

**Knowledge, attitudes and practices related to smokeless tobacco cessation programmes among Dental Surgeons**

1. 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;

	True	False	Don't know
1.1 SLT use is increasing in popularity among youth and adolescents in Sri Lanka			
1.2 Areca nut is an addictive substance			
1.3 Red tooth powder is a SLT popular among children			
1.4 Manufacturing and selling of SLT products is banned in Sri Lanka			
1.5 Areca nut is a group I carcinogen in humans			
1.6 Four persons die each day in Sri Lanka due to SLT use			
1.7 Withdrawal symptoms may prevent SLT users from quitting the habit			
1.8 SLT users can be given existing drugs prescribed to combat cigarette craving			
1.9 Five "R" concept can be used in counseling a client who is unwilling to quit SLT use			
1.10 SLT use in pregnancy may result in low birth weight babies and still births			

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

Attitude	Agree	Disagree
I now have confidence to attempt TCC		
TCC should be the part of regular treatment modalities		
Support strict legislation on tobacco use		
Proper counseling will lead to patient quitting the habit		

Post workshop questionnaire

3. Regarding the training programme on Tobacco and areca nut cessation

**INSTRUCTIONS**

**Please circle your response to the items. Rate aspects of the workshop on a 1 to 5 scale:  
1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree**

	1	2	3	4	5
3.1 The workshop objectives were clear to me					
3.2 The content is relevant to my job					
3.3 I was able to gain new knowledge					

4. What is the most valuable component in the workshop?

5. What is the least valuable component in the workshop?

6. List suggestions to improve the workshop

7. Any other comments