



# Native Communities

## Confidence Self-Assessment

The following statements address competencies related to assisting people to abstain from commercial tobacco use. **Please indicate your level of confidence in addressing these issues by selecting the most appropriate number.**

	Definitely Not Confident	Not Confident	Undecided	Confident	Definitely Confident
1. I can screen for and assess commercial tobacco use	1	2	3	4	5
2. I can accurately assess an individual's motivation to quit	1	2	3	4	5
3. I can perform a brief intervention for commercial tobacco dependence	1	2	3	4	5
4. I can explore issues related to smoking and quitting, even with someone NOT INTERESTED in quitting	1	2	3	4	5
5. I can accurately assess the dependence level of an individual	1	2	3	4	5
6. I can effectively use educational materials for commercial tobacco dependence treatment	1	2	3	4	5
7. I can provide individuals with accurate information regarding the health benefits of quitting	1	2	3	4	5
8. I can personalize the benefits of quitting with each individual	1	2	3	4	5
9. I can create office protocols to support commercial tobacco dependence treatment	1	2	3	4	5
10. I can provide individuals with simple advice and instructions about nicotine replacement therapy	1	2	3	4	5
11. I can describe first-line pharmacotherapies for commercial tobacco dependence treatment	1	2	3	4	5
12. I can help individuals develop a personalized plan for quitting	1	2	3	4	5
13. I can help individuals identify community resources to help them quit	1	2	3	4	5
14. I can arrange for appropriate follow-up for individuals	1	2	3	4	5

## Knowledge Self-Assessment

The following questions are designed to assess your level of knowledge about commercial tobacco issues before completing the Basic Tobacco Intervention Skills for Native Communities certification. Your answers on these questions do not count for a grade. **Please select the one response that provides the best answer.**

1. Commercial tobacco use should be brought up with the individual	
a. whenever the individual is presenting with a tobacco-related problem because they will be more motivated to quit	d. only every few months, so that the individual does not feel "nagged" about quitting
b. at every visit	e. only by the physician
c. only during general check-up visits when the individual is more likely to be focused on lifestyle issues	
2. The highest risk for relapse from nicotine withdrawal is:	
a. after the first week of being commercial tobacco free	c. during the first two weeks after quitting
b. during the first 24 hours after quitting	d. up to three months after quitting
3. Name the first non-nicotine medication approved for use in treating commercial tobacco dependence:	
a. Claritin	d. Valium
b. Dexatrim	e. Zyban
c. Flonase	
4. Name the Five As:	
a. ask, advise, assess, arrange, act	d. anticipate, advise, assess, arrange, act
b. ask, advise, admonish, assist, arrange	e. approach, ask, advise, assist, arrange
c. ask, advise, assess, assist, arrange	

# The University of Arizona HealthCare Partnership

## Nicotine Dependence Treatment Certification Program *Systems Survey*

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Employer: \_\_\_\_\_

Which of the following tobacco control activities are routine procedures within your workplace setting?

*(please select all that apply, N/A = Not Applicable)*

Yes	No	N/A	ASSESSMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Ask about current commercial tobacco use at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ask about past commercial tobacco use at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Ask about the potential of environmental tobacco smoke and/or vaping aerosol exposure within their home, workplace, vehicles, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Discuss the importance of quitting with those unwilling to quit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Distribute self-help materials on a consistent basis to those using commercial tobacco.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other <i>(please specify)</i> _____

  

Yes	No	N/A	TREATMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Implement the 5 A Model when conducting tobacco dependence treatment interventions with those using commercial tobacco.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Help those who are willing to make a quit attempt, to set a date and develop a quit plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Refer to suitable intensive services to support their quit attempt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Refer to intensive services provided by: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Provide follow-up support for those using commercial tobacco during a quit attempt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other <i>(please specify)</i> _____

  

Yes	No	N/A	PHARMACOTHERAPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Inform about the use of pharmacotherapy (medication) for commercial tobacco dependence treatment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Provide no cost or reduced cost medications to assist those using commercial tobacco who are willing to set a quit date: <i>Check medications available.</i> <input type="checkbox"/> Nicotine Replacement Therapy (NRT) <input type="checkbox"/> Bupropion SR <input type="checkbox"/> Varenicline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Have physician standing orders to provide pharmacotherapy for those willing to set a quit date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other <i>(please specify)</i> _____

  

Yes	No	N/A	DOCUMENTATION & TRACKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Utilize a system <i>(e.g. vital sign stamps, medical history form, progress note, problem list cover sheet, computerized record system)</i> to ask about current and past commercial tobacco use, along with the incidence of exposure to environmental tobacco smoke and/or vaping aerosol at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Document tobacco prevention/cessation intervention in their record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Implement the Electronic Health Record to document/track tobacco prevention/treatment interventions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Obtain treatment outcome information and verify abstinence using biochemical validation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other <i>(please specify)</i> _____

  

Yes	No	N/A	SYSTEM SUPPORT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Use billing codes to obtain reimbursement for Tobacco Dependence Treatment services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Provide a setting that has instituted policies and procedures that ensure a tobacco-free campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other <i>(please specify)</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. None