





































STOP SMOKING CLIENT FEEDBACK FORM

My quit date was: _____

We are very keen to improve the service we provide to individuals wanting to stop smoking. Your views about this are very important to us and will be treated in the strictest confidence. Please answer the following questions as honestly as you can. The results of this survey will be used for evaluation and to improve services for the future.

Please tick your answer for each question

1.	Overall how satisfied are you with the stop smoking service you received?	Unsatisfied 	Unsure 	Satisfied 
2.	Would you recommend this service to others who want to stop smoking?	No 	Unsure 	Yes 
3.	If you started smoking again would you return to the service for help to stop?	No 	Unsure 	Yes 
4.	Was it easy to contact the stop smoking service?	No 	Unsure 	Yes 
5.	Were you offered a range of times and venues to attend?	No 	Unsure 	Yes 
6.	How long did you have to wait for your first appointment with the service?	More than 4 weeks 	2 – 4 weeks 	Less than 2 weeks 
7.	How helpful as the Advisor support?	Unhelpful 	Unsure 	Helpful 
8.	How helpful was the information and advice from the advisor?	Unhelpful 	Unsure 	Helpful 
9.	How helpful were the leaflets and resources you received?	Unhelpful 	Unsure 	Helpful 
10.	Was it helpful having your carbon monoxide (CO) reading done?			
	CO not taken	No 	Unsure 	Yes 
11.	Were you offered a choice of medication?	No 	Unsure 	Yes 
12.	Was it easy to obtain your medication?	No 	Unsure 	Yes 

If you have any suggestions as to how we can improve our Stop Smoking Service please give details here.

Thank you for your time in completing this survey.
Please return it to your stop smoking advisor or in the envelope provided.