

Please add site ID no.

To be completed by Researcher by phone:

Researcher's name:	
Date:	Time:
Potential participant's Name:	
Address:	
Email:.....	
Daytime tel:.....	
Evening tel:.....	
Mobile:.....	
Best time to call is between.....	
and.....	
Post Code:	No. calls made:.....
GP's Name:	
Address:	
Tel:	
Introduction: Name/role, hospital, research study, spare a few minutes to discuss.	
Describe study:	
<ul style="list-style-type: none">• Help with stop smoking.• Compare usual help/advice with usual help/advice plus exercise.• Around 900 women, several hospitals• Either once a week for six weeks or twice a week for six weeks then once a week for two weeks. 50:50 chance of either group.• Quit one week after first appointment.• Follow-ups at around 38 weeks pregnant, baby six months (at home if preferred)• Questionnaires and CO monitor• £7 travel expenses	

Eligibility Checklist:	Inclusion criteria	
1. How old are you?	Age 16 – 50	
2. How many weeks pregnant are you?	10-24 weeks	
3. How many cigarettes did you smoke on a typical day before you were pregnant?	≥ 5 cigs	
4. How many cigarettes do you smoke on a typical day now?	≥ 1 cigs	
5. Are you willing to try to stop smoking without using nicotine replacement therapy (e.g. patches)?	YES	
6. Can you read and write in English?	YES	
7. Are you available and willing to attend up to 14 appointments over the next 2 months?	YES	
8. Do you have a drug or alcohol problem?	NO	
9. Are you able to walk continuously for at least 15 minutes?	YES	
10. Have you been advised by a doctor, midwife or another health professional not to take exercise during your pregnancy?	YES	NO
11. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?	YES	NO
12. Do you have chest pain brought on by physical activity?	YES	NO
13. Have you developed chest pain in the last month?	YES	NO
14. Do you tend to lose consciousness or fall over as a result of dizziness?	YES	NO
5. Do you have any bone or joint problems that become aggravated when you are more active?	YES	NO

16. Has a doctor ever recommended medication for your blood pressure or a heart condition?	YES	NO
17. Are you aware, through your own experience or a doctor's advice, of any other medical reason why you shouldn't be physically active without medical supervision?	YES	NO
18.If woman answers YES to any of Q10-17: Do I have your permission to contact a doctor at your hospital to check if it is ok for you to exercise? <u>If woman answers no: She cannot take part.</u>	YES	NO
If yes to Q10-17: Consultant has confirmed that it is safe for woman to take part?	NA	YES NO
<u>For all women who are eligible:</u> Do I have your permission to contact your GP, midwife and obstetrician to let them know you are interested in taking part?	YES	NO
Sent letter to GP about participation?	YES	
Suitable for trial?	YES	NO
Information sheet & directions sent?	YES	

Date of first appointment:	Time:	Clinic:

Remind the women to bring a pair of shoes comfortable for walking in, in case she is in the exercise group.