

- 1. The most cost-effective intervention to quit smoking is:**
 - a. Brief intervention.
 - b. Self-help programs
 - c. Specialized intervention.
 - d. Community intervention.

- 2. Indicate which of the following statements is correct:**
 - a. Specialized intervention is aimed at smokers with complex needs, such as people with a psychiatric disorder.
 - b. Specialized intervention offers group or individual treatment, whereas intensive intervention only uses an individual approach.
 - c. Intensive intervention only offers pharmacological treatment, while specialized intervention consists of a psychological and pharmacological approach.
 - d. Specialized intervention is aimed at all types of smokers, regardless of their degree of motivation and dependence.

- 3. Which of the following statements on smoking as a public health problem is FALSE:**
 - a. Smoking is a problem created by companies that sell tobacco at the expense of its consequences.
 - b. In most societies, women have started smoking later than men.
 - c. Smoking is a global epidemic from which there are no effective measures to eradicate it.
 - d. It is a multi-component problem, with biological, psychological and social bases, that needs a global approach.

- 4. Motivational interviewing**
 - a. Does not work on smokers with high dependency.
 - b. It focuses on confrontation with the smoker.
 - c. Highlights the ambivalence of the smoker.
 - d. It has been developed by Prochaska and DiClemente.

5. **Which of the following statements about nicotine is FALSE:**
 - a. It is the main substance responsible for tobacco addiction.
 - b. Chronic exposure to nicotine causes changes in brain receptors.
 - c. Stimulates the adrenal glands to release adrenaline.
 - d. Decreases dopamine levels.

6. **Which of the following statements is FALSE: When a person decides to go to a smoking cessation appointment, in the help plan we offer him, we must include...**
 - a. Set a day to quit smoking or “D” day (ideally in the next 15 days).
 - b. Reinforce the reasons or motivations for quitting smoking.
 - c. Make a plan of how to prepare for “D” day (avoid stressors, have no tobacco at hand, eliminate ashtrays etc.).
 - d. Stress the importance of continuing to be exposed in the same way to high-risk situations (alcohol consumption, parties, stressful situations, etc.).

7. **Choose the correct answer in relation to the current tobacco epidemic in the UK**
 - a. The prevalence of smokers is higher than the world average.
 - b. Tobacco use is more prevalent among lower socio-economic groups.
 - c. Tobacco use has declined in the last 10 years in men but not in women.
 - d. Tobacco use has been increasing for a decade in both men and women.

8. **Choose the correct answer: During hospital admissions health care practitioners should:**
 - a. Advise everyone who smokes that the hospital is smokefree, and they must therefore abstain from smoking
 - b. Encourage everyone who smokes to stop smoking completely. Explain that help is available, and if necessary, provide immediate access to licensed nicotine-containing products or other pharmacotherapies.
 - c. Ensure all actions, discussions and decisions related to stop smoking advice, referrals or interventions are recorded in the person's records
 - d. All of the above.

- 9. The brief intervention strategy to support smoking cessation can be summarized as the "5 As". What is the recommended order?**
 - a. Ask, Advise, Assess, Assist, Arrange.
 - b. Ask, Assess, Advise, Assist, Arrange.
 - c. Ask, Assist, Advise, Assess, Arrange.
 - d. Advise, ask, Assess, Assist, Arrange

- 10. Which strategy promotes behavioural change though advising all smokers to quit in a clear, unambiguous way?**
 - a. Group therapy
 - b. Motivational interviewing
 - c. Contingency management
 - d. Brief advice

- 11. Of the "5 Rs", the "Resistance" consists of:**
 - a. Helping the smoker to identify why quitting smoking is important.
 - b. Helping to identify the benefits of quitting smoking.
 - c. Helping the person to identify barriers or impediments to quitting and provide treatment (problem-solving counselling, medication) that could address barriers.
 - d. Helping the smoker to identify the reasons for continuing to smoke.

- 12. Which of these factors condition tobacco use?**
 - a. Individual beliefs, motivations and skills.
 - b. Price and accessibility to tobacco
 - c. Nicotine as an addictive substance.
 - d. All these factors contribute to tobacco use from a psychological, social and biological perspective.

- 13. According to Heatherton's index (also known as Heaviness Smoking Index (HIS), a person who smokes 15 cigarettes a day and takes 15 minutes to light the first cigarette of the day, has a dependency level:**
- a. High dependency.
 - b. Medium dependency.
 - c. Low dependency.
 - d. Heatherton's index does not measure dependence.
- 14. According to the Transtheoretical Model of Prochaska and DiClemente, when a person considers a change of behavior in the next 30 days, he/she is in the stage of:**
- a. Precontemplation
 - b. Contemplation
 - c. Preparation
 - d. Action
- 15. What test is used to evaluate the degree of motivation to quit smoking?**
- a. Heatherton's index
 - b. Richmond test
 - c. Fagerström test
 - d. *Carbon monoxide test*
- 16. Which test measures nicotine dependence using only two questions?**
- a. Heatherton's index
 - b. Richmond test
 - c. Fagerström test
 - d. The Transtheoretical Model of Change
- 17. Which of the following statements is FALSE in relation to varenicline:**
- a. It has a dual agonist/antagonist action on nicotinic receptors.
 - b. It does not require a prescription
 - c. Acts on the main mechanisms involved in tobacco dependence.
 - d. Increases dopamine levels.

- 18. With regards to the overall morbidity and mortality associated to tobacco, it is correct to state that:**
- a. Cardiovascular diseases, cancer and neurological diseases are the leading causes of mortality associated with tobacco use.
 - b. Tobacco is known to be directly associated to up to 29 pathological conditions
 - c. Environmental tobacco smoke does not cause diseases in non-smokers.
 - d. In the next 20 years in developed countries, mortality associated with tobacco use is expected to rise due to increased smoking rates.
- 19. In the event that a person who smokes does not wish to quit tobacco in the near future, the World Health Organisation recommends an intervention based on the "5 Rs". Which of the following approaches is the 5Rs based on?**
- a. Pharmacological approach.
 - b. Cognitive behavioral therapy.
 - c. Motivational interviewing
 - d. None of the above is true.
- 20. Which of the following options is FALSE in relation to effective psychological interventions for smoking cessation:**
- a. Interventions are often based on multi-component programs.
 - b. Group interventions are more effective than individual interventions.
 - c. Psychological interventions include training in coping strategies and self-control skills, among others.
 - d. Intensive interventions should include a minimum of 4 sessions.
- 21. Which of the following statements is correct in relation to Environmental tobacco smoke (ETS)**
- a. Environmental tobacco smoke does not pose any public health problems.
 - b. It has been estimated that domestic exposure to second-hand smoke in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older.
 - c. It has been estimated that domestic exposure to second-hand smoke in the UK causes 3,000 deaths every year
 - d. They're all incorrect.

22. The Fagerstrom Test measures:

- a. The intention to quit smoking.
- b. The level of physical dependence on nicotine.
- c. The stages of behavior change.
- d. Motivation to quit smoking.

23. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which of the following is not a characteristic criterion of tobacco dependence:

- a. Persistent desire or unsuccessful efforts to cut down or control tobacco use.
- b. Quit consumption only when the consequences are negative.
- c. Craving to use tobacco.
- d. Tolerance.

24. One advantage of nicotine gum over nicotine patch is:

- a. It allows to regulate nicotine consumption to avoid withdrawal symptoms.
- b. It has no side effects.
- c. They do not cause oral or jaw problems.
- d. It poses higher risk of misuse.

25. Which of the following is true regarding the effectiveness of brief advice:

- a. It has been shown to increase smoking cessation by 20% among those who receive it
- b. It never causes a cessation attempt.
- c. It should last between 3 to 5 minutes.
- d. The shorter it is the more effective

26. Indicate the incorrect response in relation to bupropion use:

- a. The treatment lasts between 7 to 9 weeks
- b. Its use requires a prescription.
- c. Is a medicine originally used to treat depression, but it has since been found to help people quit smoking.
- d. Is recommended as the first line of treatment when attempting to quit smoking for the first time.

27. Which of the following statement is FALSE:

- a. E-cigarettes contain dissolved tobacco.
- b. Heated tobacco products do not produce combustion.
- c. Rolling tobacco often contains more additives than manufactured cigarettes.
- d. E-cigarettes and heated tobacco products are both electrical devices that can release nicotine.

28. Which statement is correct in relation to the brief intervention "5As"

- a. You should always perform the 5As steps in a single session.
- b. The steps of the 5As should be performed in several sessions independent of patient's willingness to give up tobacco.
- c. The first three As (Ask, Advise and Assess) should be carried out with all smokers in clinical practice, and the rest depending on their willingness to quit
- d. The 5As must be performed after the 5Rs steps have been applied.

29. Which of the following is included as an implementation guide in the WHO Framework Convention on Tobacco Control to curb the tobacco epidemic?

- a. MPOWER.
- b. 5As.
- c. 5Rs.
- d. The Transtheoretical Model of Change

30. Which of the following statement is FALSE in relation to the measurement of exhaled levels of carbon monoxide?

- a. It allows to approximately know the number of cigarettes a person has recently consumed.
- b. It indicates the level of carbon monoxide poisoning
- c. It allows to subjectively assess tobacco use during the cessation process.
- d. It allows to objectively assess tobacco use during the cessation process.

31. Which of the following statement is FALSE? If a smoker has relapsed, after months of abstaining, the professional must:

- a. Take a non-blaming stance towards the smoker.
- b. Highlight the efforts made and achievements during the quitting process.
- c. Review what worked and what didn't work during the quitting process.
- d. Provide time for the smoker, at least about 6 months until a new attempt.

32. A person who smokes tobacco, but not on a daily basis, would be classified as:

- a. Daily smoker
- b. Occasional smoker
- c. Never smoker
- d. Ex- smoker

33. What is the goal of primary prevention in smoking addiction?

- a. Decrease the incidence of smokers.
- b. Stop the progression of addiction.
- c. Early smoking cessation.
- d. Decrease smoking-associated morbidity.

34. What intervention is intended to help people to quit smoking without the need for face-to-face or telephone/online contact with a professional?

- a. Motivational Interviewing
- b. Brief Advice
- c. Self-help material
- d. Telecare

35. Choose the correct statement about the benefits of quitting smoking:

- a. Within 20 minutes of quitting smoking, carbon monoxide levels in the blood are normalized.
- b. At 3 hours of quitting smoking, respiratory function improves.
- c. After a year of quitting smoking, the risk of dying from pancreatic cancer is reduced by half.
- d. After 10 years of quitting smoking, the risk of dying from lung cancer is reduced by half.

36. What strategy seeks to increase awareness and self-knowledge of tobacco consumption?

- a. Daily smoking log
- b. Psychoeducation
- c. Skills training
- d. Cognitive restructuring