### The Minimum Dataset for Scottish Smoking Cessation Services

#### April 2016

**For Office Use Only**

1. Client ID:

2. Health Board area:  

3. Clinic area/type:

**Client Information**

4. Date of birth: ___ / ___ / ___  

5. Gender:  
   - Male  
   - Female  

6. If female, pregnant?:  
   - Y  
   - N  
   - Unknown

7. What is the client’s ethnic group?  
   (Choose **one** section from A to F, then tick **one** box which **best describes** the client’s ethnic group or background):

   - **A. White**
     - Scottish  
     - Other British  
     - Irish  
     - Gypsy/Traveller  
     - Polish  
     - Other white, please specify

   - **B. Mixed or multiple ethnic groups**
     - Any mixed or multiple ethnic groups, please specify

   - **C. Asian, Asian Scottish or Asian British**
     - Pakistani, Pakistani Scottish or Pakistani British  
     - Indian, Indian Scottish or Indian British  
     - Bangladeshi, Bangladeshi Scottish or Bangladeshi British  
     - Chinese, Chinese Scottish or Chinese British  
     - Other Asian, Asian Scottish or Asian British, please specify

   - **D. African**
     - African, African Scottish or African British  
     - Other African, please specify

   - **E. Caribbean or Black**
     - Caribbean, Caribbean Scottish or Caribbean British  
     - Black, Black Scottish or Black British  
     - Other Caribbean or Black, please specify

   - **F. Other ethnic group**
     - Arab, Arab Scottish or Arab British  
     - Other, please specify

     - Not Disclosed

8. Employment status (please tick one box):

   - In paid employment  
   - Homemaker/full-time parent or carer  
   - Retired  
   - Not known/missing  
   - Full-time student  
   - Unemployed  
   - Permanently sick or disabled  

9. Full postcode:

### Tobacco Use and Quit Attempts
10. On average, how many cigarettes does the client usually smoke per day?
- 10 or less
- 11-20
- 21-30
- More than 30
- Unknown

11. How soon after waking does the client usually smoke their first cigarette?
- Within 5 minutes
- 6-30 minutes
- 31-60 minutes
- After 60 minutes
- Unknown

12. How many times has the client tried to quit smoking in the past year?
- No quit attempts
- Once
- 2 or 3 times
- 4 or more times
- Unknown

13. Referral source
- Self-referral
- Dentist
- GP
- Health visitor
- HealthPoint
- Hospital
- Midwife
- Pharmacist
- Practice nurse
- Prison
- Smokeline
- Stop smoking roadshow
- Incentive Scheme
- Community
- Other (please specify) ___________________________________________________________

14. Date referred to service: __ / __ / __
15. Quit date: __ / __ / __
16. Date of initial appointment: __ / __ / __

17. Does the client consent to follow-up?
- Yes
- No

18. Pharmaceutical usage
- NRT only (one product at any one time)
- Varenicline only
- NRT and Varenicline (change in product)
- None
- Unknown

Total number of weeks of known product use _____________________

19. Intervention(s) used in this quit attempt
- One to one sessions
- Telephone support
- Couple/family based support
- Other (please specify) ___________________________________________________________
- Unknown

20. Intervention setting(s)
- Primary Care
- Hospital - Inpatient
- Hospital - Outpatient
- Pharmacy
- Prison
- Workplace
- Educational establishment
- Non-NHS community venue
- Home
- Other (please specify) ___________________________________________________________

21. Shared care between pharmacy and non-pharmacy services?
- Yes

22. Was the client successfully contacted for 1-month follow-up?
- Yes
- No (Client did not consent to follow up)
- No (Client lost to follow up)
- No (Client died)
- Unknown

23. Date follow-up carried out: __ / __ / __
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Client withdrawn from service at time of follow-up?</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>25. Has the client smoked at all (even a puff) in the last 2 weeks?</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>26. CO reading confirms quit?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>CO reading not taken</td>
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<tr>
<td><strong>3-Month Follow-Up</strong></td>
<td></td>
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<tr>
<td>27. Was the client successfully contacted for 3-month follow-up?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No (Client did not consent to follow-up)</td>
</tr>
<tr>
<td></td>
<td>No (Client lost to follow-up)</td>
</tr>
<tr>
<td></td>
<td>No (Client died)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>28. Date follow-up carried out:</td>
<td>__ /<strong>/</strong>/</td>
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<tr>
<td>29. Has the client smoked at all since the 1-month follow-up?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes, between 1 and 5 cigarettes in total</td>
</tr>
<tr>
<td></td>
<td>Yes, more than 5 cigarettes</td>
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<tr>
<td></td>
<td>Unknown</td>
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<tr>
<td><strong>12-Month Follow-Up</strong></td>
<td></td>
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<tr>
<td>30. Was the client successfully contacted for 12-month follow-up?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No (Client did not consent to follow-up)</td>
</tr>
<tr>
<td></td>
<td>No (Client lost to follow-up)</td>
</tr>
<tr>
<td></td>
<td>No (Client died)</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>31. Date follow-up carried out:</td>
<td>__ /<strong>/</strong>/</td>
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</tr>
<tr>
<td>32. Has the client smoked at all since the 1-month follow-up?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes, between 1 and 5 cigarettes in total</td>
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<td>Yes, more than 5 cigarettes</td>
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<td>Unknown</td>
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