

This anonymous questionnaire seeks information about Relapse Prevention Interventions (which are also known as Relapse Prevention Treatments) that your smoking cessation service (SCS) currently offers or has previously offered. It should be completed by the person who manages or runs this service within your Primary Care Trust (PCT). If you are not the service manager/coordinator, then please pass this on to him or her.

Before we can ask questions about Relapse Prevention Interventions we need to ask you a few questions about your current service provision to put your answers in context (i.e. support you currently provide to help smokers quit).

Section 1: Provision of Smoking Cessation Interventions

1. What types of behavioural smoking cessation interventions are delivered by your SCS? *Individual behavioural counselling*.....
- Group behavioural counselling*.....
- (tick all that apply)** *Self-directed sessions using computer software*.....
- Telephone advice/counselling*.....
- Self-help materials (i. e. booklets)*.....
- Peer led sessions*.....
- Other (specify below)*.....

.....

2. If your service delivers advice/counselling in groups what types of group treatments does your service provide? *Open groups (clients can join and leave at any time)*.....
- (tick all that apply)** *Closed groups (fixed number of sessions that run sequentially; usually only joined at the first one)*.....
- Other (specify below)*.....

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3. If your service delivers advice/counselling in groups, on average how long are group sessions?

.....Minutes

4. Is there a specific number of group sessions that constitutes a complete course of treatment?
- Yes.....
- No.....

If your answer above is 'yes', please go to question 5. If 'no', go to question 6

5. How many sessions constitute a complete course of treatment?

.....Sessions

6. If your service delivers advice/counselling to individuals, on average how long are individual sessions?

.....Minutes

7. If your service provides individual counselling, is there a specific number of individual sessions that constitutes a complete course of treatment?
- Yes.....
- No.....

If your answer above is 'yes', please go to question 8. If 'no' go to question 9

8. How many individual sessions constitute a complete course of treatment?

.....Sessions

9. Roughly, what percentages of clients attending your service receive individual or group support?

Clients receiving group support..... %

Clients receiving individual support..... %

Bupropion.....

10. Which of the following drugs does your service recommend to clients?

(tick all that apply)

- Varenicline.....
- Nicotine replacement therapy.....
- Combination NRT e.g. patch+oral product).....

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11. Which of the following drugs can be issued directly to clients attending your service (e.g. by PGD, voucher or prescription)?

(tick all that apply)

- Bupropion.....
- Varenicline.....
- Nicotine replacement therapy
- Other (specify below).....

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Section 2: Provision of Relapse Prevention Interventions

This section asks about relapse prevention treatments provided by your service to abstinent quitters.

Relapse Prevention Interventions (or Relapse Prevention Treatments) are behavioural or drug therapies delivered after acute smoking cessation treatment has ended and resulted in abstinence from smoking. Relapse Prevention Interventions therefore seek to reduce relapse to smoking among abstinent smokers. We are distinguishing relapse prevention interventions from interventions that aim to prevent a lapse becoming a full relapse to smoking (such interventions are addressed in questions 19 and 20)

12. Does your service provide relapse prevention interventions to **abstinent quitters?**

- Yes.....
- No.....

If answer above is 'yes' go to question 15 if 'no', go to question 13

13. Has your service ever provided relapse prevention interventions to **abstinent quitters** in the past?

Yes.....

No.....

If answer above is yes, please go to question 14, if 'no' go to question 19

14. Please indicate the reasons why you no longer provide relapse prevention interventions.

(tick all that apply)

Poor client attendance.....

Lack of relapse prevention training courses for staff.....

Inadequate funding.....

Relapse prevention treatments are not effective.....

Pressure to meet Department of Health Targets.....

Other (specify below).....

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Now go to question 19.

15. What types of relapse prevention interventions do you

provide to **abstinent quitters**?

NRT.....

(tick all that apply)

Bupropion.....

Varenicline.....

Individual behavioural counselling.....

Group behavioural counselling.....

Telephone contact.....

Self-help materials.....

Regular motivational letters enquiring as to progress...

Other (specify below).....

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16. How soon after completion of the acute smoking cessation treatment can an **abstinent quitter** access relapse prevention interventions from your service?

Immediately

After a period of time has elapsed

(tick one box)

17. If you ticked “after a period of time has elapsed”, please specify the length of this period

.....Weeks

18. For how long are relapse prevention interventions offered to **abstinent quitters** who received smoking cessation treatment from your service?

3 months or less.....

Greater than 3 months and up to 6months.....

Indefinitely.....

Other (specify below).....

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19. Does your service offer any

Yes.....

intervention for someone who has experienced a brief lapse to smoking to prevent full blown relapse?

No.....

20. If yes, please state what intervention is offered?

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Section 3: Feasibility of relapse prevention interventions

This section asks about the feasibility and potential challenges of introducing / continuing to provide relapse prevention interventions within the routine care provided by your SCS. Relapse prevention interventions seek to reduce relapse to smoking among abstinent smokers.

21. If you are currently offering relapse prevention interventions, under current circumstances, how likely is it that your stop smoking service might continue to provide relapse prevention interventions to abstinent quitters?

Very likely.....

Likely.....

Not sure.....

Unlikely.....

Definitely not.....

(tick one box)

22. If you are currently offering relapse prevention interventions, under current circumstances, how likely is it that your stop smoking service might start to provide relapse prevention interventions to abstinent quitters?

Very likely.....

Likely.....

Not sure.....

Unlikely.....

Definitely not.....

(tick one box)

If your answer to either question 21 or 22 above is 'not sure', 'unlikely' or 'definitely not', please go to question 23, otherwise you are now finished.

Inadequate funding.....

23. Please indicate the reasons why you are not sure or do not believe it likely that relapse prevention interventions will be provided by your service in the future.

DOH focus on four-week quits, rather than long term cessation.....

Clients usually relapse before they contact the service.....

(tick all that apply)

Few clients contact the service after acute smoking cessation treatment whilst still abstinent.....

Inability to provide drug treatment within the service.....

Other (specify below).....

24. Assuming that the above issues were resolved, how likely is it that the following interventions **could** be offered to abstinent quitters who have completed smoking cessation treatment -as a form of relapse prevention in your service?

<i>Intervention</i>	<i>Very likely</i>	<i>Likely</i>	<i>Not sure</i>	<i>Unlikely</i>	<i>Definitely not</i>
<i>NRT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Varenicline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bupropion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Group counselling</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Individual counselling</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NRT combinations</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other relapse prevention interventions(explain below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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25. If you answered 'probably not' or 'definitely not', for any of the listed interventions please provide reasons below.

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You are now finished. Thank you very much for your help.