

Study Measures

Baseline

Would you be happy for us to access your stop smoking service data (smoking status and quit attempts) 12 months following this questionnaire? – **Note:** we will not be doing this, we would just like to know if this would be acceptable for future research

☐ Yes

☐ No

If No, please can you tell us why?

Demographic information

Q1. Please select which best represents you

(male; female; non-binary; trans male; trans female; other, prefer not to say)

Q2. Please enter you age (in years) _____

Q3. How would you describe your ethnicity?

a) *White*

☐ *English/Welsh/Scottish/ Northern Irish/British*

☐ *Irish*

☐ *Gypsy or Irish Traveller*

☐ *Another other white background, write in _____*

b) *Mixed/ multiple ethnic groups*

☐ *White and Black Caribbean*

☐ *White and Black African*

☐ *White and Asian*

☐ *Any other mixed/ multiple ethnic background, write in _____*

c) *Asian/ Asian British*

☐ *Indian*

☐ *Pakistani*

☐ *Bangladeshi*

☐ *Chinese*

☐ *Any other Asian background, write in _____*

d) *Black/ African/ Caribbean/Black British*

☐ *African*

☐ *Caribbean*

☐ *Any other Black/ African/ Caribbean background, write in _____*

e) *Other ethnic group*

☐ *Arab*

☐ *Any other ethnic group, write in _____*

Q4. Please select which best represents your occupation (including if retired from this occupation)

(Managers, directors and senior officials/ Professional occupations/ Associate professional and technical occupations/ Administrative and secretarial occupations/ Skilled trades occupations/ Caring, leisure and other service occupations/ Sales and customer service occupations/ Process, plant and machine operatives/ Elementary occupation (e.g. Cleaner,

caretaker, window cleaner, waste management and disposal technician/ Not in paid employment)

Q5. Please enter your postcode _____

Q6. What is your current smoking status (the use of e-cigarettes only is not classed as smoking)

(smoker/non- smoker/ recent ex-smoker)

Q7. Please enter the number of cigarettes you smoke per day _____

Q8. How soon after waking do you smoke your first cigarette?

(Within 5 minutes, 5-30 minutes, 31-60 minutes, 60+ minutes)

Q9. Have you ever been to an NHS stop smoking service before?

(0 never; 1 once before; 2 twice before; 3-4 times; 5 or more times?)

Q10. How easily can you/ do you access the internet?

(0 no access and never used it; 1 no access at home or on mobile but does use in public places e.g. library; 2 no access at home through broadband provider but uses mobile network (and public internet) sometimes); 3 has good internet access through broadband at home and/or work only; 4 has really good access via mobile phone contract only; 5 has good broadband and mobile access as needed.

Recruitment method

Q1. Have you seen any of the following information about the MyWay project (tick all that apply)

[use images of the following]

-GP letter

-Poster in pharmacy

-Poster in other setting (such as library or registrar's office)

-Bus advert

-Online /social media

Or did someone else tell you about the MyWay project?

Q2. Which one made you visit the MyWay project website (select one)

-GP letter

-Poster in pharmacy

-Poster in other setting (such as library or registrar's office)

-Bus advert

-Online /social media

-Word of mouth (heard about it from another person)

Intentions to stop

Q1. Which of the following describes you?

(1) I don't want to stop smoking

(2) I think I should stop smoking but don't really want to

(3) I want to stop smoking but haven't thought about when

(4) I REALLY want to stop smoking but I don't know when I will

- (5) I want to stop smoking and hope to soon
- (6) I REALLY want to stop smoking and intend to in the next 3 months
- (7) I REALLY want to stop smoking and intend to in the next month

Q2. Are you planning to quit smoking within the next 6 months?

- (1) very unlikely
- (2) unlikely
- (3) maybe, maybe not
- (4) likely
- (5) very likely

Health-related quality of life

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- ☐ *I have no problems in walking about*
- ☐ *I have slight problems in walking about*
- ☐ *I have moderate problems in walking about*
- ☐ *I have severe problems in walking about*
- ☐ *I am unable to walk about*

SELF-CARE

- ☐ *I have no problems washing or dressing myself*
- ☐ *I have slight problems washing or dressing myself*
- ☐ *I have moderate problems washing or dressing myself*
- ☐ *I have severe problems washing or dressing myself*
- ☐ *I am unable to wash or dress myself*

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- ☐ *I have no problems doing my usual activities*
- ☐ *I have slight problems doing my usual activities*
- ☐ *I have moderate problems doing my usual activities*
- ☐ *I have severe problems doing my usual activities*
- ☐ *I am unable to do my usual activities*

PAIN / DISCOMFORT

- ☐ *I have no pain or discomfort*
- ☐ *I have slight pain or discomfort*
- ☐ *I have moderate pain or discomfort*
- ☐ *I have severe pain or discomfort*
- ☐ *I have extreme pain or discomfort*

ANXIETY / DEPRESSION

- ☐ *I am not anxious or depressed*
- ☐ *I am slightly anxious or depressed*
- ☐ *I am moderately anxious or depressed*
- ☐ *I am severely anxious or depressed*
- ☐ *I am extremely anxious or depressed*

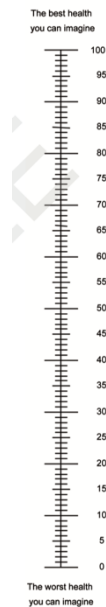
We would like to know how good or bad your health is TODAY.

-This scale is numbered from 0 to 100.

100 means the best health you can imagine.

0 means the worst health you can imagine.

-Mark an X on the scale to indicate how your health is TODAY.



-Now, please write the number you marked on the scale in the box
Below.

About your overall quality of life

Please indicate which statements best describe your overall quality of life at the moment by placing a tick in ONE box for each of the five groups below.

1. Feeling settled and secure

- ☐ *I am able to feel settled and secure in all areas of my life*
- ☐ *I am able to feel settled and secure in many areas of my life*
- ☐ *I am able to feel settled and secure in a few areas of my life*
- ☐ *I am unable to feel settled and secure in any areas of my life*

2. Love, friendship and support

- ☐ *I can have a lot of love, friendship and support*
- ☐ *I can have quite a lot of love, friendship and support*
- ☐ *I can have a little love, friendship and support*
- ☐ *I cannot have any love, friendship and support*

3. Being independent

- ☐ *I am able to be completely independent*
- ☐ *I am able to be independent in many things*
- ☐ *I am able to be independent in a few things*
- ☐ *I am unable to be at all independent*

4. Achievement and progress

- ☐ *I can achieve and progress in all aspects of my life*
- ☐ *I can achieve and progress in many aspects of my life*
- ☐ *I can achieve and progress in a few aspects of my life*

I cannot achieve and progress in any aspects of my life

5. Enjoyment and pleasure

- ☐ *I can have a lot of enjoyment and pleasure*
- ☐ *I can have quite a lot of enjoyment and pleasure*
- ☐ *I can have a little enjoyment and pleasure*
- ☐ *I cannot have any enjoyment and pleasure*

Please ensure you have only ticked ONE box for each of the five groups.

Questionnaire about service and resource use

The aim of this questionnaire:

Very little is known about the services and resources that people use to get help if they smoke or are trying to stop smoking. The information we get from this questionnaire will help us to find out this valuable information, and will be used by those who plan services to help people to stop smoking.

What you need to do:

We are interested in **any** services, treatments or resources that you may have used in relation to your smoking or to help you to stop, please think about services that you have used over the last 2 months. This includes any services or resources you have had to pay for yourself. If you are not sure or cannot remember the exact details, please give the best answer you can.

1. Attending stop smoking services (if you have not attended a stop smoking service please go to **Q3**)

a) If you are in paid employment, did you need to take time off work to attend your appointment(s)?

- ☐ No
- ☐ Yes, please write in how many hours you took off _____
- ☐ I am not in paid employment

b) Did you need to receive help from a relative or friend to allow you to attend your appointment(s)?

- ☐ No (Please go to Q2)
- ☐ Yes, please write in how many hours your friend or relative helped you for _____

c) What would that person have been doing as their main activity if they had not been helping you?

- ☐ Looking after the home
- ☐ Childcare
- ☐ Caring for a relative or friend
- ☐ Voluntary work
- ☐ Leisure activities
- ☐ Attending school, college or university
- ☐ On sick leave
- ☐ Paid work
- ☐ Other (please give details) _____

If your answer to this question is paid work, please go to Q1d, otherwise go to Q2.

d) What is your friend or relative's main occupation? (Please write in)

2. Travelling to your appointment

a) How did you mainly travel to your stop smoking appointment(s)? (Please tick one box).

- ☐ I walked
- ☐ By car
- ☐ By public transport
- ☐ By taxi
- ☐ Other, please give details _____

b) If you had to pay any fares or parking fees, what was the total cost of these fares or fees?
(Please write in)

_____pounds _____ pence

c) How long would you say that the return journey to attend your appointment(s) took?
(Please write in)

Please give your answer in hours and minutes. _____ hours _____ minutes

3. NHS Healthcare and other public sector service use

Please tell us how many face-to-face or telephone contacts you have had with each of the following services during the past 2 months that are related to smoking or trying to stop.

Service	Face-to-face contact (please write in the number of times)	Telephone contact (please write in the number of calls)	I have not used this service (please tick)
Stop Smoking Service Appointment (either in in Pharmacy, GP)			
National Smokers' helpline			
GP appointment (general appointment)			
NHS outpatient appointment			
Used a NHS walk in centre			
NHS 111 / NHS direct call (phone service)			
GP out of hours service			
Pharmacy (general appointment)			
A&E Department			

4. In the last two months have you been to an NHS hospital for an overnight stay because of problems related to smoking or stopping smoking?

☐ No (Please go to Q5)

☐ Yes (Please answer the questions below)

b) Please tell us the number of nights you stayed in hospital

c) Please tell us briefly the reason for your stay(s) in hospital

5. Other service use

If you have used other NHS services or any other kinds of public sector services in relation to smoking or trying to quit in the last 2 months, please tell us about this.

Service (write in)	Number of times you have used the service over the last 2 months	Please tell us briefly the reason for the service use

6. Medication and other resources

a) Have you been prescribed treatments / resources in relation to smoking or to help you to stop smoking (e.g. patches, gum, inhalers)? Please tick all the treatments that you have been given in the last 2 months and the quantity that was prescribed

Treatment / resource	Please write in <u>how long</u> you were asked to take the treatment / use the resource
Nicotine replacement therapy (NRT) gum	
Nicotine replacement therapy (NRT) lozenge	
Nicotine replacement therapy (NRT) inhaler	
Nicotine replacement therapy (NRT) spray	
Nicotine replacement therapy (NRT) patches	
Zyban (Bupropion)	
Champix (Varenicline)	

If you have used other prescribed treatments or resources in relation to smoking or trying to quit in the last 2 months, please tell us about this.

Please write in the name of the treatment / resource	Please write in how long you were asked to take the treatment (in days)

b) Have you bought any additional treatment or resources in relation to smoking or to help you to stop smoking (that you paid for yourself)?

Please write in the name of the treatment / resource	Please write in how much you <u>paid</u> for the treatment / resource (in total)

Nicotine replacement therapy (NRT) gum	
Nicotine replacement therapy (NRT) lozenge	
Nicotine replacement therapy (NRT) inhaler	
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Nicotine replacement therapy (NRT) patches	
Counselling (group or individual)	
Acupuncture	
Hypnotherapy	
E-cigarettes or vaping devices	
Text messages	
Apps	
Books	

If you have used other treatments or resources in relation to smoking or trying to quit in the last 2 months, please tell us about this.

Please write in the name of the treatment / resource	Please write in how much you paid for the treatment / resources

7. Other comments

If you have any comments about the services or resources you have used in relation to smoking or trying to quit, or if you have other comments about this questionnaire, please write them below.

Q. Would you be happy to be contacted about the MyWay evaluation study? This would involve taking part in a short telephone conversation about your experience of being involved in the MyWay research project

If yes, please provide your telephone number[**Note:** This will be stored separately to your questionnaire data]

Follow up (2months)

Please respond to the questions below in relation to what has happened in the last 2 months.

Q. Have you booked an appointment at an NHS Stop Smoking Service?

(yes/ no)

Q. How did you book this appointment?

(Telephone/ in person/ online via StopApp)

Q. What prompted you to book an appointment? _____

Q. Have you attended an NHS Stop Smoking Service appointment?

(yes/ no)

Q. Have you set a quit date?

(yes/no)

Q. Have you reached a 4-week abstinence?

(yes/no)

Intentions to stop

Q. Which of the following describes you?

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Q. Are you planning to quit smoking within the next 6 months?

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Thank you