

## Stop Smoking Service Outcome Record- Bradford vs2

Client name					
Client Date of Birth	/ /	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans
Client Address		Pregnant	Tick if applies	Breastfeeding	Tick if applies
		Full postcode			
Client GP					
<b>Client ethnicity</b>					
<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian		<input type="checkbox"/> Mixed - Any other mixed background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Any other Asian background		<input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to say	
<b>Levy status</b>					
<input type="checkbox"/> Pays for each prescription item <input type="checkbox"/> A - under 16 years of age <input type="checkbox"/> B - 16, 17 or 18 in full-time education <input type="checkbox"/> C - 60 years of age or over <input type="checkbox"/> D - has valid maternity exemption certificate <input type="checkbox"/> E - has valid medical exemption certificate <input type="checkbox"/> F - has valid prescription pre-payment certificate		<input type="checkbox"/> G - has valid War Pension exemption certificate <input type="checkbox"/> H - gets Income Support or income related ESA <input type="checkbox"/> K - gets income based Jobseekers Allowance <input type="checkbox"/> L - is named on current HC2 charges certificate <input type="checkbox"/> M - is entitled or named on valid NHS Tax Credit Exemption Certificate <input type="checkbox"/> S - has a partner who gets Pension Credit guarantee credit			
<b>Occupation</b>					
<input type="checkbox"/> Full time student <input type="checkbox"/> Home Carer <input type="checkbox"/> Never work/ long term unemployed <input type="checkbox"/> Sick/disabled and unable to work <input type="checkbox"/> Retired		<input type="checkbox"/> Routine + Manual <input type="checkbox"/> Intermediate <input type="checkbox"/> Managerial/ Professional <input type="checkbox"/> Unable to code			
<b>Adviser Details</b>					
Stop Smoking Adviser name					
<b>Smoking Assessment</b>					
Tobacco use:	Number of years client smoked			Years	
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Rolling Tobacco <input type="checkbox"/> Shisha <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> e-cigarette <input type="checkbox"/> Other <small>Tick all that apply</small>	Number of previous quit attempts				
	Does client live in a Smokefree home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the client a parent or carer or guardian with child at the same address?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fagerström test for nicotine dependence			
1	How soon after you wake up do you smoke your first cigarette?	<input type="checkbox"/> Within 5 minutes (3) <input type="checkbox"/> 6 – 30 minutes (2) <input type="checkbox"/> 31 – 60 minutes (1) <input type="checkbox"/> After 60 minutes (0)	
2	Do you find it difficult to refrain from smoking in places where it is forbidden?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
3	Which cigarette would you hate most to give up?	<input type="checkbox"/> The first in the morning (1) <input type="checkbox"/> Any other (0)	
4	How many cigarettes per day do you smoke?	<input type="checkbox"/> 10 or less (0) <input type="checkbox"/> 11 – 20 (1) <input type="checkbox"/> 21 – 30 (2) <input type="checkbox"/> 31 or more (3)	
5	Do you smoke more frequently during the first few hours after awakening than during the rest of the day?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
6	Do you smoke even if you are so ill that you are in bed most of the day?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
Fagerström score		<input type="checkbox"/> 0–2 very low dependence <input type="checkbox"/> 3–4 low dependence <input type="checkbox"/> 5 medium dependence <input type="checkbox"/> 6–7 high dependence <input type="checkbox"/> 8–10 very high dependence	
Total score from the 6 questions above			
Service Details			
Agreed Quit Date	/ /	Date of 4 week follow up	/ /
First appointment date	/ /	Number of contacts	at 4 week follow up
Date last used tobacco	/ /	CO level at 4 week follow up	ppm
Service Outcome at 4 week follow up (ie 4 weeks after quit date)			
<input type="checkbox"/> Quit CO verified (CO reading of less than 6ppm) <input type="checkbox"/> Quit self-reported <input type="checkbox"/> Not quit <input type="checkbox"/> Lost to follow up			
Type of pharmacological support used <small>Tick all that apply</small>			
<input type="checkbox"/> NRT- Patch <input type="checkbox"/> NRT- Gum <input type="checkbox"/> NRT- Inhalator <input type="checkbox"/> NRT- Mouth Spray <input type="checkbox"/> NRT- Nasal Spray <input type="checkbox"/> NRT- Lozenge		<input type="checkbox"/> NRT- Microtab <input type="checkbox"/> NRT- Strips <input type="checkbox"/> Champix <input type="checkbox"/> Zyban <input type="checkbox"/> e-cigs (NB not available under the service) <input type="checkbox"/> None	
Where did client hear about the service?			
<input type="checkbox"/> GP surgery <input type="checkbox"/> Children's Centre <input type="checkbox"/> Hospital <input type="checkbox"/> Dentist <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacy		<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Helpline <input type="checkbox"/> New attempt and used pharmacy previously <input type="checkbox"/> Other, please specify _____	

This data needs to be entered onto PharmOutcomes within 48 hours of the 4- week consultation.  
 This form can then be securely retained as part of the clients quit record.