

# SMOKING CESSATION SERVICE CLIENT SATISFACTION SURVEY

It is important that we know if there is anything we could do to improve the support that we provide to smokers. Your views about this are very important to us and will be treated in the strictest confidence. The results of this survey will be used for service development purposes.

Please answer the following questions as honestly as you can and return to your stop smoking advisor.

Thank you.

Please circle the appropriate number for each question:

1. Overall, how satisfied were you with the support you received to stop smoking?

Very Unsatisfied	Unsatisfied	Unsure	Satisfied	Very Satisfied
1	2	3	4	5

2. Would you recommend this service to other smokers who want to stop smoking?

No	Unsure	Yes
1	2	3

3. Have you smoked since your last appointment with the service?

No, not a single puff	Yes, just a few puffs	Yes, 1-5 cigarettes	More than 5 cigarettes
1	2	3	4

**If you have any comments or suggested changes that you would like to see to the Stop Smoking Service please state below**