The ELONS prospective study had three stages of data collection.

Screening/Baseline Assessment (at quit date):

- At baseline, when participants set a quit date, monitoring data was collected by SSS advisers along with an optional saliva sample. This included the same routine questions that SSS were already collecting as well as extra question of relevance to ELON.

4 weeks post quit date:

- Self-reported smoking status and CO measurement collected by SSS advisers.
- Advisers also recorded number of weeks of pharmacotherapy (medication) taken and the number of sessions each client attended.
- Client satisfaction and wellbeing questionnaire was posted to participants' home address.

52 weeks post quit date:

- All participants who had quit at four weeks were followed up by telephone interview to identify self-reported smoking status. If they reported that they were abstinent from smoking, a home visit was arranged to record CO measurement and collect a saliva sample.

Data collection tools for each stage are included below.

ELONS prospective study baseline data collection

Data confidentiality and security

This information will be stored on a secure computer and sent in an anonymised form to a University research team who are helping us to improve our service.

For practitioner to complete:

Practitioner type: (primary role)

- ☐1 Practice nurse
- ☐2 GP
- ☐3 Health Care Assistant
- ☐4 Health trainer
- ☐5 Receptionist
- ☐6 Pharmacist
- ☐7 Dispenser
- ☐8 Counter Assistant
- ☐9 Dentist
- ☐10 Dental nurse
- ☐11 Specialist smoking practitioner
- ☐12 Other (please write in) ....

Setting: (where session(s) with this client take place)

- ☐1 GP practice
- ☐2 Pharmacy
- ☐3 Hospital
- ☐4 Dental practice
- ☐5 Workplace/college/school
- ☐6 Community centre/church
- ☐7 Children's centre
- ☐8 Prison
- ☐9 Home visit
- ☐10 Other (please write in) ....

Intervention type:

- ☐1 One to one
- ☐2 Drop in
- ☐3 Open/rolling group
- ☐4 Closed group
- ☐5 Other (please write in) ....

Medication given to this client: (tick all that apply)

- ☐1 Single NRT
- ☐2 Combination NRT
- ☐3 Champix/Varenicline
- ☐4 Zyban/Buproprion
- ☐5 No medication

For client to complete:

DOB:

Gender ☐1 Male ☐2 Female

Title:

First name:

Surname:

Address:

Post Code:

Home Telephone No:

Other Telephone No:

Mobile:

Email:

Who referred you to this service?

☐1 Myself ☐2 GP ☐3 Other Health Professional ☐4 Other ....

How did you hear about this service?

☐1 Friend

Are you in paid employment?

☐1 Yes ☐2 No

☐2 Work ☐3 Paper ☐4 Radio ☐5 Poster ☐6 Bus ☐7 GP ☐8 Other Health Professional ☐9 Pharmacy ☐10 Word of mouth ☐11 From a national advert ☐12 Leaflet ☐13 Other….(please specify) ………………………………..	If you answered 'yes', what is your occupation? …………………………………………………… If you answered 'no', Are you: ☐1 Unemployed? ☐2 Full-time student? ☐3 Sick/disabled and unable to work? ☐4 Retired? ☐5 Homemaker/full time parent/carer
	Do you get free prescriptions? ☐1 Yes ☐2 No

Which ethnic group would you describe yourself as belonging to (tick one only):

White

☐1 British

☐2 Irish

☐3 Any other White background

Dual Heritage

☐4 White & Black Caribbean

☐5 White & Black African

☐6 White & Asian

☐7 Any other Dual Heritage background

Asian or Asian British

☐8 Indian

☐9 Pakistani

☐10 Bangladeshi

☐11 Any other Asian background

Black or Black British

☐12 Caribbean

☐13 African

☐14 Any other Black background

Other Ethnic Group

☐15 Chinese

☐16 Any other ethnic group

☐17 I do not wish to disclose this

<table>
<tr>
<td>Which best describes your highest level of educational qualification?

☐1 Still at school
☐2 No formal qualification
☐3 GCSE/O-grade/equiv.
☐4 A-level/equivalent
☐5 Apprenticeship
☐6 Other vocational qf
☐7 Degree
☐8 Higher degree</td>
<td>Which best describes your housing situation? (please tick the option that best applies to you)

☐1 Own outright
☐2 Own with mortgage
☐3 Social/Council Renting
☐4 Private Renting
☐5 Other, please state

……………………………..</td>
<td>What is your current marital status?

☐1 Never married
☐2 Married/civil partnership
☐3 Cohabiting

☐4 Divorced
☐5 Separated
☐6 Widowed</td>
</tr>
<tr>
<td>How many people (including yourself) live in your home?

Adults (aged 16 or over, include yourself)

…………………………

Children (aged 0-15)

…………………………</td>
<td rowspan="2">Thinking about your friends and family only, how many smoke?

☐0 Not applicable
☐1 None smoke
☐2 A few smoke
☐3 About half smoke
☐4 Most smoke
☐5 All smoke

Now thinking about the people you work or study with, how many smoke?
☐0 Not applicable
☐1 None smoke
☐2 A few smoke
☐3 About half smoke
☐4 Most smoke
☐5 All smoke</td>
<td rowspan="2">Over the last twelve months would you say your health has on the whole been……..?

☐1 Good

☐2 Fairly Good

☐3 Not Good</td>
</tr>
<tr>
<td>Does anyone in your home smoke regularly?

☐1 Yes
☐2 No
☐3 Does not apply to me</td>
</tr>
</table>

<table>
<tr>
<td>Have you made a serious attempt to stop smoking in the last 12 months? i.e. you decided that you would try to make sure you never smoked again?

☐1 Yes
☐2 No</td>
<td>Which, if any, of the following did you try to help you stop smoking during the most recent serious quit attempt?
(Please tick all that apply)

☐1 Nicotine replacement bought over the counter
☐2 Nicotine replacement prescribed by GP
☐3 Zyban (bupropion)
☐4 Champix (varenicline)
☐5 Attended an NHS stop smoking session
☐6 Smoking helpline
☐7 None of the above</td>
<td>On average, how many cigarettes do you usually smoke per day?

☐1 10 or less
☐2 11-20
☐3 21-30
☐4 31 or more<hr>How many years have you been smoking?
………………years</td>
</tr>
<tr>
<td>How soon after you wake up do you smoke your first cigarette?

☐1 Within 5 minutes
☐2 6-30 minutes
☐3 31-60 minutes
☐4 After 60 minutes</td>
<td>Do you have anyone who will support you to stop smoking?
☐1 Yes
☐2 No
If yes, who? (please tick all that apply)
☐1 Spouse/partner
☐2 Family member
☐3 Friend
☐4 Work Colleagues
☐5 Other (please specify …………..</td>
<td>How determined are you to give up smoking at this attempt?

☐1 Not at all determined
☐2 Quite determined
☐3 Very determined
☐4 Extremely determined</td>
</tr>
</table>

Do you have any medical conditions? (please tick all that apply)

☐$_{1}$ High blood pressure

☐$_{2}$ Heart problems

☐$_{3}$ Diabetes

☐$_{4}$ Respiratory problems

☐$_{5}$ Stroke

☐$_{6}$ Ulcers

☐$_{7}$ Bad circulation

☐$_{8}$ Under/overactive thyroid

☐$_{9}$ Skin problems

☐$_{10}$ Mental health problems

☐$_{11}$ Physical disability

☐$_{12}$ Other……………

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.
(Please tick ONE box for EACH statement)

Over the last two weeks:

1. I have felt cheerful and in good spirits

☐$_{5}$ all of the time
☐$_{4}$ most of the time
☐$_{3}$ more than half the time
☐$_{2}$ less than half the time
☐$_{1}$ some of the time
☐$_{0}$ at no time

2. I have felt calm and relaxed

☐$_{5}$ all of the time
☐$_{4}$ most of the time
☐$_{3}$ more than half the time
☐$_{2}$ less than half the time
☐$_{1}$ some of the time
☐$_{0}$ at no time

3. I have felt active and vigorous

☐$_{5}$ all of the time
☐$_{4}$ most of the time
☐$_{3}$ more than half the time
☐$_{2}$ less than half the time
☐$_{1}$ some of the time
☐$_{0}$ at no time

4. I woke up feeling fresh and rested

☐$_{5}$ all of the time
☐$_{4}$ most of the time
☐$_{3}$ more than half the time
☐$_{2}$ less than half the time
☐$_{1}$ some of the time
☐$_{0}$ at no time

5. My daily life has been filled with things that interest me

☐$_{5}$ all of the time
☐$_{4}$ most of the time
☐$_{3}$ more than half the time
☐$_{2}$ less than half the time
☐$_{1}$ some of the time
☐$_{0}$ at no time

How much do your medical conditions limit you in any way from completing your everyday activities? (e.g. mobility)

☐$_{1}$ Severely
☐$_{2}$ Moderately
☐$_{3}$ Not at all

52 week telephone interview schedule

EVALUATING LONGER TERM OUTCOMES IN NHS STOP SMOKING SERVICES (ELONS)

DRAFT TELEPHONE QUESTIONNAIRE: 52 WEEK FOLLOW-UP –FINAL version

INTRODUCTION

Please could I speak to <named participant>?

IF NOT THROUGH TO NAMED PERSON AND ASKED WHY CALLING:

<Named participant> is taking part in a research study evaluating NHS stop smoking services called ELONS and I'm calling about this.

ONCE THROUGH TO NAMED PERSON:

Good morning / afternoon/ evening about a year ago you tried to stop smoking with help from your local <stop smoking service/pharmacy/GP practice/dentist>. You also very kindly agreed to take part in a research study called ELONS to evaluate the help you received. As part of this research study I am calling to find out how you are getting on. It will only take a few minutes. My name is __________ and I am from TNS BMRB, the independent research company which is conducting follow up calls for the ELONS Research Study.

IF NECESSARY:

When you agreed to take part in the ELONS Research Study you gave consent to be contacted to see how you are getting on with your attempt to quit smoking.

SECTION A: ELONS CORE QUESTIONS

ASK ALL

Q1. Have you smoked in the last 7 days? [SC]

Yes

No

ASK ALL

Q2. We understand that you attended an NHS stop smoking service about a year ago. You had successfully stopped smoking when they followed you up 4 weeks after your original quit date. Have you smoked at all since then?
IF RESPONDENT IS UNSURE WHAT A QUIT DATE IS: This is the date you agreed to stop smoking.

No, not at all
Yes, between 1 and 5 cigarettes
Yes, more than 5 cigarettes

SECTION B: UCL ADDITIONAL QUESTIONS
ASK ALL
Q3. Thinking back to your quit attempt with your local < stop smoking service/pharmacy/GP practice/dentist> a year ago, did you use any nicotine replacement therapy, e.g. nicotine gum, patch, inhaler, nasal spray, mouth spray, microtab, lozenge or any other supplementary products, e.g. electronic cigarette? [SC]
Yes – ASK Q4
No – SKIP TO Q6a
Can’t remember

ASK Q4 IF Q3 = ‘YES’
Q4. How long did you use this additional support for? READ OUT [SC]
Less than a day
Less than a week
More than 1 week and up to a month
More than 1 month and up to 2 months
More than 2 months and up to 3 months
More than 3 months and up to 6 months
More than 6 months and up to a year
Still using it
Can’t remember [DO NOT READ OUT]

ASK Q5 IF Q4 = 8

Q5. And can you tell me which of the following forms of support you are still using? Tick all that apply. READ OUT [MC, RANDOMISE]

1. Nicotine gum
2. Nicotine patch
3. Nicotine inhaler
4. Nicotine nasal spray
5. Nicotine mouth spray
6. Nicotine microtab
7. Nicotine Lozenge
8. Electronic cigarette
9. Other (SPECIFY)
10. Can't remember [DO NOT READ OUT]

SECTION C: AGREEMENT FOR FOLLOW UP VISIT

ASK Q6a or b IF Q1 = 'NO'

IF A SALIVA SAMPLE HAS BEEN GIVEN AT THE BASELINE (DEFINED FROM SAMPLE FILE)

Q6a.

As part of this research study, we would like to send one of our interviewers to visit you for a breath test* and also to collect a saliva sample? These are common ways of looking at the effects of stopping smoking and you may remember giving them at your local stop smoking service. It will only take a few minutes and our interviewer can either come to your home or your workplace, whichever is most convenient for you?

Yes

No

ADDITIONAL INFORMATION ON CO BREATH TEST IF REQUIRED

* The breath test involves blowing into a machine that measures the amount of carbon monoxide in your breath

IF A SALIVA SAMPLE HAS NOT BEEN GIVEN AT THE BASELINE (DEFINED FROM SAMPLE FILE)

Q5b. As part of this research study, we would like to send one of our interviewers to visit you for a breath test*. This is a common way of looking at the effects of stopping smoking and you may remember giving one at your local stop smoking service. It will only take a few minutes and our interviewer can either come to your home or your workplace, whichever is most convenient for you?

Yes

No

ADDITIONAL INFORMATION ON CO BREATH TEST IF REQUIRED

* The breath test involves blowing into a machine that measures the amount of carbon monoxide in your breath

IF NOT ASKED Q6a/b, THANK AND CLOSE

IF Q6a/b = ‘NO’, THANK AND CLOSE

IF Q6a/b = ‘YES’, SAY: Thank you, please can I check your address and contact telephone number and someone will be in touch over the next few days to arrange a convenient time.

READ OUT CONTACT DETAILS TO CONFIRM AND UPDATE IF NECESSARY. CHECK THIS IS THE BEST NUMBER TO CONTACT THEM ON.

OPEN TEXT BOX TO RECORD ANY ADDITIONAL INFORMATION FOR THE FACE TO FACE VISIT (TO BE PASSED ON TO THE FACE TO FACE INTERVIEWER)

THANK AND CLOSE

Client satisfaction and well-being survey

UK Centre for
Tobacco Control Studies
A UKCRC Public Health Research Centre of Excellence

Evaluating long term outcomes of NHS Stop Smoking Services (ELONS)

CONFIDENTIAL NHS STOP SMOKING SERVICE CLIENT SATISFACTION SURVEY

It is important that NHS Stop Smoking Services know if there is anything that they could do to improve the support that they provide to smokers. Your views about this are very important to us and will be treated in the strictest confidence. The results of this survey will be used for research and service development purposes. Please answer the following questions as honestly as you can, and return in the prepaid envelope provided. Thank you.

Please TICK the appropriate box for EACH question:

1. Overall, how satisfied are you with the support you have received to stop smoking?

Very satisfied	satisfied	unsure	unsatisfied	Very unsatisfied
☐1	☐2	☐3	☐4	☐5

		No	Unsure	Yes
2.	Would you recommend this service to other smokers who want to stop smoking?	☐0	☐1	☐2
3.	In the event that you started smoking again, would you go back to the service for help with stopping smoking?	☐0	☐1	☐2
4.	If you returned to the service for help with stopping smoking in the future, do you think that you would be welcomed back?	☐0	☐1	☐2

5. Have you smoked since your last appointment with the service?

	No, not a single puff	Yes, just a few puffs	Yes, 1-5 cigarettes	More than 5 cigarettes
	☐1	☐2	☐3	☐4

	Question			
6.	Was it easy to contact the stop smoking service when you had decided that you wanted to stop smoking?	No ☐0	Unsure ☐1	Yes ☐2
7.	When you contacted the stop smoking service, were you given an appointment date or told how long you would have to wait to see someone?	No ☐0	Unsure ☐1	Yes ☐2
8.	How long did you have to wait before your first appointment/group (please enter number of days)?	…………days		
9.	Was the length of time you had to wait for your first appointment acceptable to you?	No ☐0	Unsure ☐1	Yes ☐2
10.	Was there contact from the stop smoking service before your appointment to encourage and motivate you to attend treatment?	No ☐0	Unsure ☐1	Yes ☐2
11.	Are the appointment times you were given convenient for you?	No ☐0	Unsure ☐1	Yes ☐2
12.	Is the place where you go for your appointments convenient for you to get to?	No ☐0	Unsure ☐1	Yes ☐2

	Question				
13.	Have you been offered support with childcare costs?	Not applicable ☐4	No ☐0	Unsure ☐1	Yes ☐2
14.	Were you given a choice of an individual appointment or a group session appointment?		No ☐0	Unsure ☐1	Yes ☐2

15. How satisfied are you with how supportive staff have been?

Very satisfied	satisfied	Unsure	unsatisfied	Very unsatisfied
☐1	☐2	☐3	☐4	☐5

16. How helpful have the information and advice that staff have given you during your appointment been?

Very helpful	helpful	Unsure	Unhelpful	Very unhelpful
☐1	☐2	☐3	☐4	☐5

17. How helpful has the written information that staff have given to you been?

None given	Very helpful	helpful	Unsure	Unhelpful	Very unhelpful
☐0	☐1	☐2	☐3	☐4	

☐5

18. Do you find having your carbon monoxide (CO) reading done at every visit helpful?

CO not taken every visit	Very helpful	helpful	Unsure	Unhelpful	Very unhelpful
☐0	☐1	☐2	☐3	☐4	☐5

19. Was the information that you were given about the choice of medication helpful?

No	Unsure	Yes
☐0	☐1	☐2

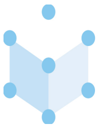
20. How did you get your medication?

GP prescription	Chemist (bought myself)	Chemist (with a voucher)	Chemist (with service letter or prescription)	The stop smoking service
☐1	☐2	☐3	☐4	☐5

21. Was it easy to get hold of your medication once you had chosen which medication you were going to use for your stop smoking attempt?

No	Unsure	Yes
☐0	☐1	☐2

If there are any changes that you would like to see to the Stop Smoking Service, or if there was anything they did particularly well, then please give details here:



UK Centre for

Tobacco Control Studies

A UKCRC Public Health Research Centre of Excellence

Evaluating long term outcomes of NHS Stop Smoking Services (ELONS)

CONFIDENTIAL CLIENT WELLBEING QUESTIONNAIRE

Please answer the following questions about how things are going:

Q1. On the whole how happy are you with your life in general? Look at the faces and TICK the box under the face which shows best how you feel.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Q2. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better wellbeing.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the lower right corner

Please tick ONE box for EACH statement.

	Over the last two weeks:	all of the time	most of the time	more than half of the time	less than half of the time	some of the time	at no time
1	I have felt cheerful and in good spirits	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
2	I have felt calm and relaxed	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3	I have felt active and vigorous	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	I woke up feeling fresh and rested	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
5	My daily life has been filled with things that interest me	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

Q3. How many of the people you know smoke?

Please tick ONE box for EACH statement.

	not applicable	none smoke	a few smoke	about half smoke	most smoke	all smoke
Friends	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
People I work with or study with	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Confidential Client Wellbeing Questionnaire

Q4. Below are some opinions that people might have about themselves. How strongly do you agree or disagree with each one?

Please tick ONE box for EACH statement.

	strongly agree	agree	neither agree nor disagree	disagree	disagree strongly
I enjoy a challenge	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I can deal with stress	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I'm frightened of change	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I can do what I want, when I want	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Most people would like a life like mine	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I feel in control	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I feel safe	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I worry about things going wrong	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
I feel I'm doing well in life	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
My life has a sense of routine	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Q5. If you have made any changes to your life to help you quit please write in the box:

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE. We could not do this study without your help.

Please could you just look back to check that you haven't missed any questions

Now please send it back to us in the prepaid envelope provided.