

**PRENATAL/POSTPARTUM SURVEY FOR
HEALTH DEPARTMENT STAFF**

GENERAL INFORMATION

1. Date: _____

TREATING PREGNANT/POSTPARTUM SMOKERS IN YOUR WORKPLACE

2. Please **estimate** the following for your workplace:

a. What percentage of your pregnant clients were smokers at the time they became pregnant?	_____ %
b. What percentage of those smoking at the time they became pregnant quit upon learning of their pregnancy?	_____ %
c. What percentage of those smoking at the time they became pregnant are still smoking at their first prenatal visit to your clinic?	_____ %
d. What percentage of those smoking at the time they became pregnant are still smoking at delivery?	_____ %
e. What percentage of your clients quit smoking during pregnancy but returned to smoking after they delivered?	_____ %

3. In general, which statement best describes your role in discussing smoking cessation with clients? (*please check one*)

- I have primary responsibility for discussing smoking cessation with clients
- I play a secondary role in discussing smoking cessation with clients
- I am not involved in discussing smoking cessation with clients

TREATING PREGNANT/POSTPARTUM SMOKERS IN YOUR WORKPLACE, CONTINUED

4. At a client's **FIRST** visit, how often do the following activities happen? (*please check one box for each statement below*)

	Always	Usually	Sometimes	Rarely	Never
a. A pregnant client is asked about her smoking status					
b. A client who quit smoking during pregnancy is asked about her postpartum smoking habits					
c. A client who did not quit smoking during pregnancy is asked about her smoking status					
d. A client's smoking status is recorded in her medical record					
e. A client is advised to stop smoking					
f. A client is told about the benefits of quitting and the harms of continuing to smoke					
g. There is an assessment of her willingness to try to quit					
h. A problem-solving approach is used to counsel the client (e.g., help client to identify "trigger" situations for smoking or manage withdrawal symptoms like nervousness and snacking)					
i. A client receives information on how to create a supportive environment in the home or workplace (e.g., help client identify a "quit buddy" or identify smoke-free space at home or work, refer to a quitline)					
j. A pregnant client is given pregnancy-specific self-help smoking cessation materials					
k. A postpartum client is given parent-specific self-help smoking cessation materials					

TREATING PREGNANT/POSTPARTUM SMOKERS IN YOUR WORKPLACE, CONTINUED

5. At **prenatal FOLLOW-UP** visits, how often do you or someone on your staff ask about a **pregnant** client's smoking status? (*please check one*)

Always	Usually	Sometimes	Rarely	Never

6. At **postpartum FOLLOW-UP** visits, how often do the following activities happen? (*please check one box for each question below*)

	Always	Usually	Sometimes	Rarely	Never
a. How often do you ask about a postpartum client's smoking status?					
b. How often do you discuss nicotine replacement products with your postpartum clients who smoke?					
c. How often do you discuss bupropion (Zyban / Wellbutrin) with your postpartum clients who smoke?					

7. Please indicate whether you agree or disagree with each of the following statements for your workplace. (*please check one box for each statement below*)

	Agree	Disagree	Unsure
a. I do not have sufficient time during a routine visit to help a client quit.			
b. I am not required by the state Department of Health to assist a client in quitting smoking.			
c. I do not have the resources needed to help a client quit (e.g. referral sources, materials, training).			

TREATING PREGNANT/POSTPARTUM SMOKERS IN YOUR WORKPLACE, CONTINUED

8. Please indicate whether you agree or disagree with each of the following statements. *(please check one box for each statement below)*

	Agree	Disagree	Unsure
a. I do not provide cessation counseling because other providers outside of my clinic provide these services.			
b. A Health Department employee should be involved in delivering smoking cessation interventions for clients.			
c. Learning smoking cessation is not a priority for me because I must focus on other health issues with my clients.			
d. Learning smoking cessation for clients is not a priority for me because I have few clients who smoke.			

9. On a scale from 0 to 10, please indicate how important a risk factor you believe smoking to be for **PREGNANT** women. *(please circle one number)*

0 1 2 3 4 5 6 7 8 9 10
 Least important Most important

10. On a scale from 0 to 10, please indicate how important a risk factor you believe smoking to be for **POSTPARTUM** women. *(please circle one number)*

0 1 2 3 4 5 6 7 8 9 10
 Least important Most important

11. On the scale below, please indicate how receptive you believe **PREGNANT** smokers are to smoking cessation interventions. *(please circle one number)*

0 1 2 3 4 5 6 7 8 9 10
 Not at all receptive Very receptive

12. On the scale below, please indicate how receptive you believe **POSTPARTUM** smokers are to smoking cessation interventions. *(please circle one number)*

0 1 2 3 4 5 6 7 8 9 10
 Not at all receptive Very receptive

LEARNING MORE ABOUT SMOKING CESSATION DURING PREGNANCY/POSTPARTUM PERIOD

16. Have you received formal training on how to help pregnant/postpartum women stop smoking? *(please check one)*

- Yes (Go to Questions 17 & 18)
- No (Go to Question 19)

17. Where did you receive this training? *(please circle all that apply)*

- a. Undergraduate or Professional School
- b. CEU-accredited lecture/program
- c. In-Service
- d. Other (specify): _____

18. How much of your current method of counseling pregnant/postpartum smokers was self-taught? *(please circle one)*

- a. All
- b. Most
- c. Some
- d. None

Continue with Question 19.

19. Of the following areas, which would you like to know more about? *(please check one box for each statement below)*

	Yes	No
a. The negative effects of smoking on pregnant women, children, and other household members		
b. How to ask clients about smoking so you get the truth		
c. How to advise a client to stop smoking		
d. How to provide social support as part of cessation treatment for a woman who smokes		
e. How to help the smoker get support from her home or workplace		
f. What self-help materials to give a smoker		
g. How to organize the WIC clinic in terms of record keeping and client flow so that the smoking status of a client is assessed at follow-up visits		
h. What to do if a client continues to smoke		

LEARNING MORE ABOUT SMOKING CESSATION DURING PREGNANCY/POSTPARTUM PERIOD, CONT.

20. What areas related to smoking cessation in pregnancy or the postpartum period, not listed above, would you like to know more about?

21. Which of the following resources would you use to learn more about smoking cessation for pregnant/postpartum women? *(please check one box for each question below)*

	Yes	No
a. Conference?	<input type="checkbox"/>	<input type="checkbox"/>
b. In-service training?	<input type="checkbox"/>	<input type="checkbox"/>
c. Video/DVD?	<input type="checkbox"/>	<input type="checkbox"/>
d. CD ROM?	<input type="checkbox"/>	<input type="checkbox"/>
e. Web-based resources?	<input type="checkbox"/>	<input type="checkbox"/>
f. Printed materials (e.g., manuals, journal articles)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Other? (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS

22. Gender *(please check one)*

- Male
- Female

23. With which race or ethnic group do you identify? *(please check one)*

- African-American, non-Hispanic
- American Indian/Alaska Native
- Asian-American or Pacific Islander
- Hispanic
- White, non-Hispanic
- Other *(please specify)* _____

PERSONAL CHARACTERISTICS, CONTINUED

24. Please indicate your professional training (*please check all that apply*)

- Registered Nurse
- Licensed Practical Nurse
- Nurse Practitioner
- Nurse Aide I
- Nurse Aide II
- Physician
- Physicians Assistant
- Social Worker
- Registered Dietician
- Other (*please specify*) _____

25. Please indicate the highest degree that you have attained (*please check one*)

- High School Diploma
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate

26. Do you currently use any tobacco products yourself? (*please check one*)

- Yes
- No

Thank you for your participation!