

**Table S1: Changes in capability, opportunity and motivation to deliver brief stop-smoking advice to smoking patients from prior to following the training reported by 69 general practitioners (GPs) of 52 GP practices.**

		Baseline score <sup>a</sup> , mean ± SD	Baseline score <sup>a</sup> , median (IQR)	Follow-up score <sup>a</sup> , mean ± SD	Follow-up score <sup>a</sup> , median (IQR)	Mean difference (MD)	z-score	Number of cases	Effect size, d <sup>b</sup>
<b>Capability</b>	• Brief smoking cessation advice given in a primary care setting increases the chance on tobacco abstinence of the patients (Question (Q): 4.2/1.2)	4.03 ± 0.91	4 (2)	4.71 ± 0.49	5 (1)	0.68	5.127***	69	0.75
	• It is helpful to confront smoking patients repeatedly with their smoking habits and the advice to stop smoking (Q: 4.3/1.3)	4.19 ± 0.91	4 (2)	4.72 ± 0.63	5 (1)	0.53	4.441***	69	0.58
	• I do know the steps of a structured brief smoking cessation advice given in a primary care setting according to the 5A/ABC method (Q: 4.4/1.4)	1.88 ± 1.00	2 (1)	4.72 ± 0.48	5 (1)	2.84	7.116***	69	2.84
	• A structured brief smoking cessation advice given in a primary care setting according to the 5A/ABC method takes less than 15 minutes (Q: 4.5/1.5)	3.39 ± 1.06	4 (1)	4.65 ± 0.56	5 (1)	1.26	5.212***	49 <sup>c</sup>	1.19
	• I have the necessary skills to address patients smoking behavior adequately (Q: 5.1/2.1)	3.35 ± 0.98	3 (1)	4.20 ± 0.72	4 (1)	0.85	5.222***	69	0.87
	• I have the necessary skills to provide structured brief smoking cessation advice according to the “5A/ABC method” (Q:5.3/2.2)	2.11 ± 1.04	2 (1)	4.28 ± 0.66	4 (1)	2.17	6.705***	64	2.09
<b>Opportunity</b>	• The provision of structured brief smoking cessation advice (according to the “5A/ABC method”) is feasible in my daily practice (Q: 6.3/3.3)	3.78 ± 0.86	4 (1)	4.47 ± 0.66	5 (1)	0.69	4.888***	68	0.80
<b>Motivation</b>	• Tobacco smoking and smoking cessation are important issues in a general practice (Q: 6.1/3.1)	4.65 ± 0.54	5 (1)	4.72 ± 0.48	5 (1)	0.07	0.894	68	0.13
	• As a GP, I do have an important role in smoking cessation treatment of patients (Q: 6.2/3.2)	4.59 ± 0.73	5 (1)	4.69 ± 0.50	5 (1)	0.10	0.798	68	0.14

The non-parametric Wilcoxon signed-rank test was used to compare baseline and follow-up scores; SD = standard deviation, IQR = interquartile range, GP = general practitioner, Q = question number in the respective questionnaire prior to/following the training; \*\*\*p < 0.001; <sup>a</sup>scores: 1 = totally disagree, 2 = partly disagree, 3 = partly agree, 4 = agree, 5 = totally agree; <sup>b</sup>Cohens d calculated with (Follow-up Mean – Baseline Mean) / Baseline SD (d ≥ 0.8 = large effect); <sup>c</sup>missing cases result from GPs that answered “I do not know the (respective) method”.