

# We Can Quit Participant/Client Registration Form



The information that you provide on this form will be entered onto the HSE's QUITManager client/patient management system. This is a secure, central system that the HSE manages and controls.

If you have any questions about this, please speak to one of the Community Facilitators. They will give you a copy of the "QUITManager Client Information" leaflet. You will receive this by text message if you provide a mobile number and consent to being contacted by text message or a hard copy if you do not provide a mobile number or provide consent.

**Participant's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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\* Please select this box if you wish to receive the QUITManager Client Information leaflet by text message.



**Medical Information**

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**

**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
- Zyban
- 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?** \_\_\_\_\_

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\* NRT stands for Nicotine Replacement Therapy and includes the nicotine patch, nicotine gum, nicotine lozenge, nicotine inhaler and the nicotine mouth spray.