

Knowledge, attitudes and practices related to tobacco and areca nut cessation programmes among Dental Surgeons

1. Demographic profile of the participants

1.1 Age:

1.2 Gender:

1.3 Number of years in service:

1.4 Have you received formal training in tobacco cessation methods? YES NO

If yes, state when/how you received the training

During undergraduate training

During postgraduate training

From workshops/seminars

Through internet

2. Knowledge related to smokeless tobacco, its effects and cessation practices

*Smokeless tobacco (SLT) refers to betel quid as well as other products such as pan-masala, mawa, babul etc;

Knowledge	True	False	Don't know
2.1 SLT use is increasing in popularity among youth and adolescents.			
2.2 Areca nut is an addictive substance.			
2.3 Red tooth powder is a SLT popular among children.			
2.4 Manufacturing and selling of SLT products is banned in Sri Lanka.			
2.5 Areca nut is a group-I carcinogen in humans.			
2.6 Four persons die each day in Sri Lanka due to SLT use.			
2.7 Withdrawal symptoms may prevent SLT users from quitting the habit.			
2.8 SLT users can be given existing drugs prescribed to combat cigarette craving			
2.9 Five "R" concept can be used in counseling a client who is unwilling to quit SLT use			
2.10 SLT use in pregnancy may result in low birth weight babies and still births			

Pre workshop Questionnaire

3. Attitudes regarding smokeless tobacco cessation counseling (TCC) and ways to reduce SLT use

Attitude	Agree	Disagree
3.1 TCC is not effective due to lack of formal training		
3.2 Proper counseling will lead to patient quitting the habit		
3.3 TCC should be the part of regular treatment modalities		
3.4 Should/ Must Support strict legislation on tobacco use		
3.5 Should/ Must Increase in tax of tobacco products		

4. Tobacco control measures undertaken by Dental surgeons

Measure	Yes	No
4.1 Do you routinely inquire from all your patients regarding their tobacco related habits?		
4.2 Do you enforce a tobacco product free environment in your clinic?		
4.3 How often would you advice against SLT use? 1. Only when the patient has a SLT use related lesion 2. Only when the patient raises a question related to SLT use 3. Only when you identify the patient to be a SLT user, but does not have any lesions due to SLT use		
4.4 Do you do tobacco cessation counseling in your clinic?		
4.5 If yes, which method do you use?		
4.6 Have you been successful in your tobacco cessation counseling?		

5. What are the barriers that you may have to implement tobacco cessation counseling?

Barrier	Yes	No
5.1 I don't have enough time		
5.2 Lack of expertise		
5.3 Tobacco cessation is low priority to me		
5.4 Respect of patient privacy		
5.5 Lack of educational material		
5.6 Lack of financial reimbursement		