



Tell Us What You Think

End of Clinic Questionnaire

All information on this form will be kept confidential.

Clinic facilitator's name: _____ Today's date: _____

1. How many sessions of the clinic did you attend? _____

2. Check the statement below that best describes you today.

- I'm not using any form of tobacco.
- I'm using tobacco and I plan to quit within the next 30 days.
- I'm using tobacco, and I plan to quit within the next six months.
- I'm using tobacco, and I **don't** plan to quit within the next six months.

3. Did you stop using all forms of tobacco for one day (24 hours) or longer during the clinic? Yes No

4. What was the most helpful activity in the clinic?

5. What was the least helpful activity in the clinic?

6. How did the clinic facilitator help you?

7. How could the clinic facilitator have helped you more?

Resources



8. How would you improve the clinic?

9. Would you recommend the clinic to friends who want to quit?

10. Do you have any other comments or suggestions?

11. Would you like to volunteer to help other tobacco users? If so, please check activities you would be interested in, then fill in your name and address at the bottom of the page.

- | | |
|--|--|
| <input type="checkbox"/> Clinic facilitator | <input type="checkbox"/> Clerical assistance |
| <input type="checkbox"/> Telephone follow-up | <input type="checkbox"/> Other |
| <input type="checkbox"/> Panel of former tobacco users | <input type="checkbox"/> Not interested at this time |

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Thank you!