



## Stop Smoking Service Client Satisfaction Survey

It is important that Stop Smoking Services know if there is anything that they could do to improve the support that they provide to smokers. Your views about this are very important to us and will be treated in the strictest confidence. The results of this survey will be used for research and service development purposes. **Please answer the following questions as honestly as you can, place the questionnaire in the envelope provided and return the questionnaire to your stop smoking advisor. Thank you.**

**Please circle the appropriate number for each question:**

- Overall, how satisfied are you with the support you have received to stop smoking?  

Very Unsatisfied	Unsatisfied	Unsure	Satisfied	Very Satisfied
1	2	3	4	5
- Would you recommend this service to other smokers who want to stop smoking?  

No	Unsure	Yes
0	1	2
- In the event that you started smoking again would you go back to the service for help with stopping smoking?  

No	Unsure	Yes
0	1	2
- If you returned to the service for help with stopping smoking in the future do you think that you would be welcomed back?  

No	Unsure	Yes
0	1	2
- Have you smoked since your last appointment with the service?  

No, not a single puff	Yes, just a few puffs	Yes, 1-5 cigarettes	More than 5 cigarettes
1	2	3	4
- Was it easy to contact the stop smoking service when you had decided that you wanted to stop smoking?  

No	Unsure	Yes
0	1	2
- When you contacted the service were you given an appointment date **or** told how long you would have to wait?  

No	Unsure	Yes
0	1	2
- How long did you have to wait before your first appointment / group (please enter number of days in box)  

..... days
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- Was the length of time you had to wait for your first appointment acceptable to you?  

No	Unsure	Yes
0	1	2
- Was there contact from the stop smoking service before your appointment to encourage you to attend treatment?  

No	Unsure	Yes
0	1	2
- Are the appointment times you were given convenient for you?  

No	Unsure	Yes
0	1	2
- Is the place where you go for your appointments convenient for you to get to?  

No	Unsure	Yes
0	1	2
- Have you been offered support with child care costs?  

Not applicable	No	Unsure	Yes
4	0	1	2



14. Were you given a choice of an individual appointment or a group? No 0 Unsure 1 Yes 2
15. How satisfied are you with how supportive staff have been?  
Very Unsatisfied 1    Unsatisfied 2    Unsure 3    Satisfied 4    Very Satisfied 5
16. How helpful has the information and advice that staff have given to you during your appointment been?  
Very Unhelpful 1    Unhelpful 2    Unsure 3    Helpful 4    Very Helpful 5
17. How helpful has the written information that staff have given to you been?  
None given 0    Very Unhelpful 1    Unhelpful 2    Unsure 3    Helpful 4    Very Helpful 5
18. Do you find having your carbon monoxide (CO) reading done at every visit helpful?  
CO not taken every visit 0    Very Unhelpful 1    Unhelpful 2    Unsure 3    Helpful 4    Very Helpful 5
19. Was the information that you were given about the choice of medication helpful? No 0 Unsure 1 Yes 2
20. How did you get your medication? GP prescription 1    Chemist (bought myself) 2    Chemist (with a voucher) 3    Chemist (with service letter or prescription) 4    The stop smoking service 5
21. Was it easy to get hold of your medicine once you had chosen which medication you were going to use for your stop smoking attempt? No 0 Unsure 1 Yes 2

If there are any **changes that you would like** to see to the Stop Smoking Service, or if there was anything **they did particularly well**, then please **write them here**:

Now please place the questionnaire in the envelope provided and return it to your stop smoking advisor. Thank you