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**Client Details**

Mr/Mrs/Miss/Ms/Dr First Name Last Name

Date of Birth DD/MM/YYYY Last 4 digits of CHI number (if known) NNNN

Gender M F If female, are you pregnant? Yes No

Full Address

Postcode

Current Telephone Mobile

Email address

**Ethnic Origin**

White Asian  African, Caribbean, Black or Arab Other Ethnic Group

Scottish Pakistani or African or Other (please specify)

Other British Pakistani British/Scottish African British/Scottish

Irish Indian or Caribbean or Refused/not provided

Gypsy/traveller Indian British/Scottish Caribbean British/Scottish Not Known

Polish Bangladeshi or Black or

Other Bangladeshi British/Scottish Black British/Scottish

(please specify) Chinese or Arab or

Chinese British/Scottish Arab British/Scottish

Other (please specify) Other (please specify)

**Employment Status**

In paid employment Unemployed Self-employed

Full-time student Retired Other (please specify)

Homemaker, full-time parent or carer Permanently sick or disabled

**Smoking History**

When do you smoke your How many do you Have you tried to quit smoking

first cigarette? smoke each day ? in the past year?

Within 5 minutes of waking 10 or less No. No quit attempt

6 – 30 minutes 11 – 20 Yes. Once

31 – 60 minutes 21 – 30 Yes. 2 or 3 times

After 60 minutes More than 30 Yes.4 or more times

Are you currently using e-cigarettes plus tobacco or just tobacco?

E-Cigarette + Tobacco Tobacco

**Client consent on the back of this page, please ensure this is completed.**

**Client Consent** (Please tick)

**Do you consent to being contacted about this attempt to stop smoking? □ Yes □ No  
Your information will be held in accordance with the General Data Protection Regulation (GDPR) and used only for the purposes of this attempt to stop smoking.**