

Registration Form

Course Date / /

Course Location

Name

Profession

| | |
|---|--|
| <input type="checkbox"/> Medical / GP | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Education / Youth |
| <input type="checkbox"/> Other (please state) | |

Work Setting

| | |
|--|---|
| <input type="checkbox"/> Health Services Acute | <input type="checkbox"/> Health Services Primary Care |
| <input type="checkbox"/> Community | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other (please state) | |

Work Address

Contact Number

Email

Line Manager's Name

Line Manager's Contact Email

Personnel No. *Only relevant to HSE Staff. Number can be found on your pay slip.*

I confirm I have sought and received consent from my line manager to attend this training.

BRIEF INTERVENTION FOR SMOKING CESSATION

Pre Course Reflective Evaluation

Course Date / /

Course Location _____

Name _____

Email _____

Have you previously attended brief interventions training? Yes No

If yes, please indicate year training was undertaken _____

Please rate your level of confidence in discussing quitting smoking with your clients?

Not confident ◀ 0 1 2 3 4 5 6 7 8 9 10 ▶ Confident

Do you discuss the effect of smoking on your clients' health?

Always Usually Sometimes Rarely Never

Do you discuss quitting with your clients who smoke?

Always Usually Sometimes Rarely Never

Do you offer brief advice to clients as a routine part of your work?

Always Usually Sometimes Rarely Never

If yes: how long does the intervention take?

<1 min 1-5 mins 6-10 mins >10 mins

Do you record your clients' smoking status? Yes No

If yes, how do you record this information: (*tick **all** that apply*)

Chart Electronically Other (please state) _____

If yes, how often is information updated? (*tick **one** box*)

Every visit Yearly Never Other (please state) _____

If you do not record smoking status, please state reason(s) _____

Are you familiar with the pharmacological products/treatments available to aid quitting?

Yes No Unsure

Are you aware of the smoking cessation services available to help smokers quit?

Yes No

If you are aware of these services, do you refer clients to these services?

Always Usually Sometimes Rarely Never

Do you give health information leaflets on smoking to clients?

Always Usually Sometimes Rarely Never

Follow-up evaluation will take place at 3 and 12 months.