SRNT-EUROPE CHAPTER RECOMMENDATIONS*
RECORD KEEPING FOR SMOKING CESSATION SERVICES

- **3 types of information for every client:** characteristics of smoker, treatment provided, outcome
- **Needs to be:** done in standard form and recorded on computer, collated and reviewed every 6 months to assess quality and consider improvements

**CHARACTERISTICS OF SMOKER**
1) Personal medical history
   a) Age
   b) Gender
   c) Occupational group
   d) Medical problems (refer to specialist if needed)
   e) Psychological problems (refer to specialist and request tests if needed)
   f) Current medication and other ongoing treatment
2) Smoking history - age of starting, number of daily smoked cigarettes/other tobacco use, quit attempts (medication used...)
   a) Age when started smoking
   b) Cigarettes per day
   c) Other form of tobacco use
   d) Time to first cigarette of the day
   e) Experience of urges to smoke
3) Smoking in the household?
4) Smoking status of first degree relatives?
5) Previous relapse: Why? When? (experience)
   a) Previous quit attempts
   b) Time since most recent quit attempt
   c) What led back to smoking
   d) Longest time without smoking previously
6) Tobacco smoke exposure validation (Expired air CO)
7) Nicotine dependence level (References are provided below)
   a) Fagerström Test for Nicotine Dependence (FTND)
   b) Heavy Smoking Index (HSI): The HSI is identical to a two-question subset of the FTND and can be used when there is limited time.

Please refer to "Tests for Nicotine Dependence" for other tests

**INFORMATION ABOUT TREATMENT**
1) Choice of medication
2) Degree of adherence to medication
3) Number of sessions offered
4) Number of sessions attended
5) Type of support offered (individual or group)
6) Components of support included

**INFORMATION ABOUT OUTCOME**
1) 4-week outcome
   a) whether smoked at all in past 2 weeks
   b) expired air CO
2) Longer term outcome (s)
   a) follow-up point
   b) whether not smoking at all
   c) duration of abstinence
   d) expire-air CO
3) Which participants are not reached for follow-up (and therefore imputed as smokers)

* Based on presentations by Robert West, Eva Kralikova, Karl Fagerström, and approved by the SRNT-E Board.
It is essential to measure smoking cessation outcomes using a fixed standard. There is no single, ideal way of doing it but the one that has come to be accepted in clinical practice in England is to count every smoker smoker who sets a firm quit date (call this number X). Then take smokers who report 4 weeks after the quit date that they have not smoked at all, not even a puff, for the past 2 weeks and who have an expired-air CO reading at the 4-week point less than 10 ppm (call it Y). The success rate is Y/X. This means that everyone who reports abstinence but cannot be shown to be abstinent at 4 weeks by CO is counted as having smoked; also everyone who cannot be contacted at 4 weeks is counted as having smoked. This may seem harsh but it is the best compromise available. It is also helpful to count the number who could not be contacted to provide additional information.

Robert West

FTND:

(Please refer to the “Tests for Nicotine Dependence” for a brief description of the test)

HSI:

(Please refer to the “Tests for Nicotine Dependence” for a brief description of the test)