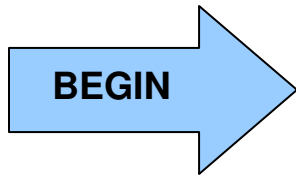


SAMPLE

[Insert Hospital Name] Employee Tobacco-Use Survey

Thank you for taking five minutes to complete this survey.



Have you quit using all tobacco products since the hospital announced becoming tobacco-free campus wide?
This includes cigarettes, cigars, chew, dip, snuff.

₁ **Yes** —→ If you answered “**Yes**,” please answer the six questions in **Column A**.

₂ **No, not yet** —→ If you answered “**No**,” please answer the six questions in **Column B**.

COLUMN A

Yes, I have quit using all tobacco products.

1. When was your quit date? ___/___/_____
Mo Day Year
2. Have you used any medicines to help quit tobacco since the hospital announced becoming tobacco-free campus wide? (Check all that apply.)
 - ₁ Nicotine patch
 - ₂ Nicotine gum
 - ₃ Bupropion (Zyban) (Wellbutrin)
 - ₄ Varenicline (Chantix)
 - ₅ None
 - ₆ Other: _____ (Please describe.)
3. Are you still using any medicines to help you stay quit? (Check all that apply.)
 - ₁ Nicotine patch
 - ₂ Nicotine gum
 - ₃ Bupropion (Zyban) (Wellbutrin)
 - ₄ Varenicline (Chantix)
 - ₅ None
 - ₆ Other: _____ (Please describe.)

*Please turn the page and continue with **COLUMN A**, #4.*

COLUMN B

No, I have not yet quit using all tobacco products.

1. Have you tried to quit since the hospital announced becoming tobacco-free campus wide?
₁ Yes ₂ No
2. Are you interested in trying to quit in the future?
₁ Yes ₂ No
3. Have you reduced your use of tobacco since the hospital announced becoming tobacco-free campus wide?
₁ Yes ₂ No
4. Have you used any medicines to help you quit tobacco since the hospital announced becoming tobacco-free campus wide? (Check all that apply.)
 - ₁ Nicotine patch
 - ₂ Nicotine gum
 - ₃ Bupropion (Zyban) (Wellbutrin)
 - ₄ Varenicline (Chantix)
 - ₅ None
 - ₆ Other: _____ (Please describe)

*Please turn the page and continue with **COLUMN B**, #5.*

COLUMN A

4. Since the hospital announced becoming tobacco-free campus wide, have you used any other aids or programs to help you quit tobacco? (Check all that apply.)
- ₁ [Hospital Name] Employee Wellness Program
 - ₂ NC Quitline (1.800.QUIT.NOW / 1.800.784.8669)
 - ₃ Quit program in the community or at the health department
 - ₄ Websites (for example: www.smokefree.gov, www.quitnownc.org)
 - ₅ None of the above
 - ₅ Other: _____ (Please describe.)
5. Did the hospital going tobacco-free campus wide help you decide to quit using tobacco?
- ₁ Yes ₂ No
6. How helpful were each of these items to you in quitting the use of tobacco?
- a. Hospital going tobacco-free campus wide
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful
- b. Quitting medicines
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Didn't use
- c. Talking with trained professionals (for example: QuitSmart counselor, other counselor, quitline, pharmacist, physician, etc.)
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Didn't do
- d. Support from a family member or friend
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Didn't use

COLUMN B

5. Are you currently using any medicines to help you quit tobacco? (Check all that apply.)
- ₁ Nicotine patch
 - ₂ Nicotine gum
 - ₃ Bupropion (Zyban) (Wellbutrin)
 - ₄ Varenicline (Chantix)
 - ₅ None
 - ₆ Other: _____ (Please describe)
6. Since the hospital announced becoming tobacco-free campus wide, have you used any other aids or programs to help you quit tobacco? (Check all that apply.)
- ₁ [Hospital Name] Employee Wellness Program
 - ₂ NC Quitline (1.800.QUIT.NOW / 1.800.784.8669)
 - ₃ Quit program in the community or at the health department
 - ₄ Websites (for example: www.smokefree.gov, www.quitnownc.org)
 - ₅ None of the above
 - ₆ Other: _____ (Please describe.)
7. How helpful have each of these items been to you in trying to quit the use of tobacco?
- a. Hospital going tobacco-free campus wide
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful
- b. Quitting medicines
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Haven't used
- c. Talking with trained professionals (for example: QuitSmart counselor, other counselor, quitline, pharmacist, physician, etc.)
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Haven't done
- d. Support from a family member or friend
- ₁ Very Helpful ₂ Helpful ₃ Not Helpful ₄ Haven't done

Thank you!

[Provide instructions for returning surveys and contact person for questions.]

Developed by NC Prevention Partners' Healthy Hospital Initiative