

# Stop Smoking Service Client Record Form

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Name of Stop Smoking Service

Practitioner name

Service advisor no.

Venue

Contact tel

**Intervention setting**

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

**Intervention type**

- |                                                 |                                             |                                               |
|-------------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <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) |                                             |                                               |

Client surname

Mr  Mrs  Ms  Other (please specify)

Client first name

Address

Postcode

GP details

Tel / Mobile

Alternative tel

Email

Date of birth

Age

Gender

Male  Female

Pregnant

Yes  No

Breastfeeding

Yes  No

Exempt from prescription charge

Yes  No

Record here only those able to prove that they are eligible to receive free prescriptions

Occupation code (see guide on page 5)

- |                                              |                                                                |                                                    |
|----------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|
| <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 and manual                    | <input type="checkbox"/> Prisoner                  |
| <input type="checkbox"/> Unable to code      |                                                                |                                                    |

Sexual orientation (insert number 1–5. See notes on page 5 for further information)

# Stop Smoking Service Client Record Form

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## Ethnic group

### White

- British  
 Irish  
 Other White background

### Black or Black British

- African  
 Caribbean  
 Other Black background

### Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Other mixed background

### Other ethnic groups

- Chinese  
 Other ethnic group

### Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Other Asian background

### Other

- Not stated

## How client heard about the service

- GP  Other health professional  Friend / relative  Advertising  Pharmacy  Other

Agreed quit date

Expected date of last tobacco use

Expected date of 4-week follow up

Date of 12-week follow up

## Type of licensed pharmacological support used (please tick all relevant boxes)

- Single NRT  Combination NRT  Champix  Zyban  Licensed NRT plus Zyban/Champix  None

## Where more than one pharmacotherapy has been used were these:

- Used at the same time  
 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)

- Patch  Gum  Lozenge  Nasal spray  Mouth spray  Oral strips  Inhalator  Microtab

## Use of unlicensed nicotine containing product (NCP)

Unlicensed NCP (e.g. unlicensed e-cigarette) used  Yes  No

## If yes was this:

- Used instead of licensed medication  
 Used at the same time as licensed medication  
 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)

Time to first cigarette of the day

- over 60 min  31 to 60 min  6 to 30 min  within 5 min

Usual daily cigarette consumption

cigarettes per day

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.

## Further measures at first assessment visit

How much of the time is currently spent with urges to smoke?

None of the time     A little of the time     Some of the time     A lot of the time     Almost all of the time

How strong are the urges?

No urges     Slight     Moderate     Strong     Extremely strong

Time since most recent quit attempt

How long most recent quit attempt lasted

Currently being treated for physical health problems     Yes     No

Currently being treated for drug or alcohol problems     Yes     No

Currently being treated for other mental health problems     Yes     No

Currently using any medications     Yes     No

Further details

Partner smoking status     Does not smoke / not applicable     Smokes

Current cannabis use     Yes     No

Alcohol consumption     Up to 14 units per week     15 to 21 units per week     More than 21 units per week

Past experience of stop smoking medicines (Please tick all that apply)

NRT     Zyban (bupropion)     Champix (varenicline)     Other

## Outcome

**4-week quit**    Self-report of not a puff in past 2 weeks (days 15 – 28)     Yes     No     Not known

CO reading

CO-verified 4-week quitter     Yes     No

**12-week quit**    Self-report of not a puff in past 10 weeks     Yes     No     Not known

CO reading

CO-verified 12-week quitter     Yes     No

**Clinical notes** (describe any concurrent medication, medication side effects, withdrawal symptoms, barriers to abstinence and other relevant information)

**Session 1: Pre-quit**

CO reading

**Session 2: Quit date**

CO reading

**Session 3: Post-quit week 1**

CO reading

**Session 4: Post-quit week 2**

CO reading

**Session 5: Post-quit week 3**

CO reading

**Session 6: Post-quit week 4**

CO reading

**Additional sessions**

## How to code occupational group

Occupation Code	Note
<b>Full-time student</b>	
<b>Home carer</b>	Home carer – i.e. looking after children, family or home.
<b>Retired</b>	
<b>Never worked / long-term unemployed</b>	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.
<b>Sick / disabled and unable to work</b>	
<b>Managerial / professional</b>	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, organizing, and co-ordinating work or finance; self-employed professionals (occupations listed as above) or self-employed and employing more than 25 people.
<b>Intermediate</b>	Intermediate occupations include: call centre agent, clerical worker, nursing auxiliary, nursery nurse, office clerk, secretary; non-professional self-employed individuals, or self-employed and employing less than 25 people.
<b>Routine manual</b>	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.
<b>Prisoner</b>	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.
<b>Unable to code</b>	

### Sexual orientation codes:

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

