

Program Champion Self-Assessment BASELINE

What is your name? _____

What LMHA do you work for? _____

For how long have you been training/educating others (in years/months)?

Total = _____ years and _____ months.

For how long have you been training/educating others in tobacco control specifically (in years/months)?

Total = _____ years and _____ months.

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 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