

Community Pharmacy Smoking Cessation Service: National Minimum Dataset Proforma

Pharmacist Name/Clinic Name & Address:

| Section A: Client Information | | | | | | | |
|---|---|--|---|--|---|---|--|
| Title: Forename: Surname: Full address: Full postcode: Telephone contact: (home / work / mobile) <i>please mark appropriately</i> | Date of Birth: __ / __ / __ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female GP Name and Practice: Referral Source: | | | | | | |
| If female, pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown | Does client receive free prescriptions? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown | | | | | | |
| Employment status? (please tick one box) | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled </td> </tr> </table> | | <input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled | | | | |
| <input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled | | | | | | |
| Which of the following best describes the client's ethnic origin? (Ask client to choose one section from A-G, and then tick one box only within that section): | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top; border: none;"> A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top; border: none;"> B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top; border: none;"> C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top; border: none;"> D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____ </td> </tr> <tr> <td style="vertical-align: top; border: none;"> E. Other Ethnic Background (Please specify) _____ </td> <td style="vertical-align: top; border: none;"> F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/> </td> </tr> </table> | | A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____ | B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____ | C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____ | D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____ | E. Other Ethnic Background (Please specify) _____ | F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/> |
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| E. Other Ethnic Background (Please specify) _____ | F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/> | | | | | | |
| Section B: Tobacco Use and Quit Attempts | | | | | | | |
| On average, how many cigarettes does the client usually smoke per day? <input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Unknown | How soon after waking does the client usually smoke their first cigarette? <input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> After 60 minutes <input type="checkbox"/> Unknown | | | | | | |

