

Table 4

Survey Items and Response Codes in Practice, Knowledge, Barrier, Attitude, and Efficacy Scales

Practices

In the past month, how frequently did you: (1=Never, 5=Always)

- Ask your patients whether they smoked?
- Advise patients who did smoke to quit smoking?
- Assist patients who wanted to stop smoking with referrals and advice to quit?
- Arrange a follow-up visit or phone call to discuss quitting?

In the past month, how frequently did you encourage your patients who smoke to: (1=Never, 5=Always)

- Stop smoking completely
- Use nicotine replacement
- Reduce smoking to five or fewer cigarettes per day, if patient stated they could not quit
- Not smoke in the presence of infants or children

Please indicate your level of agreement or disagreement with the following statements: (1= Strongly disagree, 5= Strongly agree)

- Smoking cessation counseling is an important part of my job

Knowledge

Smoking increases the risk of: (1= Strongly disagree, 5= Strongly agree)

- Heart attack
- Diabetic ulcers
- Impotence
- Bladder cancer
- Poor wound healing
- The hazards of smoking have been clearly demonstrated.
- The hazards of second-hand smoke have been clearly demonstrated
- HIV increases the risk of developing smoking-related illness

Barriers

There are various reasons that might limit the capacity to offer smoking counseling. Please rate the importance of each of the following items in your practice: (0=Not at all important, 3=Very important)

- Patients not interested
- Patients do not comply
- Lack of impact on patients
- Lack of time
- Lack of reimbursement
- Lack of community resources to refer patients
- Lack of patient education material
- Lack of training
- Complexity of smoking cessation guidelines
- Other health problems require

Please indicate your level of agreement or disagreement with the following statements: (1= Strongly disagree, 5= Strongly agree)

- I am able to tailor cessation counseling to my patient needs

Beliefs and Attitudes

Please indicate your level of agreement or disagreement with the following statements: (0=Not at all important, 3=Very important)

- If a patient has been in recovery from alcoholism for less than 6 months, quitting smoking would threaten their sobriety (R)*
- Smoking cessation counseling is an important part of my agency's mission
- Clinicians should advise patients to quit even if it's not the reason for the visit
- Counseling by a clinician helps motivate smokers to quit
- Clinicians should make appointments specifically to help patients quit
- Smoking is a personal decision which does not concern the clinician (R)*

In your opinion, what is the best point to encourage clients to stop smoking? (R)*

- As soon as they begin treatment at your clinic
- After one year of treatment at your clinic
- It depends on the client
- Never

In your opinion, for clients who use drugs and smoke cigarettes, which should come first:

- quit using drugs
- quit smoking
- quit smoking and using drugs at the same time

Self-Efficacy

Please indicate your level of agreement or disagreement with the following statements: (1= Strongly disagree, 5= Strongly agree)

- I have the required skills to help my patients quit smoking
- My patients are concerned about smoking
- My patients follow my advice about behavior change
- My patients who smoke want to quit smoking
- I know where to refer patients for help with smoking cessation

If you counseled all of your patients who smoke, what percentage do you think would try to quit smoking for more than 6 months? (0-10% to > 40%)

If you counseled all of your patients who smoke, what percentage do you think would successfully quit smoking for more than 6 months? (0-10% to > 40%)

If a nicotine dependence treatment component were developed specifically for your clients, how confident would you be in your ability to treat nicotine dependence with no further training? (R)*

- | | | |
|----------------|----------------|----------------------|
| Very confident | Probably could | Not confident at all |
|----------------|----------------|----------------------|

If a nicotine dependence treatment component were developed specifically for your clients, and you were given training, how confident would you be in your ability to treat nicotine dependence with no further training? (R)*

- | | | |
|----------------|----------------|----------------------|
| Very confident | Probably could | Not confident at all |
|----------------|----------------|----------------------|

Given your clinical experience, how much emphasis do you believe should be placed on nicotine dependence treatment for drug abuse/HIV? (R)*

- | | | |
|--------------|-------------------|-------------|
| A great deal | A moderate amount | None at all |
|--------------|-------------------|-------------|

* (R) indicates reverse coding for these items.