

TACKLING INDIGENOUS SMOKING (TIS) PROGRAM
PAMS STAFF SURVEY (DRAFT)

We are interested in your opinions about the PAMS smoking policy. The following questions ask about your experiences and understanding of the policy. 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:

Position in PAMS:

Usual Location:

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

YOUR SMOKING HABITS

Do you smoke?

Yes No

If no, have you ever smoked?

Yes No

If yes:

How long have you smoked?

How many cigarettes do you normally smoke a day?

Have you tried to quit smoking before?

- never
- once
- a couple of times
- lots of times

What method/s have you used to quit smoking?

- cold turkey (stop suddenly using no medication)
- patches / gum
- cutting down

other

What is the longest single period of time you have not smoked?

..... days

..... weeks

..... months

..... years

What do you think are the main barriers to you quitting smoking?

concern about weight gain difficulty concentrating

feeling irritable coping with stress

cravings coping with boredom

socialising with other smokers other

coping with withdrawal

Can you rate your desire to quit smoking? (mark the line X to show your rating)

1 2 3 4 5 6 7 8 9 10

(I really, really want to quit)

(I don't want to quit at all)

POLICY KNOWLEDGE

1. Is smoking allowed in outdoor areas of PAMS buildings?

Yes No Not sure

2. Are staff allowed to smoke during paid work hours?

Yes No Not sure

3. Is smoking allowed in PAMS vehicles during long-distance trips?

Yes No Not sure

4. Do you think community members and other users of the workplace/vehicles are aware of the smoking regulations?

Yes No Not sure

5. Do you think the smoking regulations are effectively communicated/advertised?

Yes No Not sure

6. Do you think the smoking regulations are sufficiently enforced?

Yes No Not sure

ATTITUDE TO POLICY

1. Do you feel that PAMS smoking policy is sufficient?

Yes No Not sure

Comments.....

.....

2. Do you feel that staff should be allowed to smoke:

- Around the workplace?

Yes No Not sure

- In PAMS vehicles

Yes No Not sure

- During work hours

Yes No Not sure

3. Do you feel that non-smoking staff and clients are adequately protected from second hand smoke?

Yes No Not sure

4. Do you feel that PAMS should offer assistance to staff to quit smoking?

Yes No Not sure

5. Do you feel that you would have sufficient support from PAMS should you choose to quit?

Yes No Not sure

6. Do you feel that PAMS offers sufficient quit support to the communities it works with?

Yes No Not sure

7. What do you think PAMS could do to improve quit support for:

Staff.....
.....
.....

The communities it works with.....
.....
.....

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 these comments in the space below or over the page.

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