Assessing Determinants of Tobacco Cessation Service Provision among Family and General Physicians in Riyadh City, Saudi Arabia

Dear participant,

You are invited to participate in a research study entitled ***Assessing Determinants of Tobacco Cessation Service Provision among Family and General Physicians in Riyadh City, Saudi Arabia***. The purpose of the research is to characterize current practice and constructs known to influence tobacco cessation service provision. The data from this study will inform future educational interventions in KSA to prepare health care professionals to provide tobacco prevention and cessation to their patients

Your participation in this research project is completely voluntary and your responses will remain confidential and anonymous.

If you agree to participate in this project, please answer the questions on the questionnaire as best you can. It should take approximately 15 minutes to complete.

If you have any questions about this project, feel free to contact the principal investigator at the following address ybeshawri@kfmc.med.sa

Thank you for your assistance in this important endeavor.

CONSENT:
- I have read and I understand the provided information
- I had the opportunity to ask questions
- I agree to participate in this study and my agreement is voluntary

Participant's signature:

Date:

Demographics.

1. **Age:** _____

2. **Gender** ☐ Male ☐ Female

3. **Years in practice:** _____

4. **Do you hold certification(s) in an area of specialty practice:**
   ☐ Yes   ☐ No

   Type of Certification(s) (if applicable): _____

5. **Current position**
   ☐ Resident
   ☐ Board certified physician
   ☐ Consultant

6. **Name of Primary Health Care Center (PHCC):** _____

7. How much training did you previously receive on tobacco cessation (Extensive, Moderate, Minimal, None)

8. **Smoking status**
   ☐ Smoker
   ☐ Non-smoker

9. **Have you smoked 100 or more cigarettes in your lifetime?**
   ☐ Yes   ☐ No

10. **Frequency of smoking (per day)**
    ☐ 0
    ☐ <5
    ☐ 5-9
    ☐ 10-14
    ☐ >14

11. Which of the following best describes your tobacco use (cigarettes, E-cigs, cigars, pipes, shisha)
    ☐ Use tobacco once or more a day
    ☐ Use tobacco less than once a day
    ☐ Used to use tobacco but quit.   In what year did you quit? __ __
    ☐ Experimented with tobacco a few times in the past

12. Please choose the best answer to the following questions

	Subjective Belief					
1	How frequently do you give/recommend interventions to help individuals quit using tobacco?	Never	Rarely	Sometime	Often	Always
2	How important do you think it is to change clinical practice based on the latest scientific evidence?	Not at all	Slightly	Moderately	Very	Extremely
3	How important do you think it is to address tobacco cessation in your clinical practice?	Not at all	Slightly	Moderately	Very	Extremely
4	How valuable do you think it is to receive evidence-based tobacco cessation education?	Not at all	Slightly	Moderately	Very	Extremely
5	How complex do you think it is to provide tobacco cessation in their practice?	Not at all	Slightly	Moderately	Very	Extremely
	Normative Belief					
6	How frequently do you think your provider colleagues give/recommend interventions to help individuals quit using tobacco?	Never	Rarely	Sometime	Often	Always
7	How important do you think your provider colleagues think it is to change clinical practice based on what is learned from continuing education programs?	Not at all	Slightly	Moderately	Very	Extremely
8	How important do you think your provider colleagues think it is to address tobacco cessation in their clinical practice?	Not at all	Slightly	Moderately	Very	Extremely
9	How valuable do you think your provider colleagues think it is to receive evidence-based tobacco cessation education?	Not at all	Slightly	Moderately	Very	Extremely
10	How complex do you think your provider colleagues think it is to provide tobacco cessation in their practice?	Not at all	Slightly	Moderately	Very	Extremely
	Control Belief					
11	How much time do you think you have to devote to learning about tobacco cessation interventions?	None	Little	Some	Much	A great deal
12	How much control do you think you have to integrate tobacco cessation interventions in your clinical practice?	None	Low	Moderate	High	Very high
13	How much support do you think leadership from your clinical practice/agency/organization will provide to ensure tobacco cessation interventions become a standard of practice?	None	Low	Moderate	High	Very high
14	How receptive do you think tobacco cessation interventions will be received by your clients/patients?	Not at all	Slightly	Moderately	Very	Extremely
15	How much influence do you think you have to help your clients/patients become tobacco free?	None	Low	Moderate	High	Very high
	Intentions					
16	Do you have intentions, within the next 6 weeks, to give/recommend evidence-based interventions to help individuals quit using tobacco?	Not at all	Slightly	Moderately	Very	Extremely
	Self-Efficacy					
	How do you rate your overall ability to					

17	help patients quit using tobacco	Poor	Fair	Good	Very good	Excellent
18	Asking patients whether they use tobacco	Poor	Fair	Good	Very good	Excellent
19	Advising patients to quit using tobacco	Poor	Fair	Good	Very good	Excellent
20	Assessing patients' readiness to quit	Poor	Fair	Good	Very good	Excellent
21	Providing tobacco cessation assistance to patients who are thinking about quitting or are trying to quit using tobacco	Poor	Fair	Good	Very good	Excellent
22	Arranging a follow-up counseling session with patients you assist with quitting	Poor	Fair	Good	Very good	Excellent
23	Know the appropriate questions to ask patients when providing counseling	Poor	Fair	Good	Very good	Excellent
24	Have the skills needed to counsel for an addiction	Poor	Fair	Good	Very good	Excellent
25	Can provide motivation to patients who are trying to quit	Poor	Fair	Good	Very good	Excellent
26	Have the skills to monitor and assist patients throughout their quit attempt	Poor	Fair	Good	Very good	Excellent
27	Have sufficient therapeutic knowledge of the pharmaceutical products for tobacco cessation	Poor	Fair	Good	Very good	Excellent
28	Can create patient awareness of why providers should ask questions about tobacco use and encourage quitting	Poor	Fair	Good	Very good	Excellent
29	Can sensitively suggest tobacco cessation to patients who use tobacco	Poor	Fair	Good	Very good	Excellent
30	Are able to provide adequate counseling when time is limited	Poor	Fair	Good	Very good	Excellent
31	Can help recent quitters learn how to cope with situations or triggers that might lead them to relapse back to smoking	Poor	Fair	Good	Very good	Excellent

13. Please answer the below questions to the best of your knowledge

<u>**CASE 1**</u>

FB, a 43-year old female, requests your assistance with stopping smoking. Upon questioning, you gain the following information:

➢ Smoking 20 cigarettes per day for 25 years
➢ History of moderate but controlled hypertension and bulimia; not pregnant
➢ One previous failed quit attempt, cold turkey, one year ago
➢ Current medications: 25mg atenolol (for blood pressure) once a day

1. Based on the above information, which of the following medications would NOT be appropriate for FB?

☐ Bupropion
☐ Nicotine nasal spray
☐ Nicotine inhaler
☐ Nicotine gum

2. If FB chooses to use the nicotine patch, which of the following patient education points would be INCORRECT to provide?

☐ Do not smoke or use other types of tobacco while on the patch
☐ Avoid wearing the patch while showering or bathing
☐ Rotate patch sites daily
☐ The patch will not provide the same rapid satisfaction as smoking

3. For patients who report sleep disturbances (vivid dreams, insomnia) while on a 24-hour patch, the MOST appropriate advice is to:

☐ Discontinue patch use
☐ Remove the 24-hour patch just before bedtime
☐ Reduce the dose by cutting the patch in half
☐ Take diphenhydramine (Benadryl) 25mg 30 minutes before bedtime.

4. Most nicotine withdrawal symptoms tend to resolve between _____ after quitting?

☐ 24 to 72 hours
☐ 1 to 2 weeks
☐ 2 to 4 weeks
☐ 2 to 4 months

5. Which of the following statements is TRUE?

☐ Pharmacotherapy increases long-term abstinence rates four-fold, compared to placebo
☐ Most tobacco users make multiple quit attempts before they are able to quit for good
☐ Smokeless tobacco is a safe alternative to cigarettes
☐ On average, individuals gain between 15 and 30 pounds after quitting

CASE 2

6. RP, a 25-year old female, wants to discuss pharmacotherapy options to quit smoking. She has a positive history of clinical depression and perennial allergies. She reports her depression level is 6/10 (with 0 = good control and 10 = bad control). Which of the following medications would be LEAST APPROPRIATE to recommend for this patient?

☐ Nicorette gum
☐ Bupropion
☐ Varenicline
☐ Nicotine nasal spray

7. Which of the following is INCORRECT information to provide to patients who are about to begin therapy with bupropion?

☐ Take one tablet daily for three days, then take one tablet twice daily
☐ Quit smoking 7-14 days after initiating bupropion
☐ If you experience difficulty sleeping, take both tablets (300mg) in the morning instead of 150mg twice daily
☐ Bupropion can be used in combination with nicotine replacement therapy

8. Patients who are not yet considering quitting should be:

☐ Strongly advised to quit
☐ Provided with brief motivational interventions
☐ Persuaded to quit in the next 30 days
☐ a and b are correct

9. With which of the following products does nicotine most rapidly reach the central nervous system?

☐ nicotine lozenge

☐nicotine nasal spray
☐nicotine gum
☐nicotine inhale

10. Which of the following is NOT associated with nicotine withdrawal?

☐Fatigue
☐Anger/irritability
☐Improved task performance
☐Anxiety