UCL RESEARCH DEPARTMENT OF PRIMARY CARE AND POPULATION HEALTH



## SMOKING QUESTIONNAIRE

in collaboration with





THE UNIVERSITY of York

Offic	e 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.
- 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.
- 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. $\ensuremath{\mathcal{AC}}$ ) and sign	below.			
1. I agree to participate in the Start2Quit study.				
<ol> <li>I confirm that I have read the Information Sheet (version 2 dated 25/03/2010).</li> </ol>				
<ol> <li>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.</li> </ol>				
<ol> <li>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.</li> </ol>				
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 releva to my taking part in the research. I give permission for these individuals to have access to my records.	n l			
<ol><li>I understand that information from my medical reco and from my answers in the questionnaire may be used to send me information about quitting.</li></ol>	ords			
<ol><li>I understand that relevant data from my attendance the NHS services will be released to the researcher</li></ol>				
Signature Date				
OR				
I am willing to complete the questionnaire but do not wish to participate further in this research.				



# **Patient Details**

	Please answer all que
Surname	1) Do you currently sm
Forename	
	2) Have you ever smok
Title Mr Mrs Ms Other	
Address	3) <b>If you have ever sn</b> How long is it since
	smoked your last cig
	4) If you currently on
Postcode	<ol> <li>If you currently sm How often do you us</li> </ol>
Telephone number	5) <b>If you smoke every</b> How many cigarette smoke a day?
Mobile number	6) If you smoke most
	a) How many days i do you smoke?
	b) How many cigare smoke on the day

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

Please answer all questions by placing a 🛛 i	in the box provided.
1) Do you currently smoke:	cigarettes rollups pipes cigars
2) Have you ever smoked:	cigarettes rollups pipes cigars
smoked your last cigarette?	in the last 24 hours 1 - 6 days 1 - 4 weeks onger than 1 month
<ol> <li>If you currently smoke cigarettes: How often do you usually smoke cigarettes</li> </ol>	6? every day most days occasionally
<li>5) If you smoke every day: How many cigarettes, on average, do you smoke a day?</li>	N N
6) If you smoke most days or occasionally a) How many days in one week, on averag do you smoke?	
b) How many cigarettes, on average, do yo smoke on the days that you smoke?	N N



### Section B: These questions are about your smoking and how you feel about smoking and quitting

<ol> <li>How old were you when you first smoked cigarettes regularly?</li> </ol>	vears	<ol> <li>Have you ever attended a Stop Smoking Service run smoking cessation advisor practice nurse or a pharma</li> </ol>	by a r, a		is unable ppointme	
2) How soon after waking do you normally have your first cigarette of the day?	within 5 mins 6 - 30 mins 31 - 60 mins 1 - 2 hours longer than 2 hours	lf yes, when did you atte	nd?	1 - 3 3 - 4	months ag 2 years ag 5 years ag 5 years ag	go go go
3) What is the longest you have ever quit smoking for?	1 - 6 days 1 - 4 weeks	Questions 8-10 have the sa by placing a 🛛 in the box v currently feel.	which b	ribes l	how you	u
<ol> <li>Are you seriously thinking of quitting:</li> </ol>	longer than 1 month	<ul><li>8) How much do you want to quit?</li><li>9) How determined are you to quit for good?</li></ul>				
5) If you are not planning to quit, is it because:	not within the next 6 months it is too difficult you want to smoke	10) How confident are you that you can quit for good?				
6) Would you think of quitting if appropriate help were offered at a convenient time and place?	yes no					



Section B: cont...

#### Section C: These questions refer to your use of services and smoking cessation help in the last 6 months.

<ol> <li>In the last six months how many times have Please write in number (place a zero in the there have been no events in the category).</li> <li>a) Sought help or advice to quit smoking from your GP?</li> </ol>	box if	3) How much have you spent purchasing additional products to help you stop smoking over the <b>previous six months</b> , excluding NRT on prescription?
<ul> <li>b) Sought help or advice to quit smoking from your Practice Nurse?</li> </ul>	NN	£31 - £40 £41 - £50 £51 - £100
c) Sought help or advice to quit smoking from a pharmacist?	NN	over £101
d) Rung up the NHS Smoking Helpline service for advice or support?	NN	
e) Rung up any other smoking helpline e.g. Quitline for advice or support?	N N	
f) Used an Internet site for help and support?	NN	
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	

Section C: cont...

Section D:	You and your health		Section	D: cont
<ol> <li>By placing a cross e.g. ⊠ in one box in each group below, please indicate which statement best describes your own health state today.</li> </ol>		s	2) Do you live with other smo	okers? yes no
a) Mobility	I have no problems walking about I have some problems walking about I am confined to bed		<ul><li>3) Do you have any health p</li><li>4) Are you:</li></ul>	roblems linked to smoking? yes no no male
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		<ul><li>5) Date of birth:</li><li>6) How old are you?</li></ul>	female
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		7) Are you:	vears single iving with spouse/partner separated/divorced widowed
d) Pain/Discomfort	I have no pain or discomfort I have moderate pain or discomfort I have extreme pain or discomfort		8) Do you own or rent your home?	own rent other
e) Anxiety/Depression	I am not anxious or depressed I am moderately anxious or depressed I am extremely anxious or depressed		9) Does anyone in your home have a car or van?	yes no



10) What is your highest	no qualifications	
qualification?	GCSE/CSE/O Level	
	A Level	
	Degree or equivalent	
	Postgraduate degree	
11) Are you now:	unemployed	Thank you for completing the questionnaire.
	in paid employment	
	fulltime student	
	housewife/husband	
	retired	If you have agreed to participate in the research, we
	disabled/too ill to work	would like to thank you for taking part. You will receive another communication shortly and you will be
12) Is or was your main	manual	contacted again by telephone to complete a follow-up
occupation:	non-manual	questionnaire in six months time.
13) What is your ethnic	white	
background?	black	If you do not wish to participate, we will not contact
	asian	you again.
	other	