



1.*	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2.*	Age: <i>(age at the time of inpatient episode)</i>
3.*	What was the route of patient contact?	<input type="checkbox"/> Emergency Admission <input type="checkbox"/> Elective Inpatient
4.*	What specialty was the patient's care under? <i>Please select the specialty they are currently under, or if discharged, the specialty they were under at discharge.</i>	<input type="checkbox"/> Respiratory medicine <input type="checkbox"/> Other medical specialties <input type="checkbox"/> Surgical specialty <input type="checkbox"/> Obstetrics and Gynaecology (but <u>not</u> maternity services) <input type="checkbox"/> Other
5a*	Is smoking status documented in the patient's notes? <i>'Smoking' refers to conventional smoking – cigarettes, cigars, pipes etc.</i> <i>'Notes' includes medical, nursing or allied health professional (AHP) notes for the current admission, including any pre-admission assessment clerking proformas relating to the current admission.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b*	If the answer to 5a is yes, is the patient a person who currently smokes? <i>'Smoking' refers to conventional smoking – cigarettes, cigars, pipes etc.</i> <i>This refers to any patient currently smoking or smoked within the last 4 weeks – please answer questions 7-9 for these patients.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c*	Is vaping status documented in the patient's notes? <i>'Vaping' refers to the use of electronic cigarettes.</i> <i>'Notes' includes medical, nursing or allied health professional (AHP) notes for the current admission, including any pre-admission assessment clerking proformas relating to the current admission.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d	If the answer to 5c is yes, is the patient a current vaper? <i>'Current vaper' refers to any patient currently vaping or vaped within the last 4 weeks. Please answer question 10 for these patients.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a.*	Is the patient's non-cigarette smoking status documented in the notes? <i>(for example, shisha, marijuana, does not include vaping)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented <input type="checkbox"/> Not applicable
6b.*	If the answer to 6a is yes, what forms of non-cigarette smoking have been documented in the notes? <i>Tick all that apply</i> <i>'Heat not burn products' are an electrically-heated smoking system that releases smoke by heating tobacco at a lower temperature than a conventional cigarette.</i>	<input type="checkbox"/> None <input type="checkbox"/> Shisha <input type="checkbox"/> Marijuana <input type="checkbox"/> Heat not burn products <input type="checkbox"/> Other, please specify:
Additional Questions for Patients Who Currently Smoke Only If the answer to Q.5b is 'yes', questions 7-9 below should be completed		
7a.*	Where was the patient referred to treat tobacco dependency upon hospital admission?	<input type="checkbox"/> Hospital tobacco dependency service <input type="checkbox"/> Community tobacco dependency service <input type="checkbox"/> Referred back to GP <input type="checkbox"/> Provided with self-referral information



		<input type="checkbox"/> Did not want referral <input type="checkbox"/> Not documented <input type="checkbox"/> Other, please specify:
7b	If the patient was referred to a hospital tobacco dependency service – were they reviewed by that service during the admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a	Was the patient provided temporary NRT at the point of admission to prevent nicotine withdrawal symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8b.*	Is there evidence in the patient’s notes or drug chart that they were offered the use of licensed pharmacotherapy for tobacco addiction to help them abstain whilst an inpatient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8c.*	If the answer to 8a is yes, what pharmacotherapy for tobacco addiction was provided whilst an inpatient? <i>Tick all that apply</i> <i>‘NRT’ = Nicotine replacement therapy, for example skin patches, chewing gum, lozenge, oral strips, nasal / mouth spray</i>	<input type="checkbox"/> Single agent NRT (short acting or long acting patch) <input type="checkbox"/> Combination NRT (short acting and long acting patch) <input type="checkbox"/> Varenicline <input type="checkbox"/> Cytisine <input type="checkbox"/> Pharmacotherapy offered but declined
8d.*	What interventions in regard to the option of vaping as a smoking cessation tool were provided?	<input type="checkbox"/> Evidence in the notes that the option of vaping discussed with the patient <input type="checkbox"/> Patient provided with a vaping kit to use during and after admission <input type="checkbox"/> Patient declined the offer of a vaping kit as a smoking cessation tool <input type="checkbox"/> No evidence of any vaping interventions provided
9a*	Is there evidence in the patient’s notes that they were discharged with licensed pharmacotherapy for tobacco addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9b*	If the answer to 9a is yes, what pharmacotherapy for tobacco addiction was the patient discharged with? <i>Tick all that apply</i>	<input type="checkbox"/> Single agent NRT <input type="checkbox"/> Combination NRT <input type="checkbox"/> Varenicline <input type="checkbox"/> Cytisine
Additional Questions for Current Vapers only		
10	Please tick all relevant answers with regard to vaping as a tobacco dependency tool in this patient:	<input type="checkbox"/> Patient allowed to use existing vape kit during admission <input type="checkbox"/> Provided with a vaping kit to use during hospital stay <input type="checkbox"/> Vaping kit offered but declined <input type="checkbox"/> No evidence of an offer or discussion about vaping during inpatient stay