

## Motivational Interviewing for Smoking Cessation CME/CNE Assessment – Answer Sheet

Please submit the completed answer sheet by email ([taco@dh.gov.hk](mailto:taco@dh.gov.hk)) to the Tobacco and Alcohol Control Office, Department of Health. The passing mark is 70%. Test result will be emailed to you by the 7<sup>th</sup> working day of the following month.

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Doctors

Registration No. (Medical Council / Dental Council of Hong Kong): \_\_\_\_\_

**CME Programme Administrator** for practising doctors who are not taking CME programme for specialists (please ✓ the appropriate box)

- |  |  |
|--|--|
| <input type="checkbox"/> Department of Health          | <input type="checkbox"/> Hong Kong Academy of Medicine |
| <input type="checkbox"/> Hong Kong Doctors Union       | <input type="checkbox"/> Hong Kong Dental Association  |
| <input type="checkbox"/> Hong Kong Medical Association |  |

**College for Specialists** (please ✓ the appropriate box)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anaesthesiologists | <input type="checkbox"/> Community Medicine   | <input type="checkbox"/> Dental Surgeons                  |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Physicians    | <input type="checkbox"/> Obstetricians and Gynaecologists |
| <input type="checkbox"/> Ophthalmologists   | <input type="checkbox"/> Orthopaedic Surgeons | <input type="checkbox"/> Otorhinolaryngologists           |
| <input type="checkbox"/> Paediatricians     | <input type="checkbox"/> Pathologists         | <input type="checkbox"/> Physicians                       |
| <input type="checkbox"/> Psychiatrists      | <input type="checkbox"/> Radiologists         | <input type="checkbox"/> Surgeons                         |

### Registered Nurses / Enrolled Nurses / Midwives

**Category** (please ✓ the appropriate box)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Enrolled Nurse (EN) | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Midwife (MW) |
|--|--|---------------------------------------|

Registration No.: \_\_\_\_\_

**Workplace** (please ✓ the appropriate box)

- |  |                                |                |
|--|--------------------------------|----------------|
| <input type="checkbox"/> DH Nurses     | Clinic: _____                  | Service: _____ |
| <input type="checkbox"/> Non-DH Nurses | Hospital & ward: _____         |                |
|  | Others (please specify): _____ |                |

**CME/CNE Accreditation**

	<b>College/Programme</b>	<b>No. of CME/CNE points</b>
<b>CME</b>	MCHK CME Programme for Practising Doctors who are not taking CME Programme for Specialists  College for Specialists	3 (accredited by DH)  1-3
<b>CNE</b>	Other colleges	3

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**Please answer in the space provided below.**

1. _____	2. _____	3. _____	4. _____	5. _____
6. _____	7. _____	8. _____	9. _____	10. _____

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## An Online Training Course on Motivational Interviewing for Smoking Cessation Evaluation Form

Date: \_\_\_\_\_

**Questions** (please ✓ one box for each question)

	1 Strongly disagree				5 Strongly agree
1. The training activity meets my learning/training needs.					
2. I gained a good understanding of concepts/principles related to the topic.					
3. The training activity deepened my interest in the subject matter.					
4. The logistic arrangement of the training activity (e.g. enrollment, venue set-up, etc) is appropriate.					
5. After the training activity, I have achieved the learning objectives listed.					
6. The teaching method adopted is appropriate.					
7. The speaker is able to enhance my learning in the training activity.					
8. Overall, I am satisfied with the training activity.					

**Other comments**

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**How did you know about this course?**

- Invitation letter                       Email                                       Livetobaccofree website  
 Workplace                                   Colleagues/friends                       School  
 Others (please specify): \_\_\_\_\_