Smoking Cessation Support Tool Assessment

Patient Name: _____ **CHI:** _____

Address: _____ **Postcode:** _____

Contact Number: _____ **GP Practice:** _____

Smoking Cessation: Initial Data Capture

Consent

Does the client consent to follow up? Please select

By participating in the smoking cessation service the client has agreed to be contacted by NHS Scotland representatives in order to follow up their progress and smoking status and has agreed to provide a telephone number to facilitate follow up.

Client information

Gender: Please select

If female, pregnant?

What is the client's ethnic group? Please select

If 'Other' chosen above, please specify

What is the client's employment status? Please select

If 'Other' chosen above, please specify

Tobacco use and quit attempts

On average, how many cigarettes does the client usually smoke per day? Please select

How soon after waking does the client usually smoke their first cigarette? Please select

How many times has the client tried to quit smoking in the past year? Please select

Referral and assessment context

Date referred to service

Referral source(s)

- Self-referral
- Dentist
- GP
- Health visitor
- HealthPoint
- Hospital
- Midwife
- Pharmacist
- Practice nurse
- Prison
- Smokeline
- Stop smoking roadshow
- Incentive scheme
- Other (please specify)

If 'Other' chosen above, please specify

Intervention setting(s)

- Primary care
- Hospital - Inpatient
- Hospital - Outpatient
- Pharmacy
- Prison
- Workplace
- Educational establishment
- Non-NHS community venue
- Home
- Other (please specify)

If 'Other' chosen above, please specify

Date of initial appointment

Intervention(s) used in this quit attempt

- One to one sessions
- Group support (closed groups)
- Telephone support
- Group support (open/rolling groups)
- Couple/family based support
- Other (please specify)
- Unknown

If 'Other' chosen above, please specify

Shared care between pharmacy and non-pharmacy services? Yes No

Pharmaceutical usage

Pharmaceutical usage: Please select

Total number of weeks of known product use: 0

Save Cancel

Quit Attempt

Confirm quit date and record contact

Quit date

Record contact

Contact date

Contact type Please sele

Has the patient smoked? Yes No

CO Reading Please sele ppm

Product

16h patch	24h patch	Lozenge	
Gum	Nasal spray	Inhalator	
Sub-lingual tablet	Bupropion	Varenicline	

Product and contact notes

Confirm quit date Cancel