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UCL RESEARCH DEPARTMENT OF PRIMARY CARE
AND POPULATION HEALTH

UCL

SMOKING QUESTIONNAIRE

in collaboration with

UNIVERSITY OF CAMBRIDGE

NIHR Health Technology Assessment programme funded project

THE UNIVERSITY of York

Office use only

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 (eg. AC) 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:** How long is it since you smoked your last cigarette/rollup?
within the last 24 hours ☐
1 - 6 days ☐
1 - 4 weeks ☐
longer than 1 month ☐

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

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

6) **If you smoke <u>most days or occasionally</u>:**
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 ☐
- I tried but was unable to make an appointment ☐
- yes ☐

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.

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

☐☐/☐☐/☐☐☐☐ ☐☐☐☐☐☐☐

Section C: cont...

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 ☐

Section D: cont...

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: ☐☐ / ☐☐ / ☐☐☐☐
d d m m y y y y

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:

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