

STANDARD MONITORING FORM

(INSERT SERVICE NAME & ADDRESS) STOP SMOKING SERVICE

Note: All patient data will be kept securely and in accordance with Caldicott guidelines.

PRACTITIONER DETAILS	
Practitioner Name	Venue
Contact tel. no.	Practitioner code/ref

CLIENT DETAILS		
Surname		
First name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> other (please specify)	
Address		
Postcode	NHS ID no.	
Daytime tel. no.	Mobile no.	
Alternative contact number (friend/relative)		
Date of birth	Age (in years)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Exempt from prescription charge – record here only those are able to prove that they are eligible to receive free prescriptions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation code (see notes on page 3 for further information)		
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Never worked/unemployed over a year	<input type="checkbox"/> Retired
<input type="checkbox"/> Home carer (unpaid)	<input type="checkbox"/> Sick/disabled and unable to work	<input type="checkbox"/> Managerial/professional
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Routine manual	<input type="checkbox"/> Prisoner
<input type="checkbox"/> Unable to code		
Sexual orientation (insert number 1–5. See notes on page 3 for further information)		

ETHNIC GROUP (please tick relevant group)		
a. White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background	b. Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	c. Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background
d. Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background	e. Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group	f. Not stated <input type="checkbox"/> Not stated

HOW CLIENT HEARD ABOUT THE SERVICE (please tick relevant box)	
<input type="checkbox"/> GP	<input type="checkbox"/> Friend/relative
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other health professional
<input type="checkbox"/> Advertising	<input type="checkbox"/> Other (please specify)

Agreed quit date	Date of last tobacco use	Date of 4-week follow-up
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Continued overleaf >>

INTERVENTION SETTING		
<input type="checkbox"/> Community setting	<input type="checkbox"/> Dental setting	<input type="checkbox"/> Prison setting
<input type="checkbox"/> Community psychiatric setting	<input type="checkbox"/> General practice setting	<input type="checkbox"/> Military base setting
<input type="checkbox"/> Hospital setting	<input type="checkbox"/> Maternity setting	<input type="checkbox"/> Workplace setting
<input type="checkbox"/> Psychiatric hospital setting	<input type="checkbox"/> Children's centre setting	<input type="checkbox"/> Other setting (please describe)
<input type="checkbox"/> Pharmacy setting	<input type="checkbox"/> Education setting	

TYPE OF INTERVENTION DELIVERED		
For the purpose of data capturing, the intervention type is the one chosen at the point the client sets a quit date and consents to treatment		
<input type="checkbox"/> Closed group	<input type="checkbox"/> Telephone support	<input type="checkbox"/> Open (rolling) group
<input type="checkbox"/> Couple/family	<input type="checkbox"/> One-to-one support	<input type="checkbox"/> Drop-in clinic
<input type="checkbox"/> Other (please specify)		

TYPE OF LICENSED PHARMACOLOGICAL SUPPORT USED (please tick all relevant boxes)		
<input type="checkbox"/> Single NRT	<input type="checkbox"/> Combination NRT	<input type="checkbox"/> Champix
<input type="checkbox"/> Zyban	<input type="checkbox"/> None	<input type="checkbox"/> Licensed NRT plus Zyban / Champix
Where more than one pharmacotherapy has been used were these:		
<input type="checkbox"/> Used at the same time		
<input type="checkbox"/> Used consecutively (i.e. the client switched use as part of a single quit attempt but not used at the same time)		
NRT products used (only complete if the client used either single or combination NRT)		
<input type="checkbox"/> Patch	<input type="checkbox"/> Gum	<input type="checkbox"/> Lozenge
<input type="checkbox"/> Nasal spray	<input type="checkbox"/> Mouth spray	<input type="checkbox"/> Oral strips
<input type="checkbox"/> Inhalator	<input type="checkbox"/> Microtab	

USE OF UNLICENSED NICOTINE CONTAINING PRODUCT (NCP)
Unlicensed NCP (e.g. unlicensed e-cigarette) used: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes was this:
<input type="checkbox"/> Used instead of licensed medication
<input type="checkbox"/> Used at the same time as licensed medication
<input type="checkbox"/> Used consecutively to licensed medication (i.e. the client switched use as part of a single quit attempt but not used at the same time)

TREATMENT OUTCOME			
<input type="checkbox"/> Not quit	<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Quit self-reported	<input type="checkbox"/> Quit CO verified

Practitioner signature

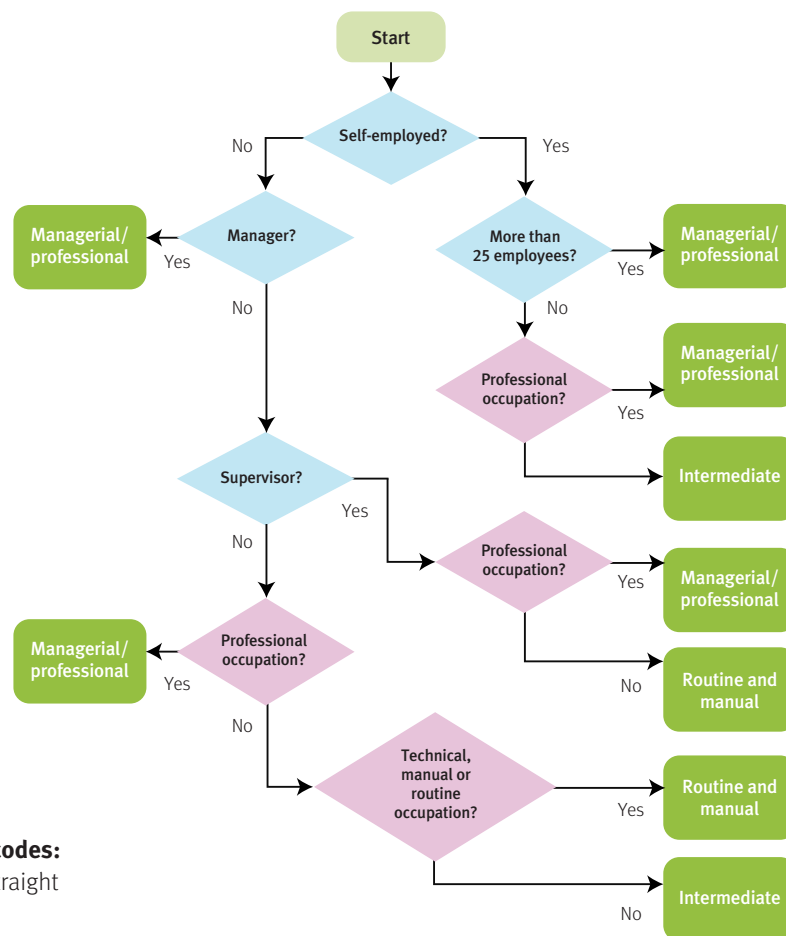
Client signature

Signing this form indicates consent to treatment and the sharing of outcome data with your GP and/or referrer. Data may also be used for follow-up and service review purposes including by a third party where applicable.

Notes

1. Location/setting should be one of the following: stop smoking services, pharmacy, prison, primary care, hospital ward, dental practice, military base setting or other.
2. A client is classified as long term unemployed if they have currently been unemployed for one year or more. If unemployed for less than a year, last known occupation should be used for classification.
3. Home carer – i.e. looking after children, family or home.
4. If a client is self-employed please use the flowchart below to determine classification.
5. Supervisor or Foreman is responsible for overseeing the work of other employees on a day-to-day basis.
6. Managerial and professional occupations include: accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer; those usually responsible for planning, organising and co-ordinating work or finance.
7. Intermediate occupations include: call centre agent, clerical worker, nursing auxiliary, nursery nurse, office clerk, secretary.
8. Routine and manual occupations include: electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operative, mechanic, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard, sewing machinist, van driver, waiter/waitress.
9. The 'prisoner' occupation category has been introduced for collections from 2009/10 onwards in an effort to reduce the number of clients recorded under 'unable to code.' With the exception of prison staff, clients treated in prisons should all be recorded as prisoners.

For further assistance in determining socio-economic classifications please see the flowchart below. If you are still unable to establish this, please record as unable to code.



Sexual orientation codes:

1. Heterosexual or Straight
2. Gay or Lesbian
3. Bisexual
4. Other
5. Prefer not to disclose