

Client Feedback Form

We are very keen to improve the service we provide to individuals wanting to stop smoking. Your views about this are very important to us and will be treated in the strictest confidence. Please answer the following questions as honestly as you can. The results of this survey will be used for evaluation and to improve services for the future.

* Required

1. Overall, how satisfied are you with the service you received? *

Mark only one oval.

	1	2	3	4	5	
Very Unsatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Satisfied

2. Would you recommend our service to your family/friends? *

Mark only one oval.

- Yes
 No
 Unsure

3. If you started smoking again would you return to the service for help to stop? *

Mark only one oval.

- Yes
 No
 Unsure



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4. Was it easy to contact the stop smoking service? *

Mark only one oval.

- Yes
- No
- Unsure

5. Were you offered a range of times and venues to attend? *

Mark only one oval.

- Yes
- No
- Unsure

6. How would you rate the support you received from your advisor? *

Mark only one oval.

	1	2	3	4	5	
Very Unhelpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Helpful

7. How long did you have to wait for your first appointment? *

Mark only one oval.

- Same day
- Same week
- Less than 2 weeks
- 2-4 weeks
- More than 4 weeks



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8. Was it helpful having your carbon monoxide (CO) reading done (blowing into portable machine)? *

Mark only one oval.

- Yes
- No
- CO not taken

9. Were you offered a choice of medication? (Champix, patches, gum, mouth spray, inhaler, strips, lozenges, etc.) *

Mark only one oval.

- Yes
- No

10. Was it easy to obtain your medication? *

Mark only one oval.

- Yes
- No

11. How did you hear about the Stop Smoking Service? *

Mark only one oval.

- Website
- Social Media
- Marketing Materials (postcards, leaflets & posters)
- GP / Pharmacy / Other Healthcare Professional
- Family & Friends
- Used Service Before
- Other



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12. Do you have any further comments you would like to add?

Please complete the contact details section below if you would like to be contacted by a member of the team.

13. Please use the space below to write an optional quote about your experience of the service you received.

Contact details

If you wish to speak about your experience of the service in greater detail or would like to begin your quit attempt again please do complete the details below.

14. Name

15. Email Address

16. Telephone Number



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