

**Relapse Prevention Intervention Questionnaire**

This anonymous questionnaire seeks information about Relapse Prevention Interventions (which are also known as Relapse Prevention Treatments) that your smoking cessation service (SCS) currently offers or has previously offered. It should be completed by the person who manages or runs this service within your Primary Care Trust (PCT). If you are not the service manager/coordinator, then please pass this on to him or her.

Before we can ask questions about Relapse Prevention Interventions we need to ask you a few questions about your current service provision to put your answers in context (i.e. support you currently provide to help smokers quit).

**Section 1: Provision of Smoking Cessation Interventions**

1. What types of behavioural smoking cessation interventions are delivered by your SCS?

(tick all that apply)

- Individual behavioural counselling.....
- Group behavioural counselling.....
- Self-directed sessions using computer software.....
- Telephone advice/counselling.....
- Self-help materials (i. e. booklets).....
- Peer led sessions.....
- Other (specify below).....

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2. If your service delivers advice/counselling in groups what types of group treatments does your service provide?

(tick all that apply)

- Open groups (clients can join and leave at any time).....
- Closed groups (fixed number of sessions that run sequentially; usually only joined at the first one).....
- Other (specify below).....