



Manual Data Capture Form

**Purpose:**

The purpose of this document is to provide a back-up to Stop Smoking Advisors for recording client activity, in the event of QuitManager downtime.

This form should only be used in the event of QuitManager downtime.

- The form must be held in a secure manner until retrospective data entry is completed on QuitManager
- Once completed, this record must be destroyed as appropriate

This form will help you capture information for three scenarios:

1. New referral
2. New client
3. Follow up sessions/calls or additional contacts with clients

New referral

Referral date: ___/___/___

Client name: _____

Gender: _____

Pregnant: Yes No

Date of Birth: ___/___/___

Address: _____

Contact number: _____

Mental ill-health: Yes No

Referrer details (name and contact number): _____



New client

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Today's date: ___/___/___

Clinic name: _____

Client Name: _____

Date of Birth: ___/___/___

Gender: _____

How can we contact you?

Please tick all the boxes by which means you are happy for us to contact you. You can change these options at any stage:

- Letter
- Phone call
- Can leave a voicemail
- Can contact your GP
- Text message
- Email
- Can contact to evaluate the service

Contact Details:

Address: _____

Eircode: _____

Contact number: _____



Medical Information

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GP Name: _____

GP Address: _____

- Do you have a medical card? Yes No
- Are you planning a pregnancy? Yes No Not applicable
- Are you pregnant? Yes No Not applicable
- Are you breast-feeding? Yes No Not applicable

Do you have any of the following medical conditions? Tick any that apply:

- Cancer Diabetes Mental Illness
- Renal Disease Respiratory Disease Cardiovascular Disease
- Gastro Intestinal Disease Neurological Disease None/prefer not to say
- Other: _____

Education

What is your highest level of education?

- No formal education Primary Secondary
- Third level (non-degree) Third level (degree)

Ethnicity

Please select your ethnic identity:

- White Irish White Traveller
- White (any other background) Black or Black Irish (African)
- Black or Black Irish (any of other background) Asian or Asian Irish (Chinese)
- Asian or Asian Irish (any other background)
- Other: _____



Employment status

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What is your employment status?

- Employed
- Unemployed/looking for work
- Student
- Carer/homemaker
- Retired
- Unable to work due to illness or disability
- Other: _____

Smoking History

Have you made a quit attempt in the past 12 months? Yes No

If yes, when? 0 – 3 months ago 4 – 10 months ago 11 – 12 months ago

In your most recent attempt, did you use any of the following to help you quit smoking? Please tick all that you have tried:

- Self-motivation
- Self-help materials
- Any HSE QUIT service
- NRT one product
- NRT two products
- Champix/Varenicline
- Zyban/Bupropion
- E-cigarette
- Hypnotherapy
- Acupuncture
- Other

What is your main reason for quitting? _____

How many years have you been smoking? _____

How many cigarettes do you smoke per day? _____

Notes:



Follow up sessions/calls or additional contacts with clients

Today's date: ___/___/___

Clinic name: _____

Client Name: _____

Contact number: _____

Method of contact (e.g. phone call, SMS, face-to-face, etc.): _____

Follow-up/contact reason: _____

Quit status: _____

Comments:
