

QUESTIONNAIRE

Smoking habits among employees in health care facilities in Koprivničko-Križevačka county

Do you smoke? (Please circle)

YES

NO

A) Occasionally

A) I have never smoked

B) Daily

B) I used to smoke

How many cigarettes do you smoke per day? _____

When did you quit smoke? (year) _____

When did you start smoking? (age) _____

Have you ever tried to quit smoking? YES NO

Gender: A) male B) female

Age: _____

Profession: _____

Education: A) University degree

B) College

C) Secondary

D) Primary

E) Other _____

Health care facilities:

A) Hospital

B) Health care centre

C) Department of public health

D) Private practice

E) Pharmacy

F) Other _____

Thank you for your answers!