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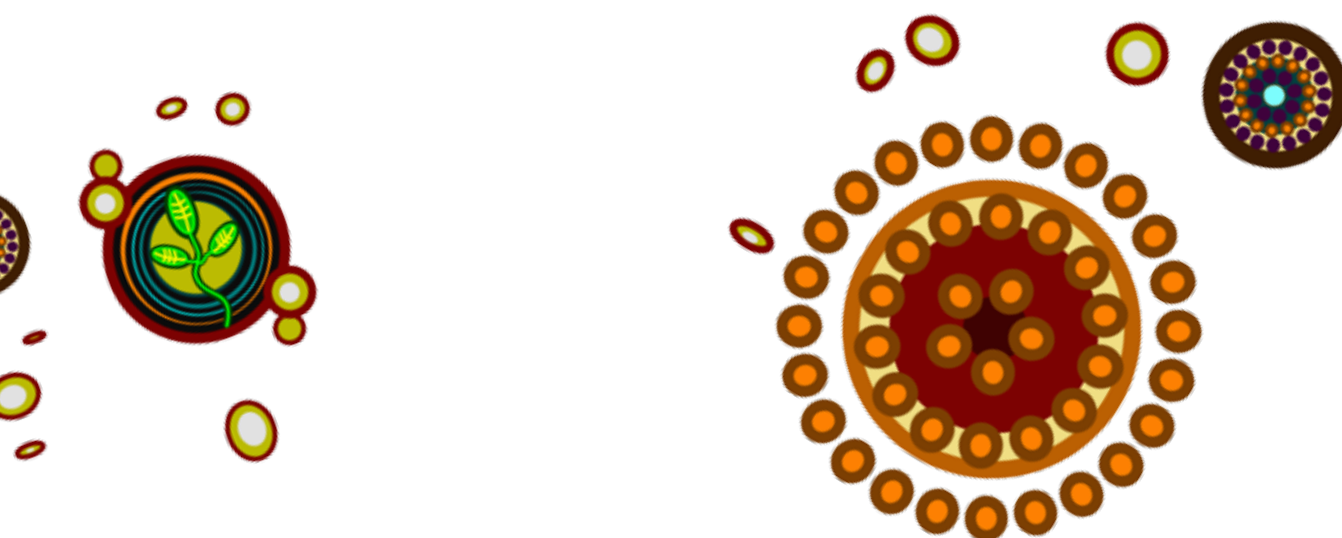
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Section 1: What is the *getting to know your community: data collection* module?

About this module

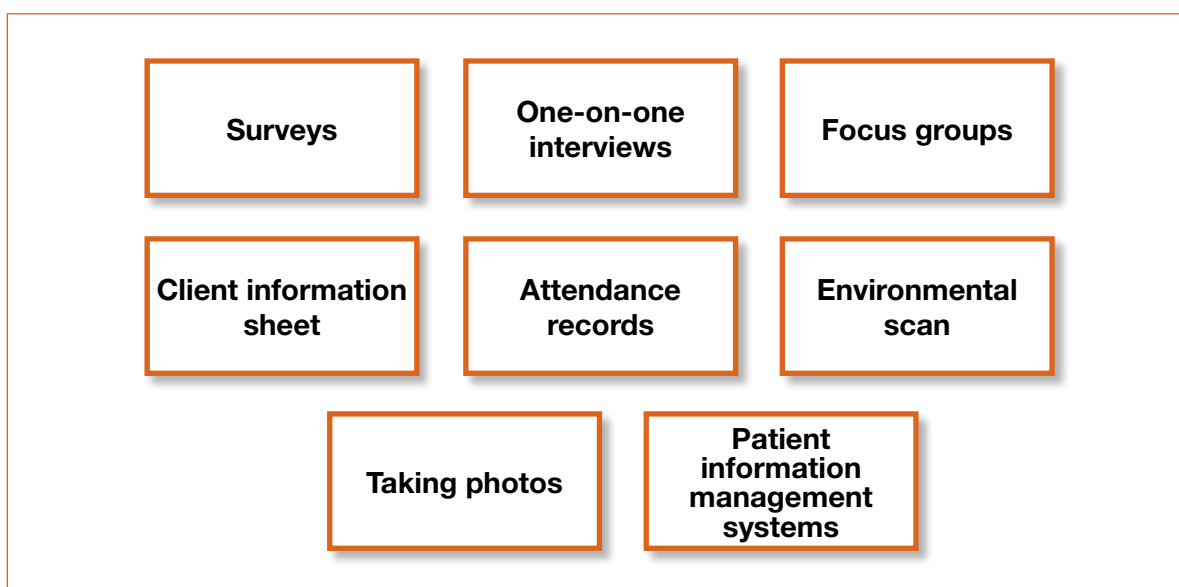
It is important to collect information about your community when considering or reviewing any program or initiative. The information you collect will help you to better understand a range of things, including the attitudes and behaviours of the people you are trying to target. This is true for any program, not just a smoking cessation program. The information can be used for planning a new program, or for reporting on or reviewing your program.

This kit contains examples of templates throughout each section. Blank templates are also attached at the end of this module for your own use.

What kind of information are we talking about?

Generally speaking, there are three types of research approaches that are predominant in health research. These are *qualitative*, *quantitative* and *mixed* methods.

You can collect data by using a number of different data collection **methods**. The **methods discussed** in this module include:



Before you start collecting data, you need to know what you are going to do with it once you have collected it. You also need to know what questions you need to ask and how you will go about collecting the responses. The approach you decide to use will depend on the dynamics of your service. It will also depend on how much time you have, how much expertise you have in research and evaluation, and how much funding you have. As a team, work out what is going to be the most effective and efficient way of finding out what staff and clients think.

Basic data collection to plan, monitor and conduct a basic evaluation of an ACCHS's tobacco program can normally be conducted 'in-house' by staff at the ACCHS.

However, in some cases you might decide that the research and evaluation are beyond the role of your organisation's tobacco team and that you might need to organise for an outside evaluation and research team, for example through your local university, to be involved.

Before you start collecting information, you need to consider whether you need to get ethics approval (see Section 3 for more information about ethics). It is also recommended that you make a project plan (for examples, see Section 4).



Section 2: How do you get information to understand your community?

There are a lot of ways you can collect information about your community. You can get information yourself or you can collect it from other sources. When you collect data yourself, it is called *primary data*; when you get information from other sources, it is called *secondary data*. If you want to get to know your community well, it is always a good idea to use both primary and secondary data.

Primary data

Primary data can be collected in a number of ways. The most common ways are through:

- Consultation – talking to key people in your community
- Focus groups – talking to people in groups
- One-on-one interviews
- Surveys

Examples of all the tools above can be found in Section 5.

Strengths and weaknesses of primary data

Strengths: You know exactly what is being asked and why. The information you are getting is the most recent. Primary data is the best type of data for research and evaluation.

Weaknesses: It can take a long time to work out what you want to know and how you are going to actually collect the information. If you are unsure of the best ways of collecting information — or what to ask — talk to people who have been working in the community a long time, because they have probably had to collect data themselves. Collecting primary data involves a lot of time and may require additional funding. You may need to work with people who have expertise in preparing research and collecting and analysing data, for example from your local university or other health organisations.

Secondary data

There are lots of people collecting information all the time, so why not make your job easier and use data that has already been collected by someone else? There is a lot of information online, and some of the places to look include:

- The Australian Indigenous HealthInfoNet <http://www.healthinfonet.ecu.edu.au/>
- Cancer Council NSW <http://www.cancercouncil.com.au/>
- Cancer Institute NSW <http://www.cancerinstitute.org.au/>
- Google Scholar <http://scholar.google.com.au/schhp?hl=en&tab=ws>
- The Australian Bureau of Statistics <http://www.abs.gov.au>
- Tobacco in Australia <http://www.tobaccoinaustralia.org.au/>

Strengths and weaknesses of secondary data

Strengths: It saves you time and energy. If you get the information from a source you trust, you can be confident that it is reliable. This can sometimes be a good way of gathering data before you start program development, for example on the prevalence of smoking in your region, especially if you do not have additional funds for evaluation or research.

Weaknesses: It may not answer all the questions you want to ask, it may not be relevant to your local area, or may be out of date, as it often takes awhile for people to analyse and report on large amounts of information. You may not be able to evaluate your program using this type of data.

Method: This is the way you decide to do things. Over time, standardised methods have been developed and used by a lot of people. The two most common methods are qualitative and quantitative research. *Mixed methods* is a process of research which combines quantitative and qualitative methods. Using both quantitative and qualitative data reduces the limitations of each individual method.

Aim: What you want to achieve overall, e.g. to reduce smoking in your community.

Objective: Something where your efforts or actions are intended to accomplish your aim e.g. increase quit smoking attempts.

Strategy: How you want to achieve your aims (e.g. if your aim was to reduce smoking by 10% in your community, your strategy could be to run weekly quit groups and have a one-on-one clinic once a week).

Key performance indicator (KPI): KPIs are commonly used by an organisation to evaluate its success or the success of a particular activity.

Section 3: Will you need ethics approval?

What is ethics?

Ethics can be hard to define but generally refers to **norms of conduct** that distinguish between acceptable and unacceptable behaviour.

Applied to research, ethical considerations include ensuring research is carried out honestly, objectively, with care, integrity and competence, and that it is socially responsible, legal and respectful.

When research involves the study of people, approval by a Human Research Ethics Committee (HREC) is usually required before the research can begin. Ethics committees consider the risks and benefits of the research, how it is to be carried out (design, aims, methods, etc) and whether participants will be fully informed about the study and able to provide consent to participate.

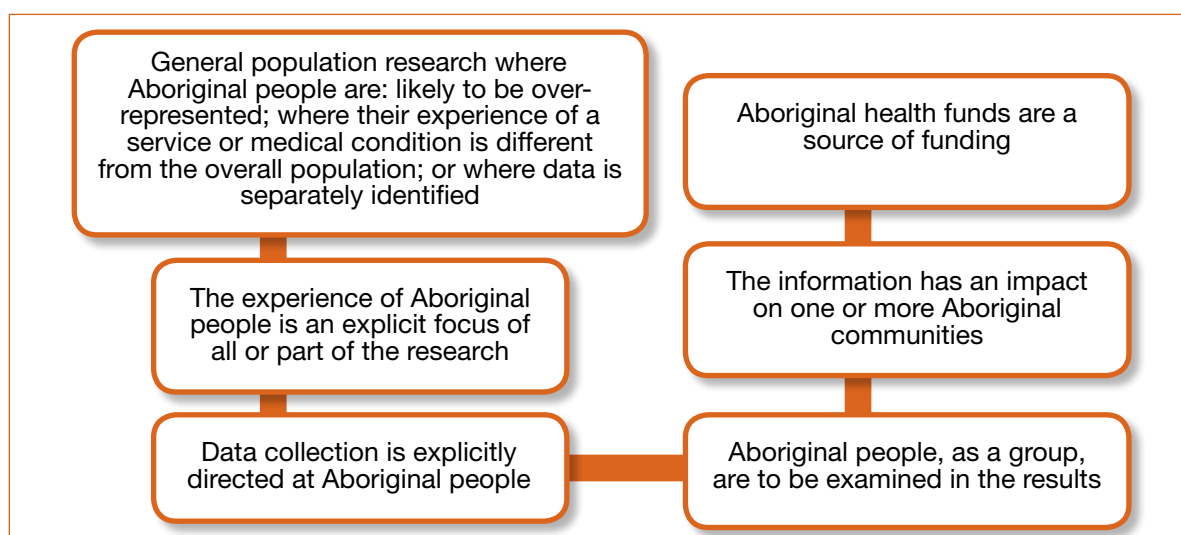
In Australia, researchers and ethics committees are guided by *The National Statement on Ethical Conduct in Human Research*. (NHMRC, 2007)

When would you need to get ethics approval?

Any health-related research study affecting the health and wellbeing of Aboriginal people and communities in NSW should be approved by the **Aboriginal Health & Medical Research Council Ethics Committee** before research commences. It may also need to be approved by another ethics committee, such as a NSW Ministry of Health or a university ethics committee.

The AH&MRC Ethics Committee aims to ensure research: will benefit Aboriginal people; that there is Aboriginal community control over the research; that it is culturally sensitive; that participants will be reimbursed for any costs incurred; and that there will be opportunities to develop Aboriginal skills and knowledge.

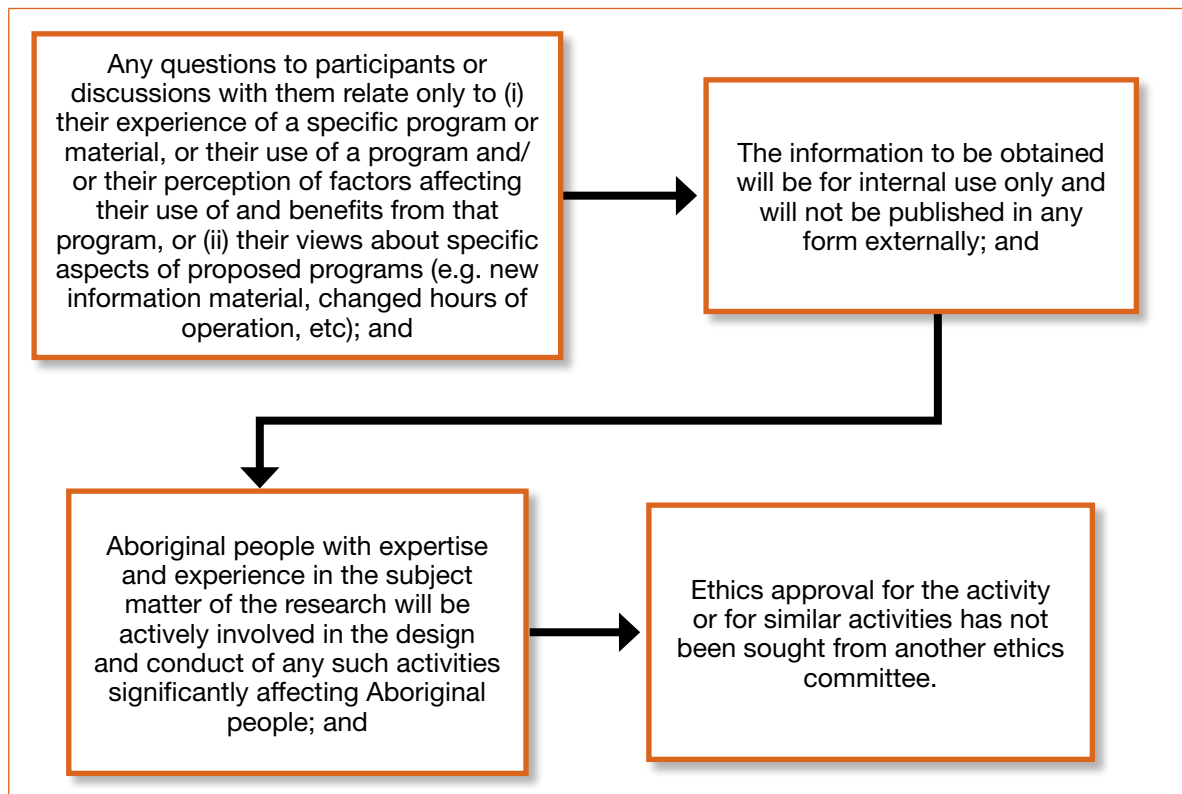
An application should be made for AH&MRC Ethics Committee approval of research projects in which any one of the following applies:



Is it research or quality improvement?

Health organisations undertake a range of research-type activities aimed at planning, monitoring or ensuring the quality of their policies, programs and operations. Some of these activities are considered 'quality improvement' rather than 'research' and may not require ethical review.

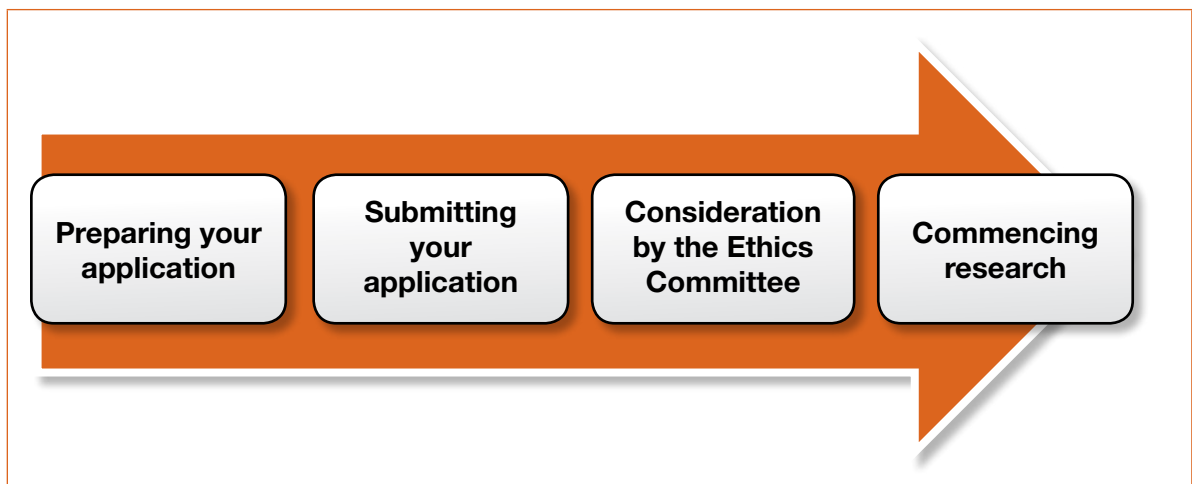
An application to the AH&MRC Ethics Committee is NOT necessary if ALL of the following apply:



For more information, please visit the AH&MRC Ethics Committee page:
http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=13:ethics-committee&catid=3:what-we-do

TIP: If you are unsure whether an application should be submitted, you can contact the AH&MRC Ethics Committee Secretariat for advice
<http://www.ahmrc.org.au/ethics>
(ph 02 9212 4777 or email ethics@ahmrc.org.au)

What is the AH&MRC ethics application process?



Preparing your application:

You need to provide all the necessary documents to enable the Ethics Committee to decide whether your research project is ethical, including participant information and consent forms, a research plan and details about how the study meets the AH&MRC's Five Criteria (net benefit, Aboriginal community control, cultural sensitivity, reimbursement of costs, developing Aboriginal skills and knowledge).

Information to help you complete an application is available on the AH&MRC Ethics website <http://www.ahmrc.org.au/ethics.php>.

Submitting your application:

Applications are due two weeks before Ethics Committee meetings, which are held every two months. If you would like to know when the next Ethics Committee meeting will be, go to the AH&MRC website: <http://www.ahmrc.org.au/>. The Ethics Secretariat will check your application to make sure it is complete and ask you to provide additional material if needed.

Consideration by the Ethics Committee:

The Committee will review your application to ensure it complies with *The National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) and that it meets the AH&MRC's Five Criteria. The Committee may ask you to clarify an aspect of your research or provide more information.

Commencing research:

You will be informed by email and letter when the Committee has approved your research project. You can then start your research. You will need to submit draft publications, articles and reports **before** they are published to the AH&MRC Committee for review. You will also need to submit annual progress reports and inform the Committee if there are any changes to your research or if serious concerns arise when you are carrying out the study.

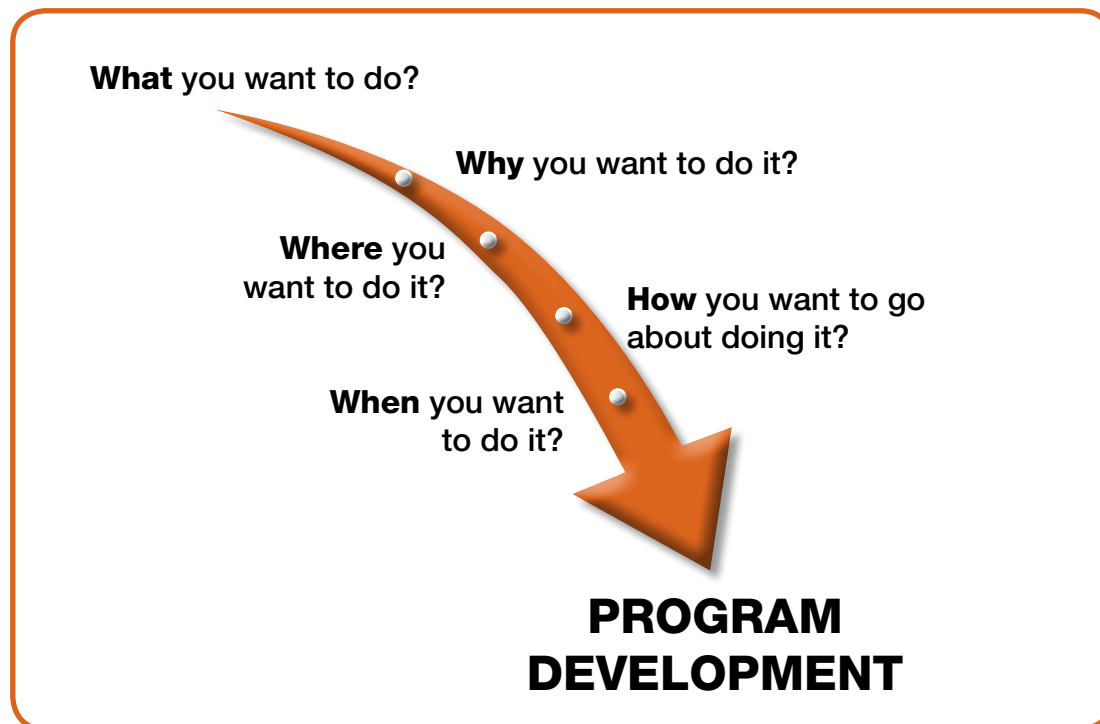
References

National Health and Medical Research Council (2007). *The National Statement on Ethical Conduct in Human Research*. Accessed 22.7.12.

Link: <http://www.nhmrc.gov.au/guidelines/publications/e72>

Section 4: How do you plan data collection?

It is always a good idea to plan what you want to do beforehand. If there are a few people involved, sit down with them and talk about:



You then are able to prepare a project plan.

On page 11 you will find an example of a project plan, timeline and budget for a research project involving conducting surveys across ACCHSs in NSW.

When you are planning to use data to evaluation your program, you should complete an evaluation framework. This will clearly outline to your management and funding body, what you plan to do and why. An example can be found on page 13.

Project plan: **EXAMPLE**

NAME OF PROJECT: Annual Tobacco Control Survey

Background and rationale:

The Annual Tobacco Survey was conducted in 2010 with the intention of helping to inform the AH&MRC about tobacco control activities among its members. It is expected that the survey will be conducted every year to assist the AH&MRC in understanding the changes in tobacco use across the state and how the AH&MRC can better support its members.

The survey has been created in order to provide data and information to assist with the A-TRAC program's development and implementation.

Aims:

- To collect information from our members on current tobacco control/ quit smoking activities of ACCHSs in NSW

Strategies:

- Conduct an online survey about tobacco control capacity with all ACCHSs in NSW
- Where required, conduct a follow-up phone survey
- Identify and document any correlating issues or concerns from ACCHSs

Methodology:

The project stages:

1. Development
 - Create survey
 - Create follow-up/semi-structured interview questions
 - Test words and terms to be used in survey
 - Pilot the survey with staff at the AH&MRC
2. Data Collection
 - Email CEOs of ACCHSs requesting permission to conduct the survey (with the survey link attached)
 - With services that have tobacco programs, a follow-up phone interview will be conducted to gain a greater insight into the program
3. Data Analysis
 - Develop a database or spreadsheet for inputting data
 - Enter phone interview data
 - Create a detailed internal report, after analysing data
 - Create a one-page summary of the findings for the community
4. Use of data
 - Develop an internal report to inform the A-TRAC program
 - Develop a community report and circulate it to all relevant stakeholders in NSW

Tools:

- Online survey
- Follow-up/semi-structured interview

Expected outcomes:

- Develop a survey for retrieving information on tobacco/quit activities from ACCHSs in NSW
- Create a current and comprehensive database of tobacco/quit activities and capacities of ACCHSs
- Identify any issues or concerns of ACCHSs regarding tobacco/quit activities

How are you going to make it happen?

Activity	Progress	Action Items	Due Date
Draft survey	Has been sent to management for review	Update survey when management has given feedback	31.05.2012
Draft semi-structured questions	Drafted, just need to send it to the team for comment	Send to team for comment	31.05.2012

Timeline:

Objective	April	May	June	July	August	September
Develop Survey						
Data Collection						
Data Analysis						
Write Up						

Budget:

Line item	Details	Cost \$
Printing		\$220
SurveyMonkey		\$299
Total:		\$519

Evaluation framework: **EXAMPLE**

Here is an example of a framework for evaluating a tobacco control kit, which ACCCHSs could use to develop tobacco control policies at their services.

Strategy	Method	KPI
Assess the accessibility of the kit (Readability, layout and cultural appropriateness)	- Online survey - Evaluation form	75% of respondents found the readability of kit was good to excellent 75% of respondents rate the kit good to excellent in terms of their ability to follow the steps in the modules 75% of respondents found the kit to be culturally appropriate
Assess the increased capacity of ACCCHSs in NSW around tobacco control due to the kit	- Online survey - In-depth interview - Evaluation form	75% of respondents reported an increase in confidence to address tobacco control issues at their ACCCHS
Assess environment changes at the ACCCHS resulting from changes created using the kit	- Photo journey - In-depth interview	Statements or photos showing change as a result of the kit
Assess the number of services that have developed or reviewed their policy using the kit	- Online survey - Annual Tobacco Control Survey	75% of respondents who used the policy module were able to develop a workplace smoking policy
Assess the number of social marketing campaigns which have been developed due to the kit	- Online survey - Annual Tobacco Control Survey	75% of respondents who used the social marketing module were able to develop a social marketing campaign
Establish how many services have received the kit and how many have utilised one or more of the modules	Annual Tobacco Control Survey	75% of ACCCHSs in NSW have received the kit 75% of services that received the kit have used 1 module 50% of services that received the kit have used 2 modules 25% of services that received the kit have used 3 or more modules



Section 5: How do you collect information so you can better understand your community?

There are a lot of ways you can collect information about your community. This section discusses collecting primary data by using:

- Surveys
- Focus groups
- Semi-structured interview questions
- Patient Information Management Systems (PIMS)

Each method has its own strengths and weaknesses, so you will need to figure out which is going to be the best way for you.

How can you conduct a survey?

If people are going to participate in a survey, they should know what the survey is about and how the information is going to be used. It is a good idea to provide a client information sheet for them to take away when they leave. A template client information sheet has been included in this section.

There are a number of ways to conduct a survey, such as:

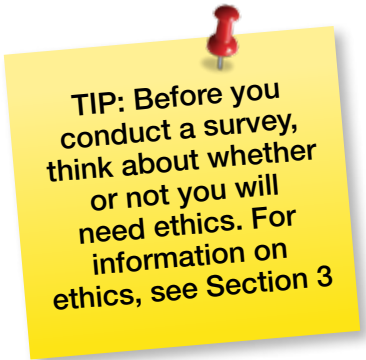
- Using a paper survey
- An online survey using a tool like SurveyMonkey
<http://www.surveymonkey.com/>
- Using a Personal Digital Assistant (PDA) or tablet such as an iPad

Paper surveys

Paper surveys are the traditional way of collecting information. They can be left at reception or with staff. They require the information to be manually entered into a database or spreadsheet, like Microsoft Excel.

Online surveys

Online surveys are good when you know people have access to the Internet. The good thing about using online surveys like SurveyMonkey is that they are free (if you have 10 questions or less) and they also save time, because you don't need to enter in the data by hand.



TIP: Before you conduct a survey, think about whether or not you will need ethics. For information on ethics, see Section 3

Electronic surveys

There are ways of conducting surveys using electronic devices such as a Personal Digital Assistants (PDA) or tablets, such as iPads. These devices are a good way to engage the community at events or large gatherings. PDAs require knowledge of how to use the specific software that comes with them, however. If you have access to Wi-Fi, a tablet can also be used for an online survey, such as SurveyMonkey.

Strengths and weaknesses of surveys

Strengths: A survey is a good way to get information confidentially. Some people may not feel comfortable talking one-on-one or in a group because they might feel judged, they might be shy or they just don't like talking in front of other people. This helps to overcome these barriers.

Weaknesses: There are a few weaknesses to doing a survey: people don't always return them and you can't ask people for more information if they say something interesting. To overcome these problems you can always use other methods of consultation alongside the survey, such as a group or one-on-one yarn. Surveys can take a lot of staff time to develop, administer and analyse. You may need to find additional funding to pay for experts, e.g. statisticians to analyse the data you collect.

On the following pages you will find an example of a survey used to collect information on smoking status. This could be used to collect data, for example in the waiting room of an ACCHS, or at a community barbecue, to collect data on the prevalence of smoking in your community and to work out what pharmacotherapies smokers are using to assist them to quit smoking.

A survey such as the example provided could be used before commencement of a tobacco control program, to plan service delivery, or if used before and after commencement of a program, could be used to evaluate whether the program has resulted in any declines in the prevalence of smoking, or in an increase in the use of pharmacotherapies to assist smoking cessation, such as nicotine replacement therapy.



Smoking status survey: **EXAMPLE**

1. Are you male or female?

- ☐ Male
- ☐ Female

2. How old are you?

- ☐ 18-24
- ☒ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 64+

3. Are you...

- ☒ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Non-Aboriginal

4. What statement best fits you and your smoking?

- ☒ I smoke
- ☐ I smoke but not regularly
- ☐ I don't smoke now but I used to (*go to question 11*)
- ☐ I've never smoked (*go to question 14*)
- ☐ Don't know

5. How long have you been smoking for?

- ☐ 1 year or less
- ☒ 1-5 years
- ☐ 6-9 years
- ☐ 10-13 years
- ☐ 14-17 years
- ☐ More than 17 years

6. How old were you when you started smoking?.....

7. Do you now smoke cigarettes, cigars, pipes or any other tobacco products...

- ☒ Daily
- ☐ At least weekly (not daily)
- ☐ Less often than weekly
- ☐ Don't know/can't say

✓ Some of these questions are standardised questions, which means you can compare these to other tobacco or smoking status surveys such as the National Household Survey.

8. How many do you smoke a day (including pipes, cigars and cigarettes) ?

- ✓ ☐ Less than 5 a day
☒ Between 5-10 a day
☐ Between 10-15 a day
☐ Between 15-20 a day
☐ More than 20 a day

9. If you are a smoker, would you like to stop smoking?

- ✓ ☐ No thanks, I like smoking
☐ I'm thinking about cutting down
☒ Yes in the next six months
☐ Yes in the next month

10. Where would you go for support or advice if you were interested in giving up smoking? (You can tick more than one box)

- ☒ Aboriginal Medical Service
☐ Community Health Centre
☐ Quitline
☐ Private health professional
☐ Other

11. When do you have your first smoke?

- ✓ ☐ Within 5 minutes of waking up?
☒ 5-30 minutes of waking up?
☐ 31-60 minutes of waking up?
☐ After 60 minutes of waking up?

12. What methods have you used to stop smoking? (You can tick more than one)

- ☒ Patches
☐ Inhaler
☐ Gum
☐ Lozenges
☐ Champix
☐ Zyban
☐ Nothing, stopped cold turkey
☐ Quitline
☐ Group therapy
☐ One-on-one counselling
☐ I have never made a quit attempt
☐ Other – Please state.....

13. What methods would you like to use to stop smoking?

(You can tick more than one)

- ☒ Patches
- ☒ Inhaler
- ☐ Gum
- ☐ Lozenges
- ☐ Champix
- ☐ Zyban
- ☐ Nothing, stopped cold turkey
- ☐ Quitline
- ☐ Group therapy
- ☐ One-on-one counselling
- ☐ Other – Please state.....

14. Do other people you live with smoke?

- ☒ Yes
- ☐ No

15. Do other people you live with smoke in the house?

- ☐ Yes
- ☒ No

The next example is a survey used to evaluate an anti-tobacco social marketing campaign, for example one that might have been developed and delivered by an ACCHS. In this case, it is called the Ridgely Didge Aboriginal Medical Service 'Butt Out' campaign.

The questionnaire uses questions to assess the prevalence of smoking, but also includes questions that look at whether smokers were exposed to quit messages through the media, and whether this had any impact on people stopping smoking.

This could be used to report on the level of exposure to a campaign developed locally. It also could be used to report to funding bodies, or to plan future marketing campaigns.

Tobacco control social marketing survey: **EXAMPLE**

1. Are you...

- ☒ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Non-Aboriginal

2. Are you...

- ☒ Male
- ☐ Female

3. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☒ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 64+

4. Have you ever smoked tobacco (including all forms of cigarettes, pipes and cigars)?

- ☐ No (goes to end of survey)
- ☒ Yes

5. How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?

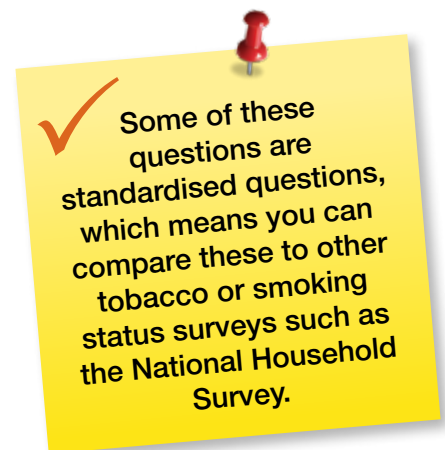
- ☒ Daily
- ☐ Weekly but not every day
- ☐ Less often than monthly
- ☐ Not at all but I have smoked in the last 12 months
- ☐ Not at all and I have NOT smoked in the last 12 months (go to end of survey – Thanks for your participation!)

6. Which one fits you best at the moment?

- ☒ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

7. In the last 12 months, how many quit attempts have you made (given up for 24 hrs or more)?

- ☒ None
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ More than 10



8. Where would you go for support or advice if you were interested in giving up smoking? (You can tick more than one box).

- ☒ Aboriginal Medical Service
- ☐ Community Health Centre
- ☐ Quitline
- ☐ Private health professional
- ☐ Other – Please state.....

9. Have you ever received information or support to give up smoking from a health service?

- ☐ No (skip to question 13)
- ☒ Yes

10. If yes, from which service did you receive health information about the risks of smoking?

- ☒ Aboriginal Medical Service
- ☐ Community Health Centre
- ☐ Quitline
- ☐ Private health professional
- ☐ Other – Please state.....

11. In the last 12 months have you seen any Aboriginal-specific health information about the risks of smoking?

- ☒ No
- ☐ Yes

12. In the last 12 months have you received any support which helped you to decide to give up smoking?

- ☒ No (skip to question 16)
- ☐ Yes

13. How did you receive the support or information?

- ☒ Aboriginal Health Worker
- ☐ Other Health Professional
- ☒ Family
- ☐ Friend
- ☐ TV
- ☐ Radio
- ☐ Facebook
- ☐ Phone message while on hold
- ☐ Poster
- ☐ Leaflet

14. Have you seen or heard about the (name of your campaign)?

- ☒ Yes
- ☐ No (go to end of survey – Thanks for your participation!)

15. How did you hear about (name of your campaign)?

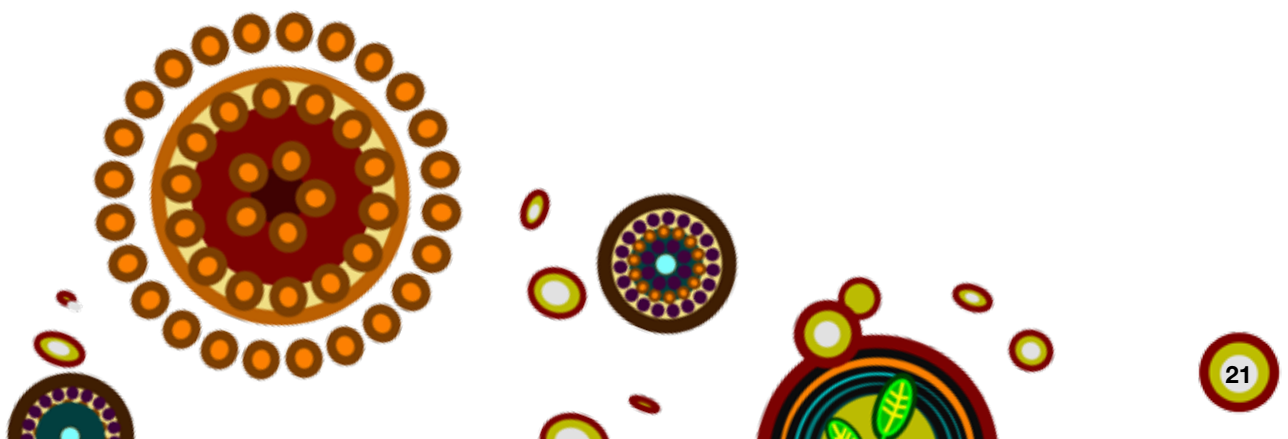
- ☒ Aboriginal Health Worker
- ☒ Other Health Professional
- ☒ Family
- ☐ Friend
- ☐ TV
- ☐ Radio
- ☐ Facebook
- ☐ Phone message while on hold
- ☐ Poster
- ☐ Leaflet

16. Did the (name of your campaign) make you think about quitting?

- ☒ Yes
- ☐ No

When people volunteer to take part when you are conducting data collection, they may want more information about your project, for example, what you are going to use the information for or whether it is confidential. They may want contact details for the team that is running the project in case they have any concerns about the information they are being asked to give, or in case they want to withdraw from the project.

On page 22 is an example of an information sheet to be given to people who volunteer to fill in a survey about an anti-tobacco marketing campaign, for example, developed by the tobacco control team at an ACCHS, in this case the Ridgely Didge Aboriginal Medical Service 'Butt Out' Campaign.



Participant information: **EXAMPLE**

Ridgey Didge Aboriginal Medical Service
'Butt Out' campaign

Date: **01/01/2012**

The survey will ask you questions about:

- **Your smoking status**
- **If you have seen any information about the risks of smoking, especially for Aboriginal people**
- **Where would you feel comfortable to ask for support if you wanted to stop smoking?**
- **Have you ever tried to give up the smokes?**

The survey will be carried out twice:

- **The first time is to find out about smoking in your community and attitudes towards smoking**
- **The second time will be six months after the 'Butt Out' Campaign is launched**

Information from the survey will improve our understanding of the issues around quitting smoking for Aboriginal people and help us find out what type of health information works best to help reduce smoking for Aboriginal people in the Ridgey Didge community.

If you are interested in receiving a copy of the report or would like to participate in a follow-up survey, please email Stan Bloggs **sbloggs@ridgeydidge.org.au** or call on (02) 1234 1234.

IN NO WAY CAN THE INFORMATION BE LINKED TO YOUR IDENTITY!

If you have any questions about the campaign, please call:

**Stan Bloggs – Tobacco Action Worker: (02) 1234 1234 or
email: sbloggs@ridgeydidge.org.au**

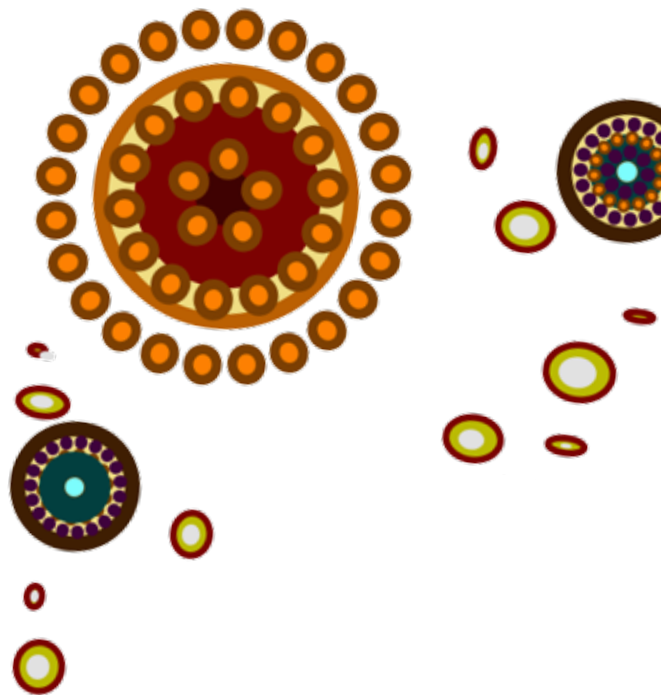
If you have any complaints regarding participation in the survey, please contact the Chairperson of the AH&MRC Ethics Committee on: **(02) 9212 4777**
PO Box 1565, Strawberry Hills, NSW 2012

How can you use photos to collect data?

Taking photos is a good way of recording information about what happened and of any changes that occurred (before and after). They can be used in reporting, newsletters and evaluation. If people are in the photos that you plan to use, they need to sign an image consent form. An image consent template form can be found in this section.



Figure 1: Attendees at the Inverell *Kick the Habit* launch 2012



Individual photo/film consent form: **EXAMPLE**

Project: 'Butt Out' Campaign

Principal contact: Stan Bloggs – Tobacco Action Worker.

Organisation: Ridgely Didge Aboriginal Medical Service

I Maria Bloggerton give consent to the use of my images for the project on the following basis:

1. I have received information about the project and the use of my images within the project, and have had the opportunity to ask questions. I understand the purpose of the project and my involvement in it.
2. The images I provide during the course of this project will be used solely for the purpose agreed. Any additional use of my images will need to be negotiated and another formal consent signed by me.
3. I understand that images of me may/will be used in project content to be posted on the Internet, including Facebook and YouTube, and give consent for my images to be used in this way.
4. I understand that if I have any complaints or questions concerning this project I can contact the principal contact or CEO of the (NAME OF ORGANISATION).

Name: Maria Bloggerton

Signature: Maria Bloggerton (Or parent/guardian if under 18)

Contact number: 0404 123 123

Town: Bloggsville

Date 21/1/2012

Principal contact's signature: Stan Bloggs

Date: 21/1/2012

What are semi-structured questions for use in a one-on-one interview?

Semi-structured interview questions are a good way of finding out what someone thinks. One-on-one interviews should be reasonably informal. If you keep the conversation informal and relaxed, you are more likely to get open and honest answers. In a semi-structured interview the questions are simply a guide, and you may find that people answer a question before you even ask it.

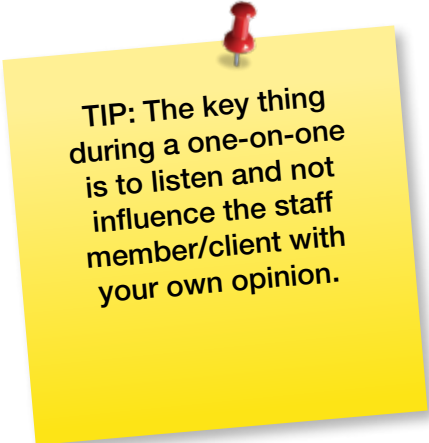
Strengths and weaknesses of one-on-one interviews

Strengths: Some people feel more comfortable and safer talking to someone without other people around. You may also find that you can ask people more detailed questions if they say something interesting, which you don't always have the time for in a group yarn.

Weaknesses: One-on-one yarns can be time-consuming, especially if you have a large number of staff and clients. You can overcome this by interviewing a select number of people. People who may not have participated in the group yarn or people who you feel would have valuable input. If you decide to record these interviews, the interview will need to be transcribed (written down), which can be time consuming and expensive. One-on-one yarns can take a lot of staff time to develop and analyse. You may need to find funding to pay for experts to assist with the development and analysis.

The semi-structured questions listed on the following page offer a guide to what you should ask a client or a staff member during a one-on-one interview. You don't have to ask these questions in order, and some answers may come up naturally during conversation. If you are running out of time, don't stress. Simply ask the questions you think are the most important. If the person you are interviewing says something that you would like to know more about, it is ok to prompt them to tell you more.

As for surveys, you may also need to give the person an information sheet about the project and to ask the person to fill in a consent form if the information is to be used for formal research or published evaluation.



TIP: The key thing during a one-on-one is to listen and not influence the staff member/client with your own opinion.

Semi-structured questions: **TEMPLATE**

Name of interviewee:.....

Name of interviewer:..... **Date:**.....

1. Are you a smoker?

2. How much do you smoke?

3. How do you feel about your smoking?

4. How comfortable do you feel about seeking support to quit?

5. Have you tried to quit smoking in the past? If so how?

6. Where would you most likely go for support?

7. What do you feel the barriers are to giving up the smokes?

8. How do you feel those barriers can be overcome?

9. What else would you like to add?

What is a focus group (also known as a yarn)?

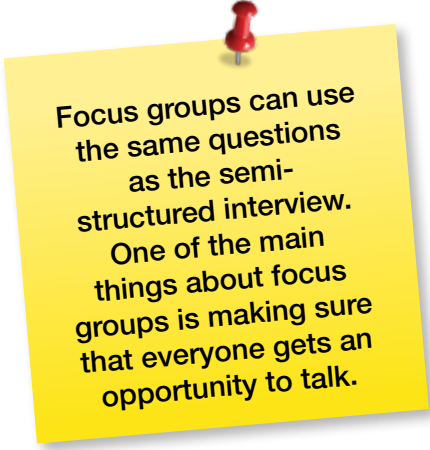
Focus groups are conducted for a variety of reasons. They can be conducted with staff, smokers or non-smokers, depending on the type of information you require.

Strengths and weaknesses of focus groups

Strengths: Talking to people in a group is quicker than talking to people one-on-one, and it may generate a more interesting conversation because people often feed off other people's ideas.

Weaknesses: Some people tend to dominate a conversation, which means that quieter people don't get an opportunity to say as much as they would like. You can overcome this by splitting the group into smaller groups for discussions. As for interviews, you can record focus groups, but transcribing them is time consuming and expensive.

As for surveys, you may also need to give the person an information sheet about the project and ask the person to fill in a consent form if the information is to be used for formal research or published evaluation.



Focus groups can use the same questions as the semi-structured interview. One of the main things about focus groups is making sure that everyone gets an opportunity to talk.

Tips on running a focus group

If one person is taking over the conversation maybe ask if anyone else would like to comment.

You could always break people into smaller groups if you notice some people are not speaking as much as others.

Write what is being said on butchers paper or a white board so everyone can see how you are interpreting their comments.

Sometimes people might get a little tense or angry. If that happens call a little break, this helps to reduce the tension.

Always keep an eye on the time, don't be afraid to move the conversation along if you feel like you really need to.

Focus group questions: **TEMPLATE**

Name of interviewees:

Name of interviewer: **Date:**

1. Are you a smoker?

.....

2. How much do you smoke?

.....

.....

3. How do you feel about your smoking?

.....

.....

.....

4. How comfortable do you feel about seeking support to quit?

.....

.....

.....

5. Have you tried to quit smoking in the past? If so how?

.....

.....

.....

6. Where would you most likely go for support?

.....

.....

.....

7. What do you feel the barriers are to giving up the smokes?

.....

.....

8. How do you feel those barriers can be overcome?

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9. What else would you like to add?

.....

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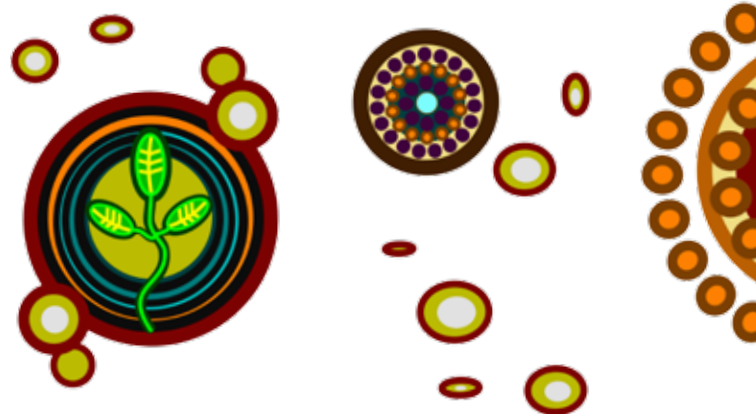
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How can you collect and store client information?

The best way to collect and store client information is using your Patient Information Management Systems (PIMS). There are many PIMS but the most common ones are Ferret, Communicare and Medical Director.

What information can you collect in Patient Information Management Systems?

Each PIMS collects smoking information differently. To make it easier to find what information Medical Director and Communicare are able to collect and how they record it, screenshots of both programs are included on the following pages. The screenshots show you step by step how to record smoking information.



Screenshots for Medical Director 3

Below are screenshots of how Medical Director 3 can record client smoking information.

After selecting a patient record, double click the "? Smoker" field

Medical Director 3.12 - [Penny Anderson]

PENNY ANDERSON | DOB: 04/07/1993 | 18yrs | Occupation: | 22m 45s

61 Wallace St. Melbourne, Vic 3000 | Ph: 9456 2345 (home) | Record No: 345677 | ATSI: |

Allergies: ? Allergies | Pension No: | Smoking Hx: ? Smoker | Recalls

Warnings:

Summary | Current Rx | Progress | Past history | Documents | Letters | MDExchange

#	Drug name	Strength	Dose	Freq	Instructions	Route	Qty	Rpts	Elapse	\$	Reg 24	Purpose	L
1	VENTOLIN SYRUP	2mg/5ml	10ml	qid	prn		2*150mL	5	08/04/2004	P	No		2

The Smoking tab is now selected

Patient Details

Pt. Details | Allergies/Warnings | Family/Social Hx | Notes | Smoking | Alcohol

Date of assessment: 19/01/2012

Smoker: | Frequency: |

No/day: 0

Yr commenced: | Duration: |

Stage of change assessment: |

Last quit attempt: 19/01/2012

Duration of longest period of abstinence: |

Comments:

Options for 'Smoker' field

Patient Details

Pt. Details | Allergies/Warnings | Family/Social Hx | Notes | Smoking | Alcohol

Date of assessment: 19/01/2012

Smoker:

- Smoker
- Ex-Smoker
- Never smoked

 | Frequency: |

No/day: |

Yr commenced: | Duration: |

Options for 'Frequency' field

Hx | Notes | Smoking | Alcohol

Frequency:

- Daily
- Less than weekly
- Weekly

Options for 'Stage' field

Stage of change assessment:

- Not ready (not currently thinking of quitting)
- Unsure (thinking of quitting in the next 6 months)
- Ready (planning to quit within 1 month)
- Recent quitter (within last year)

Last quit attempt: |

Duration of longest period of abs: |

Comments:

Options for 'Abstinence' field

Duration of longest period of abstinence: |

- Days
- Weeks
- Months
- Years

Comments:

Screenshots of Communicare

Below are screenshots of how Communicare can record client smoking information.

Select a patient clinical record

ATAY, THERESA MAY 20yrs Female (24/02/1983) Pregnancy outcome not recorded

Main Summary | Medication Summary | Social & Family History | Care Plan | Obstetrics

Active Problem/Significant History

Qualifier Summary

Alerts and Other Information

Adverse Reaction Summary

Adverse Reaction Status Unknown

Check up | Child health | Examination | HACC | Immunisation | STI

Add clinical item (F11)

Arthur Beattie, Eastern Branch Clinic (Aboriginal Health Service) 27/02/2012 02:09 pm

... the Clinical Terms Browser window will open

Enter 'Smoking' in the Search-words: field...

Clinical Terms Browser

Keyword | Most Recently Used | Topic | Picture | Advanced

Search-words: SMOKING

... then double click the 'Addiction;smoking;tobacco' clinical item type

Clinical Terms Browser

Keyword | Most Recently Used | Topic | Picture | Advanced

Search-words: SMOKING

Keyword	Clinical Item Type	Class	Definition
SMOKING	Addiction;smoking;tobacco	Condition	
SMOKING	Advice/education;smoking	Procedure	
SMOKING	Cough;smokers	Condition	

the Add Clinical Item dialogue for 'Addiction; smoking; tobacco' will be displayed for data entry

The screenshot shows a medical software interface with a patient record for 'A'KAY, THERESA MAY 29yrs Current Patient Female'. The 'Add Clinical Item' dialog box is open, displaying the title 'Addiction;smoking;tobacco' and the location 'Arthur Beetles, Eastern Branch Clinic (Aboriginal Health Service) 27/02/2012 02:09 pm'. The dialog includes a 'Comment' field, a 'From Date' dropdown set to '27/02/2012', and a 'Smoking status' dropdown with options: 'Ex-smoker', 'Non-smoker', 'Smoker - intends to quit later', 'Smoker - no intention to quit', and 'Smoker - wants to quit now'. There are checkboxes for 'Display on Main Summary' and 'Display on Obstetric Summary'. At the bottom, there are 'Save', 'Cancel', and 'Help' buttons. The background shows various tabs like 'Main Summary', 'Medication Summary', 'Social & Family History', 'Care Plan', 'Obstetrics', and 'Progress Notes'.

This is a close-up of the 'Add Clinical Item' dialog box. The title is 'Addiction;smoking;tobacco' and the location is 'Arthur Beetles, Millennium Health Service (Aboriginal Health Service) 15/03/2012 01:31 pm'. The 'Comment' field is empty. The 'From Date' dropdown is set to '15/03/2012'. The 'Smoking status' dropdown is open, showing the same options as in the previous screenshot. The 'Display on Main Summary' and 'Display on Obstetric Summary' checkboxes are unchecked. The 'Save', 'Cancel', and 'Help' buttons are at the bottom right.

PIMS and other ways of collecting and storing data

Client information sheets can be a great way of collecting information about where your clients are at and the support you give them. You also need to consider the system used for storing client information and how it might be accessed and used later on to evaluate your program.

Ideally all client information, including about smoking cessation, should be stored in your service's PIMS so that it is available to all staff involved in that client's care. If you do not have access to the PIMS, you may want to discuss with your manager about whether it is possible for you to get access. While PIMS often include some standard information about smoking habits and interventions, this can differ between systems and it may not include all the information you need to run and evaluate your programs. Some PIMS can be tailored to store additional information; if you would like to store more information about smoking cessation, you can discuss this possibility with management. Tools such as Pen CAT can be used to extract data from PIMS for collation and analysis, including for program planning and evaluation. Remember, if you store information in the notes sections in a PIMS, it is not usually possible to extract it, making it hard to collate and analyse later on for evaluation or planning purposes.

It may not be possible to store all the client information you need for program planning, monitoring and evaluation within your PIMS system. If this is the case, it is a good idea to discuss other options for storing client data about your smoking cessation program with others who are involved in managing client information at your service. You may decide together that you need to set up a database such as Excel, which can be used to store, collate and analyse client information for your program. If you decide to use this option, it is important to think about how the information in the database will be kept private and confidential, and how your database might be linked in with the PIMS in the future.

If you keep good records on your clients you can use this information to evaluate your program.

On the following pages are several forms useful for managing client and other information. The forms include:

- Client assessment sheet
- Client progress sheet
- NRT management sheet
- Attendance record
- Environmental scan

Client assessment sheet: **EXAMPLE**

Name of client: **Jo Bloggs** Date of birth: **15/05/1981**

Address: **55A Bloggerton Ave, Bloggsville 8008**

Client #: **559978**

Date: **25/01/2012**

Contact number: **0404 555 666**

1. Are you: ☒ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander ☐ Non-Aboriginal
2. Are you: ☒ Male ☐ Female
3. Do you have any known health conditions or are you currently taking medication? **Currently has asthma**
4. How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?
☒ Daily
☐ Weekly but not every day
☐ Less often than monthly
☐ Not at all but I have smoked in the last 12 months
5. How long have you been a smoker? **15 years**
6. At what age did you start smoking? **15**

7. Fagerstrom test for nicotine dependence and carbon monoxide reading:

Please tick (✓) one box for each question							
How soon after waking do you smoke your first cigarette?		Within 5 minutes		☐ 3	SCORE 1-2 = very low dependence 3 = low to mod dependence 4 = moderate dependence 5+ = high dependence Dependency level = 4		
		5 – 30 minutes		☒ 2			
		31 – 60 minutes		☐ 1			
		After 60 Minutes		☐ 0			
How many cigarettes a day do you smoke?		10 or Less		☐ 0	Dependency level = 4		
		11 – 20		☐ 1			
		21 – 30		☒ 2			
		31 or More		☐ 3			
		TOTAL		4			
CO Score Range	0 – 4	5 – 6	7 – 10	11 – 16	17 – 25	26 – 35	36 – 60
	Non smoker	Danger zone	Smoker	Frequent smoker	Addicted smoker	Heavily addicted smoker	Dangerously addicted smoker
Score and status:							22

8. Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☒ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

9. How many people in your household smoke? (Including yourself) 1

10. Is your home a smoke-free place? ☒ Yes ☐ No

11. Is your car a smoke free zone? ☐ Yes ☒ No

12. What sort of cigarettes or tobacco do you smoke?

Rollies and Peter Jackson mild

13. Have you tried to quit smoking before?

- ☐ Never ☐ Once ☒ Twice ☐ More:.....

14. What methods have you used to stop smoking? (You can tick more than one)

- ☒ Patches ☐ Inhaler ☒ cold turkey ☐ Group therapy
☐ Gum ☐ Lozenges ☐ Champix ☐ One-on-one counselling
☐ Zyban ☐ Quitline ☐ Other: please state

15. What is the longest single period of time you have not smoked?

2 days, had no money to buy any.

16. What made you resume smoking? Got paid and could afford to buy smokes.

17. Would you ever call the NSW Quitline? ☐ Yes ☒ No

a) If yes, was the Quitline useful? ☐ Yes ☐ No ☐ Unsure

18. Would you call a local Quitline if it was available? ☐ Yes ☒ No

19. What do you feel are the main barriers to you quitting smoking?

- ☐ Not Ready ☐ Feeling irritable ☐ Difficulty concentrating
☒ Stress ☐ Boredom ☐ Being moody ☐ Cost of NRT
☒ Coping with withdrawal ☐ Concerned about weight gaining
☒ Socialising with smokers ☐ Other:.....

20. Do you drink Tea/Coffee/ soft drink? ☒ Yes ☐ No

a) If Yes, how much: 3 cups of coffee a day

21. How did you hear about this smoking cessation service?

- ☐ Referral from GP
- ☐ Local advertising
- ☒ Asked to come by a Health Worker or Health Professional
- ☐ Someone you know in the program
- ☐ Word of mouth
- ☐ Wanting to quit
- ☐ Other:.....

22. Can you rate your desire to quit? 1 2 3 4 5

(Note: 1 = I don't want to quit at all. 5 = I really want to quit).

Client progress sheet: **EXAMPLE**

KEEP THIS SHEET WITH CLIENT'S ASSESSMENT SHEET

Name of client: Joe Bloggs **Client #:** 559978 **Date:** 1/02/2012

1. CO score: 10 **Nicotine dependency level:** 4

2. Current stage of change: Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☒ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

3. How many cigarettes are you no smoking a day? 15 – 20.

4. Did you have any smoke-free days? No

5. Are you using any nicotine replacement therapy (NRT) to help you quit?
YES NO

NRT history:

Was on 1 x 21mg patch and had the inhaler for the past week.

6. Short term goals:

Have one smoke-free day next week

7. Long term goals:

Be smoke-free for the birth of my son

8. NOTES:

Has been doing really well, likes using the inhaler but has a slight irritation to the patch. Recommend using a different brand.

Next appointment: 8/02/2012

Staff member: Rob Bloggerts

Any further referral needed? Has already made an appointment to see the Katie Bloggston RN for his asthma

Any known medical implications for NRT Use:
Is currently pregnant

[illegible]

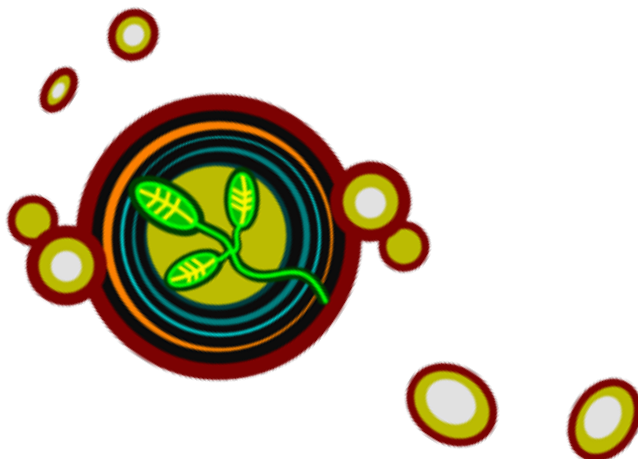
How do you keep event attendance records?

If you are running groups or community days, you may want to keep a record of what happened at these events. The kind of information you might want to record includes: the number of people who attended, what happened during the event and/or any information that impacted on the event. This will help you plan for future events. The information can also be included in the report to the funding body and used to evaluate the event.

We all know that people might leave or move on to different positions within organisations, so it is also important to hold on to this kind of information in case a new person starts in tobacco control. It will help them understand what has happened in the past, so they can make informed decisions based on what has worked in the past.

It is also a good idea to attach the agenda or plan for the day for future reference.

The Attendance Record template on the following page has been developed as a guide to help you think about what information you may want to collect about the event. You can use it as is or adapt it to suit the needs of your service.



Attendance record: **EXAMPLE**

Name of group: **Mad Quitters Tea Party**

Date: **21/1/2012**

How often the group meets: **every week**

How many people attended: **6**

What was the strength's of today's group?

Being able to sit around and have a cuppa and yarn about how we are doing with our quit journeys and personal short term goals.

Were there any issues that were raised? If so what were they?

Not being able to offer a bigger range of NRT as we can only supply patches and gum at this stage due to funding.

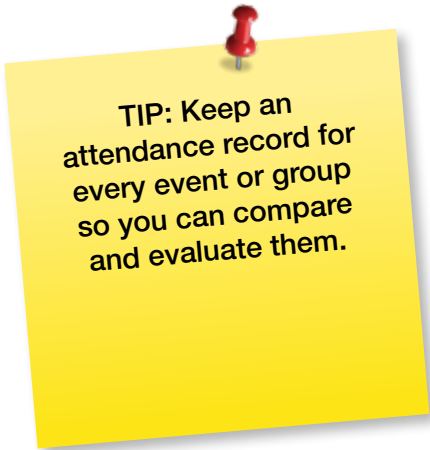
Was there any reason people couldn't attend? If so what was the reason? (funeral, community event etc.)

We usually have 10, but today there was an event on at the primary school so some of the regular attendees went there today.

Does anything need to be followed up on?

Talk to management to see whether we can provide other NRT.

Please attach the agenda or plan for the day.



TIP: Keep an attendance record for every event or group so you can compare and evaluate them.

What is an environmental scan?

One useful way of gathering information is through an environmental scan. The questions included in an environmental scan will help you understand where your service is at right now and what issues need to be addressed by your policy.

An environmental scan helps you get a good picture of smoking at your ACCHS. The environmental scan asks a number of questions about:

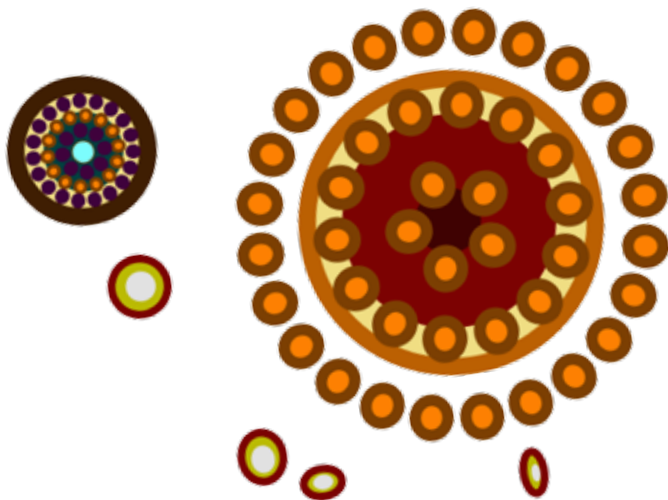
- Organisational policies and procedures
- How many people from the service smoke
- How many people from the community smoke
- Where people smoke

How to use the environmental scan:

1. Walk around your ACCHS and answer all the questions. Take photos as you go as a visual reminder. If you have multiple sites, do this for all sites of your service.
2. On a map of your ACCHS (use the building plans, the fire plan or draw one — your OHS officer should have a map for evacuation purposes) use the Environmental Scan Key to show visually what is happening at your ACCHS. An example can be found in this section.
3. If you have a policy in place, compare the answers you received with what people are meant to be doing. If there are differences between the policy and what you found, make note of these.

What do you do with the information now?

1. You can use the information you have collected as a discussion point when you are consulting with management, staff and clients.
2. Keep the environmental scan and use it as a guideline for when you review your policy at a later stage. This gives you a record of where your service was at when you started developing/redeveloping the Workplace Smoking Policy. This will show you how far your service has come.



Environmental scan: **EXAMPLE**

The environmental scan is designed to generate a broader understanding of organisational environmental policies, procedures and behaviours.

Organisational policies and procedures

1. Are there any smoking-related policies? If so how are they implemented? (*Get a copy of any policies. If unsure, check with your HR director or accreditation officer.*)

We have a smoking policy. Senior management is responsible for implementing the policy.

2. Are any smoking cessation initiatives happening at the moment? If so, please describe.

Currently there is a quit group one day a week and we also speak to people at the community BBQs we hold on the last Friday of every month.

3. How many of the current staff have undertaken smoking cessation training? If so who, what course and when?

There are three staff who have taken the training. The nurse and the AOD workers have done Smokecheck. The AHW did the smoking cessation electives in the Cert IV training.

4. Are there any plans to train people in the future?

There are two AHWs who are doing the Cert IV; both are going to do the smoking cessation electives.

Location

5. Are there designated smoke free and smoking areas?

There is a designated smoking area for staff, which is located at the back of the service. There are no designated smoking areas for clients; however, they are not allowed to smoke near the front door.

Plot them on the map using the specified key and photograph where possible.

6. Are there adequate signs in the designated areas? Are they clearly visible?

There are signs out the front where clients are not allowed to smoke.

Plot them on the map using the specified key and photograph where possible.

7. Where are the butts being discarded? Butt bins, garbage bins, the ground?

There is an old coffee tin where the staff smoke and a butt bin near the front gate.

Plot them on the map using the specified key and photograph where possible.

8. Who manages the butts, either on the ground and/or the butt bins?

The bins are emptied by anyone when they get full; however, it is the cleaner who normally does it.

Plot them on the map using the specified key and photograph where possible

9. If there are butts on the ground, are they in areas where children might be and have access to them? *(Photograph where possible)*
There are butts on the ground in the car park. Children can see them and pick them up.
10. If there aren't designated areas, where do people currently smoke?
People smoke wherever they want to, except for just outside the front door.
Plot them on the map using the specified key or photograph where possible.
11. Are children able to see people who are smoking? Are they exposed to passive smoke?
Children can see people smoking. Children are exposed to passive smoke because people smoke in most areas.
12. In the areas where people smoke are clients able to see staff smoke and are they exposed to passive smoking?
People are not able to see staff smoking; however, other staff may be exposed to passive smoke if they sit out the back on a tea break.

Comments:

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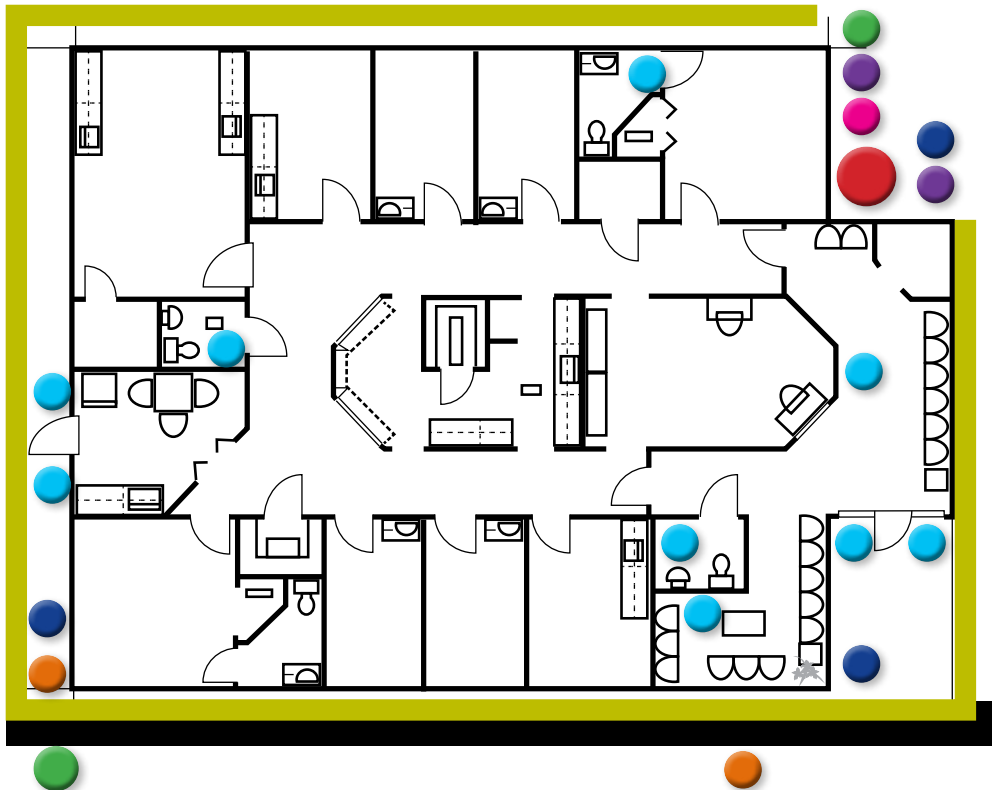
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TIP: Can be used for planning programs, assessing no smoking signage needs and many other areas of tobacco control.

Environmental scan key: **EXAMPLE**



- Designated Smoking Areas
 - Designated Non Smoking Areas
 - 'Smoking Signs' Located
 - 'No Smoking Signs' Located
 - Usual Smoking Areas (Undesignated)
 - Butt Bins
 - Garbage Bins
 - Butts on the Ground

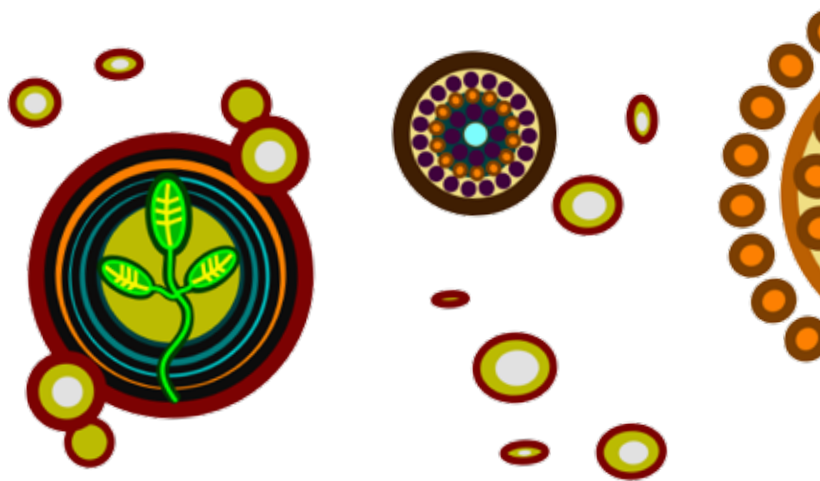
Section 6: Summary

There are a lot of different ways to collect information about your community. Collecting data can be useful when planning tobacco control programs, when evaluating your program and for planning programs for the future. It can also be useful in reporting back to your CEO, Board, community and funding bodies. It is good to plan how you are going to evaluate our program before you start!

However, you need to take into account how much staff time and funding you have, and whether you are able to call in outside help to assist with evaluation. You need to balance the time spent on evaluating against the time spent actually delivering the program.

There is no right or wrong way, just what is best for you and your community. At first it might seem a little hard, but it is worth the effort in the end. And if you have a team of people, it is always a good idea to make sure that you involve them at all stages.

If you are still not quite sure what you should be doing, or just want to check that what you are doing is right, you can always give one of the A-TRAC Team a call on (02) 9212 4777.



Section 7: Resources list

Below is a list of some websites which have data or data collection tools that you might find useful.

- Cancer Council NSW <http://www.cancercouncil.com.au/>
- Cancer Institute NSW <http://www.cancerinstitute.org.au/>
- Centre of Excellence in Indigenous Tobacco Control (CEITC) <http://www.ceitc.org.au>
- Google Scholar <http://scholar.google.com.au/schhp?hl=en&tab=ws>
- Health Statistics NSW <http://www.health.nsw.gov.au/publichealth/hsnsw/index.asp>
- Ministry of Health NSW NSW Health (2007): *Quality Improvement and Ethical Review*
- SurveyMonkey <http://www.surveymonkey.com/>
- The Australian Bureau of Statistics www.abs.gov.au
- The Australian Indigenous HealthInfoNet <http://www.healthinfonet.ecu.edu.au/>
- The National Health and Medical Research Council NHMRC (2003): 'When does quality assurance in health care require independent ethical review?' www.nhmrc.gov.au/guidelines/publications/e46
- Tobacco in Australia <http://www.tobaccoinaustralia.org.au/>

Section 8: Templates

This section contains blank templates of all the examples in this module. The templates are designed to be photocopied, but if you want to adapt them, Microsoft Word versions can be found on the USB drive that comes with this kit.



Staff member:

[illegible]

Name of project:

Background and rationale:

.....

.....

.....

Aims:

.....

.....

.....

Strategies:

.....

.....

.....

Methodology:

The project stages:

1. Development

.....

.....

.....

2. Data collection

.....

.....

.....

3. Data analysis

.....

.....

.....

4. Use of data

.....

.....

.....

Tools:

Expected outcomes:

How are you going to make it happen?

Activity	Progress	Action Items	Due Date

Timeline:

Objective						

Budget:

Line item	Details	Cost \$
		Total

Evaluation framework

Project Name:.....

[illegible]

1. Are you male or female?

- ☐ Male
- ☐ Female

2. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 64+

3. Are you...

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Non-Aboriginal

4. What statement best fits you and your smoking?

- ☐ I smoke
- ☐ I smoke but not regularly
- ☐ I don't smoke now but I used to (*go to question 11*)
- ☐ I've never smoked (*go to question 14*)
- ☐ Don't know

5. How long have you been smoking for?

- ☐ 1 year or less
- ☐ 1-5 years
- ☐ 6-9 years
- ☐ 10-13 years
- ☐ 14-17 years
- ☐ More than 17 years

6. How old were you when you started smoking?

7. Do you now smoke cigarettes, cigars, pipes or any other tobacco products?

- ☐ Daily
- ☐ At least weekly (not daily)
- ☐ Less often than weekly
- ☐ Don't know/can't say

8. How many do you smoke a day (including pipes, cigars and cigarettes)?

- ☐ Less than 5 a day
- ☐ Between 5-10 a day
- ☐ Between 10-15 a day
- ☐ Between 15-20 a day
- ☐ More than 20 a day

9. If you are a smoker, would you like to stop smoking?

- ☐ No thanks, I like smoking
- ☐ I'm thinking about cutting down
- ☐ Yes, in the next month
- ☐ Yes, in the next six months

10. Where would you go for support or advice if you were interested in giving up smoking? (You can tick more than one box).

- ☐ Aboriginal Medical Service
- ☐ Community Health Centre
- ☐ Quitline
- ☐ Private health professional
- ☐ Other

11. When do you have your first smoke?

- ☐ Within 5 minutes
- ☐ 5-30 minutes
- ☐ 31-60 minutes
- ☐ After 60 minutes

12. What methods have you used to stop smoking?

(You can tick more than one)

- ☐ Nothing, stopped cold turkey
- ☐ Patches
- ☐ Inhaler
- ☐ Gum
- ☐ Lozenges
- ☐ Champix
- ☐ Zyban
- ☐ Quitline
- ☐ Group therapy
- ☐ One-on-one counselling
- ☐ I have never made a quit attempt
- ☐ Other (Please state)

13. What methods would you like to use to stop smoking?

(You can tick more than one)

- ☐ Nothing, stopped cold turkey
- ☐ Patches
- ☐ Inhaler
- ☐ Gum
- ☐ Lozenges
- ☐ Champix
- ☐ Zyban
- ☐ Quitline
- ☐ Group therapy
- ☐ One-on-one counselling
- ☐ Other (Please state).....

14. Do other people you live with smoke?

- ☐ Yes
- ☐ No

15. Do other people you live with smoke in the house?

- ☐ Yes
- ☐ No

Tobacco control social marketing survey

1. Are you...

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Non-Aboriginal

2. Are you...

- ☐ Male
- ☐ Female

3. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 64+

4. Have you ever smoked tobacco (including all forms of cigarettes, pipes and cigars)?

- ☐ No (goes to end of survey)
- ☐ Yes

5. How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?

- ☐ Daily
- ☐ Weekly but not every day
- ☐ Less often than monthly
- ☐ Not at all, but I have smoked in the last 12 months
- ☐ Not at all, and I have NOT smoked in the last 12 months (go to end of survey – Thanks for your participation!)

6. Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

7. In the last 12 months, how many quit attempts have you made (given up for 24 hrs. or more)?

- ☐ None
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ More than 10

8. Where would you go for support or advice if you were interested in giving up smoking? (You can tick more than one box).

- ☐ Aboriginal Medical Service
- ☐ Community Health Centre
- ☐ Quitline
- ☐ Private health professional
- ☐ Other – Please state.....

9. Have you ever received information or support to give up smoking from a health service?

- ☐ No (skip to question 13)
- ☐ Yes

10. If yes, from which service did you receive health information about the risks of smoking?

- ☐ Aboriginal Medical Service
- ☐ Community Health Centre
- ☐ Quitline
- ☐ Private health professional
- ☐ Other – Please state.....

11. In the last 12 months have you seen any Aboriginal-specific health information about the risks of smoking?

- ☐ No
- ☐ Yes

12. In the last 12 months have you received any support which helped you to decide to give up smoking?

- ☐ No (skip to question 16)
- ☐ Yes

13. How did you receive the support or information?

- ☐ Aboriginal Health Worker
- ☐ Other health professional
- ☐ Family
- ☐ Friend
- ☐ TV
- ☐ Radio
- ☐ Facebook
- ☐ Phone message while on hold
- ☐ Poster
- ☐ Leaflet

14. Have you seen or heard about the

- ☐ Yes
- ☐ No (go to end of survey – Thanks for your participation!)

15. How did you hear about?

- ☐ Aboriginal Health Worker
- ☐ Other health professional
- ☐ Family
- ☐ Friend
- ☐ TV
- ☐ Radio
- ☐ Facebook
- ☐ Phone message while on hold
- ☐ Poster
- ☐ Leaflet

16. Did the make you think about quitting?

- ☐ Yes
- ☐ No

Participant information

Name of service..... Date:.....

Name of campaign:

The survey will ask you questions about about:

-
-
-
-
-

The survey will be carried out:

-
-

Information from the survey will improve our understanding of the issues around quitting smoking for Aboriginal people and help us find out what type of health information works best to help reduce smoking for Aboriginal people in the community.

If you are interested in receiving a copy of the report or would like to participate in a follow-up survey, please list your contact details below:

Name:

Email:

Phone:

IN NO WAY CAN THE INFORMATION BE LINKED TO YOUR IDENTITY!

If you have any questions about the campaign, please call:

Name: **Phone:**

Email:

Individual photo/film consent form

Project name:

.....

Principal contact:

.....

Organisation:

.....

I give consent to the use of my images for the project on the following basis:

1. I have received information about the project and the use of my images within the project, and have had the opportunity to ask questions. I understand the purpose of the project and my involvement in it.
2. The images I provide during the course of this project will be used solely for the purpose agreed. Any additional use of my images will need to be negotiated and another formal consent signed by me.
3. I understand that images of me may/will be used in project content to be posted on the Internet, including Facebook and YouTube, and give consent for my images to be used in this way.
4. I understand that if I have any complaints or questions concerning this project I can contact the principal contact or CEO of the

Name:

Signature: (Or parent/guardian if under 18)

Date:

Contact number: **Town:**

Principal contact's signature:

Date:

Semi-structured questions

Name of interviewee:.....

Name of interviewer:..... **Date:**.....

1. Are you a smoker?

.....

2. How much do you smoke?

.....

.....

.....

3. How do you feel about your smoking?

.....

.....

.....

4. How comfortable do you feel about seeking support to quit?

.....

.....

.....

5. Have you tried to quit smoking in the past? If so, how?

.....

.....

.....

.....

6. Where would you most likely go for support?

.....

.....

.....

.....

7. What do you feel the barriers are to giving up the smokes?

.....

.....

.....

.....

8. How do you feel those barriers can be overcome?

9. What else would you like to add?

Focus group questions

Name of interviewees:

Name of interviewer: **Date:**

1. Are you a smoker?

.....

2. How much do you smoke?

.....

3. How do you feel about your smoking?

.....

.....

4. How comfortable do you feel about seeking support to quit?

.....

.....

5. Have you tried to quit smoking in the past? If so how?

.....

.....

6. Where would you most likely go for support?

.....

.....

7. What do you feel the barriers are to giving up the smokes?

.....

.....

8. How do you feel those barriers can be overcome?

.....

.....

9. What else would you like to add?

.....

.....

.....

Client assessment sheet

Name of client:..... Client #:..... Date of birth:.....

Address:

.....

Date:..... Contact number:

1. **Are You:** ☐ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander ☐ Non-Aboriginal

2. **Are you:** ☐ Male ☐ Female

3. **Do you have any known health conditions or are you currently taking medication?**

.....

.....

4. **How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?**

- ☐ Daily
☐ Weekly but not every day
☐ Less often than monthly
☐ Not at all but I have smoked in the last 12 months

5. **How long have you been a smoker?**

6. **At what age did you start smoking?**

7. **Fagerstrom test for nicotine dependence and carbon monoxide reading:**

Please tick (✓) one box for each question							
How soon after waking do you smoke your first cigarette?	Within 5 minutes		☐ 3		SCORE 1-2 = very low dependence 3 = low to mod dependence 4 = moderate dependence 5 + = high dependence Dependency level =		
	5 – 30 minutes		☐ 2				
	31 – 60 minutes		☐ 1				
	After 60 Minutes		☐ 0				
How many cigarettes a day do you smoke?	10 or Less		☐ 0				
	11 – 20		☐ 1				
	21 – 30		☐ 2				
	31 or More		☐ 3				
		TOTAL					
CO Score Range	0 – 4	5 – 6	7 – 10	11 – 16	17 – 25	26 – 35	36 – 60
	Non smoker	Danger zone	Smoker	Frequent smoker	Addicted smoker	Heavily addicted smoker	Dangerously addicted smoker
Score and status:							

8. Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

9. How many people in your household smoke? (including yourself)

10. Is your home a smoke-free place? ☐ Yes ☐ No

11. Is your car a smoke-free zone? ☐ Yes ☐ No

12. What sort of cigarettes or tobacco do you smoke?

.....

13. Have you tried to quit smoking before?

- ☐ Never ☐ Once ☐ Twice ☐ More:

14. What methods have you used to stop smoking? (You can tick more than one)

- ☐ Cold turkey ☐ Patches ☐ Inhaler ☐ Group therapy
- ☐ Gum ☐ Lozenges ☐ Champix ☐ One-on-one counselling
- ☐ Zyban ☐ Quitline ☐ Other (please state)

15. What is the longest single period of time you have not smoked?

.....

16. What made you resume smoking?

.....

17. Would you ever call the NSW Quitline? ☐ Yes ☐ No

a) If Yes, was the Quitline useful? ☐ Yes ☐ No ☐ Unsure

18. Would you call a local Quitline if it was available? ☐ Yes ☐ No

19. What do you feel are the main barriers to you quitting smoking?

- ☐ Not Ready ☐ Feeling irritable ☐ Difficulty concentrating
- ☐ Stress ☐ Boredom ☐ Being moody
- ☐ Cost of NRT ☐ Coping with withdrawal ☐ Socialising with smokers
- ☐ Concerned about weight gain ☐ Other:

20. Do you drink tea/coffee/ soft drink?

☐ Yes ☐ No

a) If Yes, how much:

21. How did you hear about this smoking cessation service?

☐ Referral from GP

☐ Local advertising

☐ Asked to come by a Health Worker or Health Professional

☐ Someone you know in the program

☐ Word of mouth

☐ Wanting to quit

☐ Other:

22. Can you rate your desire to quit? 1 2 3 4 5

(Note: 1 = I don't want to quit at all. 5 = I really want to quit).

Client progress sheet

KEEP THIS SHEET WITH CLIENT ASSESSMENT SHEET

Name of client: Client #: Date:

1. CO score: Nicotine dependency level:

2. Current stage of change: which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

3. How many cigarettes are you smoking a day?

.....

4. Did you have any smoke free days?

5. Are you using any nicotine replacement therapy (NRT) to help you quit?
YES NO

NRT History:

.....

.....

6. Short-term goals:

.....

.....

7. Long-term goals:

.....

.....

8. NOTES:

.....

.....

Next appointment: Staff member:

Any further referral needed?

.....

.....

Nicotine Replacement Therapy management sheet

KEEP THIS SHEET WITH CLIENT'S ASSESSMENT & PROGRESS SHEETS

Name of client: Client #: Date:

Previous nicotine replacement therapy (NRT) history:

Previous nicotine replacement therapy (NRT) history:

.....

.....

.....

.....

[illegible]

Attendance record

Name of group: Date:

How often the group meets:

How many people attended?

What were the strengths of today's group?

.....

.....

.....

Were there any issues that were raised? If so, what were they?

.....

.....

.....

.....

Was there any reason people couldn't attend? If so, what was the reason?
(funeral, community event, etc)

.....

.....

.....

.....

Does anything need to be followed up on?

.....

.....

.....

.....

Please attach the agenda or plan for the day.

Environmental scan

Organisational policies and procedures

1. Does your organisation have any smoking-related policies? If so how are they implemented? *(Get a copy of any policies. If unsure, check with your HR director or accreditation officer.)*

2. Are any smoking cessation initiatives happening at the moment? If so, please describe.

3. How many of the current staff have undertaken smoking cessation training? If so, who, what course and when?

4. Are there any plans to train people in the future?

Location

5. Are there designated smoke-free and smoking areas?
(Plot them on the map using the specified key and photograph where possible.)

6. Are there adequate signs in the designated areas? Are they clearly visible?
(Plot them on the map using the specified key and photograph where possible.)

7. Where are the butts being discarded? Butt bins, garbage bins, the ground?
(Plot them on the map using the specified key and photograph where possible.)

8. Who manages the butts, either on the ground and/or the butt bins?
(Plot them on the map using the specified key and photograph where possible.)

9. If there are butts on the ground, are they in areas where children might be and have access to them? (Photograph where possible.)

10. If there aren't designated areas, where do people currently smoke?
(Plot them on the map using the specified key or photograph where possible.)

11. Are children able to see people who are smoking? Are they exposed to passive smoke?

12. In the areas where people smoke are clients able to see staff smoke? Are they exposed to passive smoking?

Comments:
