

Appendix 9: 12 week follow up questionnaire

1. Personal information (*prefill prior to interview and have baseline questionnaire responses to hand for comparison purposes*)

Name:

ID: number:

2. Smoking in the home

I'm going to start by asking you some questions about smoking in the home.

a. Roughly how many cigarettes do you currently smoke in the home a day?

b. Is smoking allowed inside your home (tick all that apply)?

Smoking is not allowed ☐

Smoking is allowed in certain places only ☐

Smoking is only allowed when no children are present ☐

Smoking is only allowed on special occasions ☐

Smoking is only allowed when children are in bed ☐

Smoking is only allowed when the weather is bad ☐

Smoking is allowed anywhere in the home ☐

Other (please specify) _____

c. If smoking is allowed in certain places only, could you tell us where (tick all that apply)?

Kitchen/utility room ☐ Living room/lounge ☐

Dining room ☐ Your bedroom ☐

Attached garage ☐

Other (please specify) ☐ _____

d. Can you tell us about the people you share your home with and if they smoke, please estimate how many cigarettes, *on average*, they might smoke in the home each day?

Person Number	Relationship to You (and age of children)	Average number of cigarettes they smoke in the home each day (Tick appropriate box)
1		Non-smoker ☐ < 5 ☐ 5 - 10 ☐ 10 - 20 ☐ > 20 ☐ Don't know ☐
2		Non-smoker ☐ < 5 ☐ 5 - 10 ☐ 10 - 20 ☐ > 20 ☐ Don't know ☐
3		Non-smoker ☐ < 5 ☐ 5 - 10 ☐ 10 - 20 ☐ > 20 ☐ Don't know ☐
4		Non-smoker ☐ < 5 ☐ 5 - 10 ☐ 10 - 20 ☐ > 20 ☐ Don't know ☐
5		Non-smoker ☐ < 5 ☐ 5 - 10 ☐ 10 - 20 ☐ > 20 ☐ Don't know ☐

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e. Looking back at your responses to these questions before you took part, I can see that *[highlight any areas where responses have changed/or note that responses are similar]*.

Do you feel you have made any changes to home smoking behaviours as a result of taking part in this intervention? (Please circle)

Yes

No

Not sure

f. Could you briefly tell me more about why this might be?

3. Smoking behaviours

Now I'm going to ask you some questions about smoking more generally:

a. At present, how long after waking do you wait before having your first cigarette?

☐ Within 5 minutes [3 points]

☐ 6-30 minutes [2 points]

☐ 31-60 minutes [1 point]

☐ over 60 minutes [0 points]

☐ not applicable – I have quit smoking [in which case, establish quit date, gather more detail on whether NRT or another method was used, and to what extent they feel that taking part in the intervention influenced their decision/or not. Then move to question g]

b. How many cigarettes per day do you smoke? (note whether roll ups or factory-made cigarettes)

☐ 10 or less [0 points]

☐ 11-20 [1 point]

☐ 21-30 [2 points]

☐ 31 or more [3 points]

c. Looking back at your responses to these questions before you took part, I can see that *[highlight any areas where responses have changed/or note that responses are similar]*. Do you feel you have made any changes to your smoking behaviours more generally as a result of taking part in the intervention? (please circle)

Yes

No

Not sure

d. [IF CHANGES HAVE BEEN MADE] Could you briefly tell me more about why this might be?

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e. If applicable, note any attempts to quit smoking during the intervention here [including when any attempts were made and associated outcomes]:

f. Do you and/or other household members currently vape/use an e-cigarette?

	Client	Other household members
Daily	☐	☐
Often	☐	☐
Sometimes	☐	☐
Occasionally	☐	☐
Never	☐	☐

g. Is vaping allowed inside your home? Yes/No

Do you have any other questions at all or anything else you'd like to add?

Thanks very much for your help today.

Date Completed:

Name of practitioner:

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