

**NHS Stop Smoking Services data collection form -  
6-month follow-up**

*To be completed by the NHS Stop Smoking Service advisor*

Please answer all questions by placing a  in the box provided.

Participant ID number

**Type of advisor**

Practice nurse  Pharmacist   
 Specialist Stop Smoking advisor  Healthcare assistant   
 Other (specify)

**Type of Intervention**

Closed group  Telephone support   
 Open (rolling) group  Drop-in clinic   
 One-to-one support  Couple/family   
 Email support  Other (specify)

**Setting of the Intervention**

Stop Smoking Services  Pharmacy   
 GP Practice  Other (specify)

**Quit date and follow-up**

Date of first Stop Smoking Services appointment   /   /

Agreed quit date   /   /

4-week follow-up date   /   /

Total number of Stop Smoking Services' sessions attended

Dates for each subsequent session:

/   /

/   /

/   /

/   /

/   /

/   /

**Type of pharmacological support used**

NRT (single product use)  Bupropion

NRT (combined product use)  None

Varenicline

**Treatment outcome**

Quit (CO verified)  Not quit

Quit (self-report)  Lost to follow-up

Date of last tobacco use   /   /

