

Program Champion Self-Assessment PRE-ACTUAL TRAINING DELIVERY

What is your name? _____

What LMHA do you work for? _____

Please rate your level of agreement with the following items:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am a good public speaker.	1	2	3	4	5	N/A
I currently have the capacity to deliver trainings in tobacco control.	1	2	3	4	5	N/A
I have observed others conducting tobacco control trainings before.	1	2	3	4	5	N/A
I feel comfortable speaking in public and training others.	1	2	3	4	5	N/A
I feel anxious just considering the idea of training others.	1	2	3	4	5	N/A
When conducting a training, I am afraid attendees will notice that I am nervous.	1	2	3	4	5	N/A
I have previously received feedback about my ability to conduct trainings.	1	2	3	4	5	N/A
I have received support and encouragement to engage in activities as a trainer/ health educator.	1	2	3	4	5	N/A
I feel confident about answering my colleagues' questions about tobacco control in the context of this training.	1	2	3	4	5	N/A

Items were developed by the TTTF research team for the purpose of this project.

	Poor	Fair	Good	Very Good	Excellent
Overall, how would you rate your capacity to conduct a training on tobacco control to members of your organization?	1	2	3	4	5

	Not at all	Just once	Twice	Three times	Several times
Besides the observed practice with the TTTF team, how many times did you practice/rehearse the presentation that you will deliver to members of your organization?	0	1	2	3	4

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