Quit4Good NHS Borders SMOKING CESSATION MONITORING AND AUDIT FORM

NHS Borders

Facilitator name/Pharmacy:	GP name and practice:

Client Information

Name:	Address:	
Postcode:	Date of birth:	Phone number:

If female, pregnant?
☐ Y ☐ N ☐ Unknown

Gender:
☐ Male ☐ Female

What is the client's ethnic group?
(Choose **one** section from A to E, then tick **one** box which **best describes** the client's ethnic group or background):

A. White
☐ Scottish
☐ English
☐ Welsh
☐ Northern Irish
☐ British
☐ Irish
☐ Gypsy/Traveller
☐ Polish
☐ Any other white ethnic group, please specify:
_____

B. Mixed or multiple ethnic groups
☐ Any mixed or multiple ethnic groups, please specify:
_____

E. Other ethnic group
☐ Arab
☐ Other, please specify
_____

F. ☐ Not Disclosed

C. Asian, Asian Scottish or Asian British
☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Chinese, Chinese Scottish or Chinese British
☐ Other, please specify_____

D. African, Caribbean or Black
☐ African, African Scottish or African British
☐ Caribbean, Caribbean Scottish or Caribbean British
☐ Black, Black Scottish, or Black British
☐ Other, please specify:
_____

Employment status? (please tick one box)
☐ In paid employment ☐ Full-time student ☐ Homemaker/full-time parent or carer ☐ Not known/missing
☐ Retired ☐ Permanently sick or disabled ☐ Unemployed ☐ Other (please specify)
_____

Tobacco Use and Quit Attempts

How soon after waking does the client usually smoke their first cigarette?
☐ Within 5 minutes ☐ 6-30 minutes
☐ 31-60 minutes ☐ After 60 minutes ☐ Unknown

On average, how many cigarettes does the client usually smoke per day?
☐ 10 or less ☐ 11-20
☐ 21-30 ☐ More than 30 ☐ Unknown

How many times has the client tried to quit smoking in the past year?
☐ No quit attempts ☐ Once ☐ 2 or 3 times ☐ 4 or more times ☐ Unknown

Consent to hold client information

I consent to my details being held on the national database and agree to be contacted in future in connection with my smoking (at –one month, and at 3 months and 12 months). ☐

I agree to my doctor being contacted regarding my treatment and progress with giving up smoking. ☐

Please initial each box

Signature ..... Date .....

Data confidentiality and security The information provided by you will be held in a secure environment in accordance with the Data Protection Act (1998). The information will only be used to assess the outcome of this project and no details will be passed on to any organisations who are not involved in the outcomes assessment.

Intervention Details

Date referred to service ____/____/____	Quit date ____/____/____	Date of initial appointment ____/____/____

Route of referral:

Pharmaceutical Usage Total number of weeks used _____
☐ NRT only (single product) ☐ NRT only (more than one product)
☐ Varenicline only ☐ Bupropion only
☐ NRT and Varenicline (change in product) ☐ NRT and Bupropion (change in product)
☐ None ☐ Unknown

Intervention(s) used in this quit attempt:
☐ One to one sessions ☐ Group support (closed groups) ☐ Couple/family based support
☐ Telephone support ☐ Group support (open/rolling groups) ☐ Unknown ☐ Other (please specify) _____

Intervention setting(s)
☐ Primary Care ☐ Hospital - Inpatient ☐ Hospital - Outpatient
☐ Pharmacy ☐ Workplace ☐ Home
☐ Educational establishment ☐ Non-NHS community venue ☐ Other (please specify)_____

1 Month Follow Up

Was the client successfully contacted for 1 month follow up?
☐ Yes ☐ No (Client lost to follow up)
☐ No (Client did not consent to follow up) ☐ No (Client died) ☐ Unknown

Date follow up carried out: ____/____/____	Client withdrawn from service at time of follow up? ☐ Yes
Has the client smoked at all (even a puff) in the last 2 weeks? ☐ Yes ☐ No ☐ Unknown	CO reading confirms quit? ☐ Yes ☐ No ☐ CO reading not taken

3 Month Follow Up

Was the client successfully contacted for 3 month follow up?
☐ Yes ☐ No (Client lost to follow up)
☐ No (Client did not consent to follow up) ☐ No (Client died) ☐ Unknown

Date follow up carried out: ____/____/____	Has the client smoked at all since the 1 month follow up? ☐ No ☐ Yes, more than 5 cigarettes ☐ Yes, between 1 and 5 cigarettes in total ☐ Unknown

White Copy: Please return following 1 month follow up. **Yellow Copy:** Please return following 3 month follow up. **Pink Copy:** Please keep for client record