

UCL RESEARCH DEPARTMENT OF PRIMARY CARE
AND POPULATION HEALTH



UCL



start2quit

Follow-up Questionnaire

Thank you for your time and for taking part in this research. 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.

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.

Your name is not on this questionnaire. 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 information you provide will be kept separate from your personal details

Please complete the questionnaire and return it to the research team in the FREEPOST envelope provided. No stamp is needed. Please check that you have answered all the questions before posting the questionnaire.

Please complete the following questions by placing an 'x' in the appropriate box. Please read the notes carefully after each answer so you know which question to go to next.

Opening Section

1) Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year

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	<input type="checkbox"/>	Go to Q3
No	<input type="checkbox"/>	Go to Q6

3) Were you successful in making an appointment with the Stop Smoking Service?

Yes	<input type="checkbox"/>	Go to Q4
No	<input type="checkbox"/>	Go to Q7

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)?

<input type="text"/>	Go to Q5
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5) How helpful was attending the Stop Smoking Service to you in quitting or attempting to quit smoking?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to **Q7**

6) Please write down your reasons for not trying to make an appointment with the Stop Smoking Service?

Please turn over ►

Answer this question then go to the Section and Question indicated

7) Do you currently smoke cigarettes or rollups:

Everyday Go to **Section B Q1**

Most days Go to **Section B Q2**

Occasionally Go to **Section B Q2**

Not at all Go to **Section A Q1**

ID

Section A: Complete this section if you do not currently smoke

1) How long ago did you quit smoking?

Days	<input type="text"/>
or Weeks	<input type="text"/>
or Months	<input type="text"/>

2) When did you last smoke a cigarette/rollup?

In the last 24 hours	<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"/>

3) a Have you smoked any cigarettes/rollups since you quit?

Yes	<input type="text"/>	Go to Q3b
No	<input type="text"/>	Go to Q4

3) b How many cigarettes/rollups have you smoked since you quit?

<input type="text"/>	Go to Q4
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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

5) Have you smoked a cigarette/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

Please turn over ►

Section A: Continued

6) How much did you smoke in the last 7 days/ 24 hours?

Only a puff or two

One cigarette

More than one cigarette on one day

One or more than one cigarette on more than one day

Go to **Q7**

	Not at all	A little	Moderately	Very much	Extremely
7) How determined are you to stay quit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) How confident are you that you will be able to stay quit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) How difficult is it to resist your strongest temptations to smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) How confident are you that you can enjoy life more than when you were a smoker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) How much do you agree with the following statements about how you see yourself:					
a 'Smoking is part of "who I am" '	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b 'I am able to see myself as a non-smoker'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Section C

ID

Section B: Complete this section if you currently smoke cigarettes or rollups, even occasionally

- 1) How many cigarettes/rollups, on average, do you smoke a day? Go to **Q3**
- 2) 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? Go to **Q3**
- 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? Go to **Q5**
- 5) a In the **last 6 months** have you gone without a cigarette for 24 hours or more?
- Yes Go to **Q5b**
- No Go to **Q6**
- b In the **last 6 months** have you gone without a cigarette for 7 days or more?
- Yes Go to **Q5c**
- No Go to **Q6**
- c 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 Go to **Q6**

Please turn over ►

Section B: Continued

6) Are you seriously thinking of quitting (again):

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**

8) If you are not planning to quit, is it because:

It is too difficult

You want to smoke

Both

Go to **Q9**

9) How much do you want to quit?

Not at all

A little

Moderately

Very much

Extremely

10) How determined are you to quit for good?

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

12) How much do you agree with the following statements about how you see yourself:

a 'Smoking is part of "who I am"'

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

Please go to Section C

Section C: Complete this section whether you smoke now or not

1) a In the **last 6 months** how many times have you been given a prescription for Zyban?

b In the **last 6 months** how many times have you been given a prescription for Champix?

2) a In the **last 6 months**, have you used Nicotine Replacement Therapy (NRT) products to help you to quit smoking?

Yes

Go to Q2b

No

Go to Q3

b For how long did you use Nicotine Replacement Therapy (NRT) on prescription?

Days

or Weeks

c For how long did you use Nicotine Replacement Therapy (NRT) purchased over the counter?

Days

or Weeks

d Are you currently using Nicotine Replacement Therapy (NRT)?

Yes

No

For the purposes of the research, we are collecting saliva samples from ex-smokers which will allow us to confirm their smoking status. **If you have quit smoking**, 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.

3) Would you be willing to receive this kit?

Yes, please send me a kit

No, do not send me a kit

No, I am still smoking

Please go to Section F

SECTION F: These questions are about your health and well being. Complete this section whether you smoke now or not. Please put a cross in the box that best describes your health today

1)	I have no problems walking about	<input type="checkbox"/>
	I have some problems walking about	<input type="checkbox"/>
	I am confined to bed	<input type="checkbox"/>
2)	I have no problems with self-care	<input type="checkbox"/>
	I have some problems washing and dressing myself	<input type="checkbox"/>
	I am unable to wash or dress myself	<input type="checkbox"/>
3)	I have no problems with performing my usual activities e.g. work, study, housework, leisure activities	<input type="checkbox"/>
	I have some problems performing my usual activities	<input type="checkbox"/>
	I am unable to perform my usual activities	<input type="checkbox"/>
4)	I have no pain or discomfort	<input type="checkbox"/>
	I have moderate pain or discomfort	<input type="checkbox"/>
	I have extreme pain or discomfort	<input type="checkbox"/>
5)	I am not anxious or depressed	<input type="checkbox"/>
	I am moderately anxious or depressed	<input type="checkbox"/>
	I am extremely anxious or depressed	<input type="checkbox"/>