percentage of the time they currently provide the listed tobacco cessation and prevention services with patients/clients who use tobacco. Respondents should answer these questions even if they do not have direct contact with patients/clients.

- 0% (0)
- 1 - 25% (1)
- 26 - 50% (2)
- 51 - 75% (3)
- 76 - 99% (4)
- 100% (5)

26. Ask about current tobacco use status and history of tobacco use
27. Document tobacco use status in patient/client record
28. Administer validated nicotine dependence instruments, such as the Heaviness of Smoking Index, the Fagerström Test for Nicotine Dependence, or the Hooked on Nicotine Checklist
29. Ask all patients/clients (adult and pediatric) about whether any children are exposed to cigarette/vape smoke in homes and vehicles
30. Promote tobacco-free policies for the home and vehicles
31. Assess interest in quitting/reducing tobacco use
32. Refer to the state tobacco quitline
33. Refer to web-based or other mobile phone tobacco cessation programs/resources
34. Provide evidence-based messaging around Electronic Nicotine Delivery System (ENDS) (e.g., e-cigarettes)
35. Arrange for between-visit cessation support
36. Arrange for follow-up via future clinical visits, phone, email, or other
37. Ask patients/clients about current tobacco use status at every follow-up appointment (clinical visits)
38. Advise patients/clients not to use tobacco
39. Use open ended questions to explore tobacco use, barriers to quitting, and motivation to quit
40. Assist patients/clients in making a cessation or reduction treatment plan
41. Encourage/prescribe any of the FDA-approved tobacco cessation pharmacotherapies (nicotine replacement therapy, bupropion, varenicline)
42. Assist patients/clients in developing a cessation maintenance plan, including a plan for what to do in the event of relapse