

Start2Quit: Follow up Questionnaire

Opening statements

- These questions are about the last six months since you enrolled in this research. We want to know about how your smoking has changed and any help that you have had in trying to quit. We also want to know what you think of the information you were sent.
- Don't worry whether you are smoking now or not, for the purposes of the research your feedback is very important and valuable to us. We need information from both smokers and ex-smokers.
- Some of the questions may be similar to ones you have been asked before, but we would like to know how you feel now, at this point in time.
- The information you give and the views you express are completely confidential and will be identified only by a number.

Opening Section

- Complete Opening section then go to:**
- 1 Do you currently smoke cigarettes or rollups: Every day **Section B Q1**
Most days **Section B Q2**
Occasionally **Section B Q2**
Not at all **Section A**
- 2 In the last 6 months have you tried to make an appointment with the NHS Stop Smoking Service (this includes making an appointment with a Practice Nurse or Health Care Assistant at your surgery for stop smoking advice)?
- Yes **Go to Q3**
No **Go to Q6**
- 3 Were you successful in making an appointment with the Stop Smoking Service?
- Yes **Go to Q4**
No **Go to Section A or B**
- 4 How many times in the last 6 months have you attended any appointments with the Stop Smoking Service (this includes making an appointment with a Practice Nurse or Health Care Assistant at your surgery for stop smoking advice)?
- Go to Q5**
- 5 Answering on a scale from 1 to 5, where 1= not at all and 5= extremely, how helpful was attending the Stop Smoking Service to you in quitting/attempting to quit smoking?
(Interviewer to choose correct version according to previous answer)
- 1 2 3 4 5 not answered **Go to Section A or B**
- 6 Can you tell me your reasons for not trying to make an appointment with the Stop Smoking Service?
-
- 6a We are interested in why people do not attend clinics to help them to stop smoking, and would like to send you a short questionnaire by post to assess your reasons for not wanting to attend the Stop Smoking Service.
- Is that OK? Yes **Go to Q6b**
No **Go to section A or B**
- 6b Can I check that your address has not changed in the last 6 months since you were enrolled in this research? *Check postcode against the one on the paper list. If different take new address.*
- Go to Section A or B**

SECTION A

For people who have quit smoking

- 1 How long ago did you quit smoking? (program will categorise)
- | | |
|--------|----------------------|
| days | <input type="text"/> |
| weeks | <input type="text"/> |
| months | <input type="text"/> |
- 2 When did you last smoke a cigarette/rollup? (to be categorised by interviewer)
- | | |
|--------------------------|----------------------|
| In the last 24 hrs | <input type="text"/> |
| 1-6 days ago | <input type="text"/> |
| 7-13 days ago | <input type="text"/> |
| 2-4 weeks ago | <input type="text"/> |
| 1-3 months ago | <input type="text"/> |
| 4-6 months ago | <input type="text"/> |
| Longer than 6 months ago | <input type="text"/> |
| Not answered | <input type="text"/> |
- 3a Have you smoked any cigarettes/rollups since you quit?
- | | | |
|--------------|----------------------|------------------|
| Yes | <input type="text"/> | Go to Q3b |
| No | <input type="text"/> | Go to Q4 |
| Not answered | <input type="text"/> | Q4 |
- 3b How many cigarettes/rollups have you smoked since you quit?
- | | |
|----------------------|-----------------|
| <input type="text"/> | Go to Q4 |
|----------------------|-----------------|
- 4 Have you smoked a cigarette/rollup at all in the last 7 days, even as little as a puff?
- | | | |
|--------------|----------------------|-----------------|
| Yes | <input type="text"/> | Go to Q5 |
| No | <input type="text"/> | Go to Q7 |
| Not answered | <input type="text"/> | Q7 |
- 5 Have you smoked a cigarettes/rollup at all in the last 24 hours, even as little as a puff?
- | | | |
|--------------|----------------------|-----------------|
| Yes | <input type="text"/> | Go to Q6 |
| No | <input type="text"/> | Go to Q6 |
| Not answered | <input type="text"/> | Q7 |
- 6 How much did you smoke in the last 7 days/ 24 hours?
- | | |
|---|----------------------|
| Only a puff or two | <input type="text"/> |
| One cigarette | <input type="text"/> |
| More than one cigarette on one day | <input type="text"/> |
| One or more than one cigarette on more than one day | <input type="text"/> |
| Not answered | <input type="text"/> |

Please answer the following questions on a scale of agreement from 1 to 5, where 1= not at all and 5= extremely.
(repeat instruction where necessary)

7 How determined are you to stay quit?

1 2 3 4 5 not answered

8 How confident are you that you will be able to stay quit?

1 2 3 4 5 not answered

9 How difficult is it to resist your strongest temptations to smoke?

1 2 3 4 5 not answered

10 How confident are you that you can enjoy life more than when you were a smoker?

1 2 3 4 5 not answered

Still answering on a scale of 1-5, can you rate the extent to which you agree with the following items about how you see yourself:

11a Smoking is part of who I am

1 2 3 4 5 not answered

11b I am able to see myself as a non-smoker

1 2 3 4 5 not answered

SECTION B

For people who are still smoking

- 1 (If Opening Section Q1= 'every day')
How many cigarettes/rollups, on average, do you smoke a day? **Go to Q3**
- 2 (If Opening Section Q1='most days' or 'occasionally')
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?
- 3 In the **last 6 months** have you made any attempts to quit smoking? Yes **Go to Q4**
No **Go to Q5**
4. How many quit attempts have you made?
- 5a In the **last 6 months** have you gone without a cigarette for 24 hours or more? Yes **Go to Q5b**
No **Go to Q6**
Not answered **Q5b**
- 5b In the **last 6 months** have you gone without a cigarette for 7 days or more? Yes **Go to Q5c**
No **Go to Q6**
Not answered **Q5c**
- 5c In the **last 6 months** what is the longest period you have gone without a cigarette?
7-13 days
2-4 weeks
Longer than 1 month
Not answered
- 6 Are you seriously thinking of quitting (again): (read out options) Within the next 2 weeks **Go to Q7**
Within the next 30 days **Go to Q7**
Within the next 6 months **Go to Q7**
Not within the next 6 months **Go to Q8**
- 7 Have you set a quit date? Yes **Go to Q9**
No **Go to Q9**
Not answered **Q9**
- 8 If you are not planning to quit, is it because: it is too difficult
you want to smoke
Both

Not answered

Please answer the following questions on a scale of agreement from 1 to 5, where 1= not at all and 5= extremely.

9 How much do you want to quit?

1 2 3 4 5 not answered

10 How determined are you to quit for good?

1 2 3 4 5 not answered

11 How confident are you that you can quit for good?

1 2 3 4 5 not answered

Still answering on a scale of 1-5, can you rate the extent to which you agree with the following items about how you see yourself:

12a Smoking is part of who I am

1 2 3 4 5 not answered

12b I am able to see myself as a non-smoker

1 2 3 4 5 not answered

GO TO SECTION C

SECTION C

Now I'm going to ask you some questions about products and services that you might have used in the past six months to help you to stop smoking.

Q1. In the last six months how many times have you: *(if none insert zero)*

a	Sought help or advice to quit smoking from your GP?		
b	Sought help or advice to quit smoking from a pharmacist?		
c	Rung up the NHS Smoking Helpline service for advice or support?		
d	Rung up any other smoking helpline e.g. Quitline for advice or support?		
e	Used an Internet site for help or support?		
f	Been given a prescription for Nicotine Replacement Therapy products		
g	Been given a prescription for Zyban?		
h	Been given a prescription for Champix?		

2a In the last six months, have you used Nicotine Replacement Therapy products to help you to quit smoking?

Yes	<input type="text"/>	Go to Q2b
No	<input type="text"/>	Go to Q3a
Not answered	<input type="text"/>	If Section C Q1g>=1 proceed to Q3a Else If Section C Q1h>=1 proceed to Q4a Else proceed to Q5

2b For how long did you use Nicotine Replacement Therapy on prescription?

Days	<input type="text"/>
OR	
weeks	<input type="text"/>

2c For how long did you use Nicotine Replacement Therapy purchased over the counter?

days	<input type="text"/>
OR	
weeks	<input type="text"/>

2d Are you currently using Nicotine Replacement Therapy?

Yes	<input type="text"/>
No	<input type="text"/>
Not answered	<input type="text"/>

3a *(If Section C Q1g= 1 or more)*
In the last six months, have you used Zyban to help you to quit smoking?

Yes	<input type="text"/>	Go to Q3b
No	<input type="text"/>	Go to Q4a
Not answered	<input type="text"/>	If Section C Q1h>=1 proceed to Q4a Else proceed to Q5

3b For how long did you use it?

Days	<input type="text"/>
OR weeks	<input type="text"/>

4a *(If Section C Q1h= 1 or more)*

In the last six months, have you used Champix to help you to quit smoking?

Yes

Go to Q4b

No

Go to Q5

Not answered

4b For how long did you use it?

Days

OR weeks

5 **In the past six months** how much to the nearest pound have you spent purchasing additional products to help you stop smoking excluding Nicotine Replacement Therapy on prescription?

Nothing

£1- £10

£11- £20

£21- £30

£31- £40

£41- £50

£51- £100

Over £100

Not

answered

6 **In the last six months:** (repeat for each question)
(if none insert zero)

a How many times have you visited a hospital A & E dept as a patient?

--	--

b How many times have you visited hospital as an outpatient?

--	--

c How many nights have you stayed in hospital as a patient?

--	--

d How many times have you visited hospital for a day case, where you have attended hospital for a procedure but have not stayed overnight?

--	--

e How many times have you visited your GP?

--	--

f How many prescriptions have you received (excluding prescriptions to help you stop smoking)?

--	--

GO TO SECTION D

SECTION D

We would now like your views about the information you received.

Six months ago you were sent a letter from your GP about the NHS Stop Smoking Service.

- 1 Do you remember receiving this letter? Yes **Go to Q2**
No **Go to Section E**
- 2 Have you read this letter? Yes **Go to Q3**
No **Go to Section E**
- 3 Have you discussed this letter with others? Yes
No
Not answered

Answering on a scale from 1 to 5, where 1= not at all and 5= extremely, how much do you agree with the following?

- 4 The letter was easy to read.
1 2 3 4 5 not answered
- 5 The letter was easy to understand.
1 2 3 4 5 not answered
- 6 The letter was written especially for me.
1 2 3 4 5 not answered
- 7 The letter contained a lot of new information.
1 2 3 4 5 not answered
- 8 The advice in the letter was interesting.
1 2 3 4 5 not answered
- 9 The advice in the letter was useful.
1 2 3 4 5 not answered
- 10 As a result of the letter I felt more confident about quitting.
1 2 3 4 5 not answered
- 11 As a result of the letter I felt more determined to quit.
1 2 3 4 5 not answered
- 12 This letter made me feel angry.
1 2 3 4 5 not answered
- 13 This letter made me feel anxious.
1 2 3 4 5 not answered
- 14 This letter made me feel depressed.
1 2 3 4 5 not answered

15 This letter made me feel optimistic.

1 2 3 4 5 not answered

16 I liked the tone of this letter.

1 2 3 4 5 not answered

17 I liked the appearance of this letter.

1 2 3 4 5 not answered

18 *(if Opening Section Q3 = yes)*
Did you make the appointment with the Stop Smoking Service as a result of receiving this letter or was it something else?

Yes	<input type="checkbox"/>	Go to Q19
Something else	<input type="checkbox"/>	Go to Q18a
Not answered	<input type="checkbox"/>	

18a *(Probe for what else)*

19 *(If Opening Section Q1 = not at all)*
Have you quit smoking as a result of receiving this letter?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not answered	<input type="checkbox"/>

20 *(If Section B Q3 = yes)*
Have you tried to quit smoking as a result of receiving this letter?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not answered	<input type="checkbox"/>

21 *(If Opening Section Q1 = Every day, Most days or Occasionally*
and
Section B Q3 = no
and
Section B Q6 = within next 2 weeks, next 30 days or next 6 months)
Do you intend to quit smoking as a result of receiving this letter?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not answered	<input type="checkbox"/>

SECTION E

- 1 Do you remember receiving an invitation from your GP to attend a 'Come and Try it' taster session to introduce you to the Stop Smoking Service? Yes **Go to Q2**
No **Go to Q18**
- 2 Did you attend a 'Come and Try it' taster session? Yes **Go to Q3**
No **Go to Q17**

Q3. What made you decide to attend a 'Come and Try it' taster session?

Answering on a scale from 1 to 5, where 1= not at all and 5= extremely, how much do you agree with the following?

- 4 The taster session contained a lot of new information.
1 2 3 4 5 not answered
- 5 The information provided at the taster session was easy to understand.
1 2 3 4 5 not answered
- 6 The information provided at the taster session was interesting.
1 2 3 4 5 not answered
- 7 The information provided at the taster session was useful.
1 2 3 4 5 not answered
- 8 As a result of attending this taster session, I felt more inclined to make an appointment with the Stop Smoking Service.
1 2 3 4 5 not answered
- 9 As a result of attending the taster session I felt more confident about quitting.
1 2 3 4 5 not answered
- 10 As a result of attending the taster session I felt more determined to quit.
1 2 3 4 5 not answered
- 11 (If Opening Section Q3 = yes)
Did you make the appointment with the Stop Yes **Go to Q12**

Smoking Service as a result of attending this 'Come and Try it' taster session or was it something else?

Something else

Not answered

Go to Q11a

Q11a Probe for what else

--

12 (If Opening Section Q1 = not at all)

Have you quit smoking as a result of attending the taster session?

Yes

No

Not

answered

Go to Q15

Go to Q15

Q15

13 (If Section B Q3 = yes)

Have you tried to quit smoking as a result of attending the taster session?

Yes

No

Not

answered

Go to Q15

Go to Q15

Q15

14 (if Opening Section Q1 = Every day, Most days or Occasionally

and

Section B Q3 = no

and

Section B Q6 = within next 2 weeks, next 30 days or next 6 months)

Do you intend to quit smoking as a result of attending the taster session?

Yes

No

Not

answered

Go to Q15

Go to Q15

Q15

15 (If Opening Section Q3 = yes)

Which of the following statements best describes your decision to attend the NHS Stop Smoking Service

- a. attending the taster session was more important in my decision than receiving a letter from my GP
- b. receiving the letter from my GP was more important in my decision than attending the taster session
- c. attending the taster session and receiving the letter from my GP were both equally important in my decision

Not
answered

16 (If Opening Section Q1 = not at all) or (If Section B Q3 = yes)

Which of the following statements best describes your decision to quit smoking / attempt to quit smoking

- a. attending the taster session was more important in my decision than receiving a letter from my GP
- b. receiving the letter from my GP was more important in my decision than attending the taster session

- c. attending the taster session and receiving the letter from my GP were both equally important in my decision

Not
answered

Go to Section F

17 (*Ask if Section E Q2 = no*)

17a. Can you tell me your reasons for not attending the 'Come and Try it' taster session?

--

17b Would you have attended if you had received a reminder by text or telephone?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Maybe	<input type="checkbox"/>
Not answered	<input type="checkbox"/>

18 *Ask only if Section E Q1 = no*

Do you know or have you spoken to anyone who has attended a 'Come and Try it' taster sessions?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not answered	<input type="checkbox"/>

SECTION F

We would now like to ask you some questions about your health and well being.

Q1. Can you tell me for each topic which statement best describes your health today?

- a) I have no problems walking about
I have some problems walking about
I am confined to bed

Not answered
- b) I have no problems with self-care
I have some problems washing and dressing myself
I am unable to wash or dress myself

Not answered
- c) I have no problems with performing my usual activities
e.g. work, study, housework, leisure activities
I have some problems performing my usual activities
I am unable to perform my usual activities

Not answered
- d) I have no pain or discomfort
I have moderate pain or discomfort
I have extreme pain or discomfort

Not answered
- e) I am not anxious or depressed
I am moderately anxious or depressed
I am extremely anxious or depressed

Not answered

FINAL QUESTIONS

1 (If Opening Section Q1 = not at all)

For the purposes of the research, we are collecting saliva samples from ex-smokers which will allow us to confirm your smoking status. We'd like to send you a kit for you to provide a sample and post back to us. Full instructions will be included, the postage will be paid, and we will send you a Marks & Spencer voucher to compensate for your time.

Would that be OK?

Yes **Go to Q2**
no **Go to Q3**

2

Can I check that your address has not changed in the last 6 months since you were enrolled in this research?
Check postcode against the one on the paper list. If different take new address.

3

Can you give me your reasons for not wanting to provide a sample?

4 Finally, are you satisfied with the way this research was conducted?

Yes
No
Not
answered

Do you have any other comments?

Thank you for your time and for participating in this research. Your answers are completely confidential. The information you have given will be identified only by a number.