



OTPF Training Survey: Cessation Brief Interventions



1. Date

/ /

2. Are you: Male Female

3. How old are you (years)?

4. Which of these best describes you?

- White
- African-American
- Hispanic
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native
- Other _____

5. What is your current position?

- Physician
- Nurse
- Dentist
- Respiratory Therapist
- Social Worker
- Other _____

6. Approximately how many clients/patients do you plan to provide this program to in the next 12 months?

7. Where do you plan to implement this intervention?

- Hospital/clinic (check all that apply)
- Practitioner office
- Community setting
- Work sites
- Other _____

8. After receiving the training today, how confident do you feel in your ability to deliver this intervention?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

9. How comfortable do you feel with the material that was covered today?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

Office Use Only:

Agency ID Page of