

Course venue: _____

Hosting organisation (ask the community facilitator): _____

Today's date: ____/____/____

1. What gender are you?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
2. Which type of course did you attend?	<input type="checkbox"/> Male only	<input type="checkbox"/> Female only	<input type="checkbox"/> Mixed gender		
3. How much do you agree or disagree with the following statements?	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
You really enjoyed the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue and location were very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would recommend the course to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You know more about the dangers of smoking than you did before the course started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support offered by the two community facilitators was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
The course met your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please add any comments you would like to make about any of the above statements:					
.....					
.....					
.....					
.....					

Your quit smoking journey

4. Did you quit smoking?
 Yes and I stayed quit Yes but I relapsed and I have quit again Yes but I relapsed No

5. If you have quit, how many weeks have you been quit?
 1-2 weeks 3-4 weeks 5-6 weeks 7-8 weeks more than 8 weeks

6. If you relapsed or did not yet quit, do you plan to quit:
 In the next 2 weeks In 2-6 weeks In more than 6 weeks Not sure

7. Do you know where to get support to quit if you need it in the future?
 Yes No

General feedback on the course

8. Did you hear about any of the following programmes or supports during the course?

<input type="checkbox"/> Other HSE Quit services	<input type="checkbox"/> Cookery classes/Healthy Food Made Easy
<input type="checkbox"/> Exercise groups/walking groups/sports groups	<input type="checkbox"/> Addiction services e.g. AA
<input type="checkbox"/> Social prescribing	<input type="checkbox"/> Parenting programme
<input type="checkbox"/> Other:	

9. Thinking about it, what was done well?

10. Thinking about We Can Quit, what could be improved?

11. Do you have any additional comments that you would like to make about We Can Quit?

Thank you!