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
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  □  Pharmacist  □
Doctor  □  Practice nurse  □
GP  □  Prison  □
Health visitor  □  Smokeline  □
HealthPoint  □  Stop smoking roadshow  □
Hospital  □  Incentive scheme  □
Midwife  □  Other (please specify)  □

If ‘Other’ chosen above, please specify
Intervention setting(s)
Primary care  □  Workplace  □
Hospital - Inpatient  □  Educational establishment  □
Hospital - Outpatient  □  Non-NHS community venue  □
Pharmacy  □  Home  □
Prison  □  Other (please specify)  □

If ‘Other’ chosen above, please specify
Date of initial appointment
Intervention(s) used in this quit attempt
One to one sessions  □  Couple/family based support  □
Group support (closed groups)  □  Other (please specify)  □
Telephone support  □  Unknown  □
Group support (open/rolling groups)  □

If ‘Other’ chosen above, please specify
Shared care between pharmacy and non-pharmacy services?
Yes  □  No  □

Pharmaceutical usage
Pharmaceutical usage
Total number of weeks of known product use  Please select
0  □
### Quit Attempt

#### Confirm quit date and record contact

<table>
<thead>
<tr>
<th>Quit date</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Record contact</td>
<td>✔</td>
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</tbody>
</table>

| Contact date |  |
| Contact type | Please select ppm |

| Has the patient smoked? | Yes | No |

| CO Reading | Please select ppm |

<table>
<thead>
<tr>
<th>Product</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>16h patch</td>
<td>✔</td>
</tr>
<tr>
<td>Gum</td>
<td>✔</td>
</tr>
<tr>
<td>Sub-lingual tablet</td>
<td>✔</td>
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</tbody>
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| Product and contact notes |  |

### Options for smoking cessation support tools:

- 24h patch
- Lozenge
- Inhalator
- Nasal spray
- Bupropion
- Varenicline