UCL RESEARCH DEPARTMENT OF PRIMARY CARE
AND POPULATION HEALTH

in collaboration with

SMOKING
QUESTIONNAIRE

in collaboration with

V2.24/08/2010 Designed by UCL Learning & Media Services
Instructions:

This questionnaire contains questions about yourself, your smoking history, your health, and how you feel about smoking and quitting. It will help us to understand the needs of smokers from all backgrounds.

All the information you give is completely confidential. This means that your answers will be treated as private and you will not be identified by the answers you give. The data will be kept separate from your personal details.

Please:
1) Make sure you complete and sign the consent form and patient details section.
2) Complete the questionnaire by placing a cross in the box (e.g. ☒ ) that represents your answer. If you make a mistake please shade in the entire box (e.g. ☐ ) and then place a cross in the box that represents your answer.
3) Return the completed booklet to your surgery in the FREEPOST envelope provided. You do not need a stamp.
4) If you would prefer not to take part in this study, please fill out patient details and complete Section A to update your medical records and return the entire questionnaire as detailed above. If you'd like to add any further information regarding your smoking status, please use the comment box on the last page of the questionnaire.

Start2quit Study Consent Form

Please place your initials in the box (e.g. ☒ ) and sign below.

1. I agree to participate in the Start2quit study.
2. I confirm that I have read the Information Sheet (version 2 dated 25/03/2010).
3. I understand that I am free to drop out at any time without giving a reason, and that my medical care will not be affected.
4. I understand that my GP practice will be informed of my participation but the details I give are completely confidential and will not be passed on to anyone outside the research team.
5. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from UCL, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in the research. I give permission for these individuals to have access to my records.
6. I understand that information from my medical records and from my answers in the questionnaire may be used to send me information about quitting.
7. I understand that relevant data from my attendance at the NHS services will be released to the researchers.

Signature ____________________________ Date __________

OR

I am willing to complete Section A but do not wish to participate further in this research.
Patient Details

Surname

Forename

Title  Mr  Mrs  Ms  Other

Address

Postcode

Telephone number

Mobile number

Section A: These questions are to update your records about whether you smoke or not

Please answer all questions by placing a ☐ in the box provided.

1) Do you currently smoke: cigarettes ☐ cigars ☐ rollups ☐ none of these ☐ pipes ☐

2) Have you ever smoked: cigarettes ☐ cigars ☐ rollups ☐ none of these ☐ pipes ☐

3) If you have ever smoked cigarettes/rollups: within the last 24 hours ☐ 1-6 days ☐ 1-4 weeks ☐ longer than 1 month ☐
   How long is it since you smoked your last cigarette/rollup?
   cigarettes/rollups?

4) If you currently smoke cigarettes/rollups: every day ☐ most days ☐ occasionally ☐
   How often do you usually smoke cigarettes/rollups?

5) If you smoke every day:
   How many cigarettes/rollups, on average, do you smoke a day?

6) If you smoke most days or occasionally:
   a) How many days in one week, on average, do you smoke?
   b) How many cigarettes/rollups, on average, do you smoke per day on the days that you smoke?
**Section B**: These questions are about your smoking and how you feel about smoking and quitting

1) How old were you when you first smoked cigarettes/rollups regularly? __________ years

2) How soon after waking do you normally have your first cigarette/rollup of the day?
   - within 5 mins
   - 6 - 30 mins
   - 31 - 60 mins
   - 1 - 2 hours
   - longer than 2 hours

3) What is the longest you have ever quit smoking for?
   - less than 24 hours
   - 1 - 6 days
   - 1 - 4 weeks
   - longer than 1 month

4) Are you seriously thinking of quitting:
   - within the next 2 weeks
   - within the next 30 days
   - within the next 6 months
   - not within the next 6 months

5) If you are not planning to quit, is it because:
   - it is too difficult
   - you want to smoke

6) Would you think of quitting if appropriate help were offered at a convenient time and place? yes no

---

**Section B: cont...**

7) Have you ever attended a NHS Stop Smoking Service run by a smoking cessation advisor, a practice nurse or a pharmacist? no yes
   - I tried but was unable to make an appointment

   If yes, when did you attend?
   - Less than 12 months ago
   - 1 - 2 years ago
   - 3 - 5 years ago
   - More than 5 years ago

Questions 8-10 have the same responses. Please answer by placing a ☒ in the box which best describes how you currently feel.

8) How much do you want to quit?
   - Not at all
   - A little
   - Moderately
   - Very much
   - Extremely

9) How determined are you to quit for good?

10) How confident are you that you can quit for good?
Section C: These questions refer to your use of services and smoking cessation help in the last 6 months.

1) In the last six months how many times have you:
   Please write in number (place a zero in the box if there have been no events in the category).
   a) Sought help or advice to quit smoking from your GP?
   b) Sought help or advice to quit smoking from your Practice Nurse or Health Care Assistant?
   c) Sought help or advice to quit smoking from a pharmacist?
   d) Rung up the NHS Smoking Helpline service for advice or support?
   e) Rung up any other smoking helpline e.g. Quitline for advice or support?
   f) Used an Internet site for help and support?

2a) In the last six months have you used Nicotine Replacement Therapy (NRT) products to help you to quit smoking?
   yes  no

   b) If yes, for how long did you use these products?
      less than 24 hours
      24 hours
      1 - 6 days
      7 - 13 days
      2 - 4 weeks
      longer than 1 month

3) How much have you spent purchasing additional products to help you stop smoking over the previous six months, excluding NRT on prescription?

   nothing
   £1 - £10
   £11 - £20
   £21 - £30
   £31 - £40
   £41 - £50
   £51 - £100
   over £101
Section D: You and your health

1) By placing a cross e.g. ☒ in one box in each group below, please indicate which statement best describes your own health state today.

a) Mobility
   I have no problems walking about ☐
   I have some problems walking about ☐
   I am confined to bed ☐

b) Self care
   I have no problems with self-care ☐
   I have some problems washing and dressing myself ☐
   I am unable to wash or dress myself ☐

c) Usual work activities
   e.g. work, study, housework, leisure activities
   I have no problems with performing my usual activities ☐
   I have some problems performing my usual activities ☐
   I am unable to perform my usual activities ☐

d) Pain/Discomfort
   I have no pain or discomfort ☐
   I have moderate pain or discomfort ☐
   I have extreme pain or discomfort ☐

e) Anxiety/Depression
   I am not anxious or depressed ☐
   I am moderately anxious or depressed ☐
   I am extremely anxious or depressed ☐

2) Do you live with other smokers? yes ☐ no ☐

3) Do you have any health problems linked to smoking? yes ☐ no ☐

4) Are you:
   male ☐
   female ☐

5) Date of birth:
   ______/_____/______

6) How old are you?
   ________ years

7) Are you:
   single ☐
   living with spouse/partner ☐
   separated/divorced ☐
   widowed ☐

8) Do you own or rent your home?
   own ☐
   rent ☐
   other ☐

9) Does anyone in your home have a car or van?
   yes ☐
   no ☐
Section D: cont...

10) What is your highest qualification?
   - no qualifications
   - GCSE/CSE/O Level
   - A Level
   - Degree or equivalent
   - Postgraduate degree

11) Are you now:
   - unemployed
   - in paid employment
   - fulltime student
   - housewife/husband
   - retired
   - disabled/too ill to work

12) Is or was your main occupation:
   - manual
   - non-manual

13) What is your ethnic background?
   - white
   - black
   - asian
   - other

Thank you for completing the questionnaire.

If you have agreed to participate in the research, we would like to thank you for taking part. You will receive another communication shortly and you will be contacted again by telephone to complete a follow-up questionnaire in six months time.

If you do not wish to participate, we will not contact you again.
For further information please contact:

Trial Manager

Dr Leanne Gardner
Research Department of Primary Care and Population Health
University College Medical School
Rowland Hill Street
London
NW3 2PF

Tel: 020 7794 0500 etx: 36719
E-mail: l.gardner@ucl.ac.uk

Lead Investigator

Dr Hazel Gilbert
Senior Research Fellow
Research Department of Primary Care and Population Health
University College Medical School
Rowland Hill Street
London
NW3 2PF

Tel: 020 7317 7548
E-mail: hazel.gilbert@ucl.ac.uk

If you would like to add any further information regarding your smoking status please use the box below: