

We Can Quit Participant Satisfaction Survey

1. Which group did you attend? Women's group ☐ Men's group ☐ Mixed gender group ☐

2. How much do you agree or disagree with the following statements?

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree strongly
I really enjoyed the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The venue and location were very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I would recommend the course to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know more about the dangers of smoking than I did before the course started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the pharmacy staff was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I am very happy with the support offered by the 2 Community Facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the other group members was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know where to go to get support to quit smoking if I need it in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

3. Did the community facilitators tell you about any additional support services available to you?

☐ Yes ☐ No

4. If you answered yes to Question 2 please tick the boxes below or tell us about the additional services you used or heard about

- ☐ Quitline or www.quit.ie
- ☐ Cookery classes or Healthy Food Made Easy
- ☐ Exercise groups/walking groups/sports groups
- ☐ Addiction services e.g. AA

Other: _____

5. Have you quit smoking?

☐ Yes and I stayed quit ☐ Yes but I relapsed and I have quit again ☐ Yes but I relapsed ☐ No

6. If you are quit at the end of the programme, how many weeks have you been quit?

☐ 1 - 2 weeks ☐ 3 - 4 weeks ☐ 5 - 6 weeks ☐ 7 - 8 weeks ☐ More than 8 weeks

7. What do you feel was done well in the We Can Quit programme?

8. What do you feel could have been improved in the We Can Quit programme?

9. Finally, could you please tell us a little about what being part of We Can Quit has meant to you?

Thank you!