

TACKLING INDIGENOUS SMOKING (TIS) PROGRAM  
CLINICIAN SURVEY

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We are interested in what you think about smoking in your community and how best to help people who want to quit. The following questions ask about your experiences with smokers in clinic and in the community. There are no right or wrong answers, so please answer as honestly as you can. The information you provide will help us to plan our activities for the Tackling Indigenous Smoking Program. We really value your opinions and thank you for taking the time to share your knowledge and experience with us. All information collected is CONFIDENTIAL. It will be used to help improve our TIS Program

**Name:**

**Role:**

**Clinic:**

Unless otherwise indicated, please tick the answer that best describes your experience or opinion:

1. When a client presents to the clinic as a smoker do you ask about their smoking  
Never      Rarely      Sometimes      Mostly      Always
  
2. If a client presents as a smoker do you advise that they quit  
Never      Rarely      Sometimes      Mostly      Always
  
3. If a client presents as a smoker do you assess readiness to quit  
Never      Rarely      Sometimes      Mostly      Always
  
4. If a client presents as wanting to quit or as interested in quitting do you (please tick all that apply):  

<input type="checkbox"/> Offer NRT	<input type="checkbox"/> Help the patient to create a plan to quit
<input type="checkbox"/> Refer patient to Quitline	<input type="checkbox"/> Create a follow up appointment
<input type="checkbox"/> Refer patient to another practitioner (i.e. doctor, child health care nurse)	<input type="checkbox"/> Follow up patient (i.e. house calls)
<input type="checkbox"/> Discuss potential barriers to quitting (i.e. family smokes)	<input type="checkbox"/> Record details in Communicare

Other, please detail.....  
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5. If a client presents as not ready to quit, or not interested in quitting what do you do?  
Please detail.....  
.....  
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6. Do you routinely update clients' smoking status on communicate?

- Never      Rarely      Sometimes      Mostly      Always

If you answered **never, rarely or sometimes** please explain why you might not update this information.....  
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7. Do you consider it part of your role as a clinician to inform people of smoking harms?

- Yes      No      Not sure

Comment.....  
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.....

8. Do you consider it part of your role as a clinician to assist people to quit smoking?

- Yes      No      Not sure

Comment.....  
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9. Do you feel that you have the time, resources and training to effectively support a patient to quit smoking?

- Yes      No      Not sure

If you answered no, what do you feel are the major barriers to you assisting a patient to quit smoking?.....  
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10. What social/cultural barriers do you feel are important in preventing people attempting to quit?

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11. Do you feel that your clinic clients are sufficiently well informed about smoking harms to make educated choices about their smoking behaviours?

Yes      No      Not sure

If no, please describe areas that you feel education/further information would be helpful.

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12. Based on your experience in the community, what information or actions do you believe would increase peoples' desire to quit smoking or stop them taking it up?

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13. Based on your experience within the community, what information or actions do you feel would support peoples' ability to quit and stay quit? (please tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Access to further support such as Quitline or counselling | <input type="checkbox"/> Training for clinicians in assisting people to quit             |
| <input type="checkbox"/> Development of smoke free spaces in the community         | <input type="checkbox"/> More hours a day to work with people wanting to quit            |
| <input type="checkbox"/> Development of smoke free spaces in peoples' homes        | <input type="checkbox"/> Provision of publications/information supporting people to quit |
| <input type="checkbox"/> An increase in the availability/understanding of NRT      | <input type="checkbox"/> Greater awareness of the support available for people quitting  |
| <input type="checkbox"/> Involvement of partners/family in quitting process        |  |
| <input type="checkbox"/> Other, please detail.....                                 |  |

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Your opinions and experiences are very important to us. If you have run out of space for any of the questions above, or if there is anything else you think it would be useful for us to know, please write any additional comments over the page.

Thank you for taking the time to complete this survey. If you have any questions please contact [insert name]