

## 28 Day Workplace Stop Smoking Challenge

Thank you for your interest in the Public Health Agency's 28 Day Workplace Stop Smoking Challenge, and for taking the time to complete this registration.

Please complete this form electronically, save and email to [Research.PHA@hscni.net](mailto:Research.PHA@hscni.net) or alternatively post to:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
Belfast BT2 8HS

Remember, if you stop smoking for 28 days or more you are five times more likely to stop for good.

We would like to find out what type of smokers are taking part in the 28 Day Workplace Stop Smoking Challenge and would be grateful if you would complete the following information. Your responses are strictly confidential. No individual will be identified in any reports produced.

Remember, more information in relation to the 28 Day Workplace Challenge is available at [www.want2stop.info](http://www.want2stop.info) – including FREE and CONFIDENTIAL support from local pharmacies and GP practices across Northern Ireland.

(Please note those questions marked with a \* need to be answered)

# 28 Day Workplace Stop Smoking Challenge

**\* 1. Please tell us your name:**

**2. What age are you?**

**\* 3. Please provide a contact address**

**\* 4. Please provide your postcode :**

**\* 5. Please provide a contact telephone number :**

**6. Your e-mail address**

**\* 7. How did you hear about the 28 Day Workplace Stop Smoking challenge?**

- Workplace poster
- Friend
- Radio
- Newspaper
- Twitter
- Facebook
- Can't remember
- Don't know
- Other (please specify)

**8. Please provide your employers name: We are interested in the name of your employer to find out the type of business you work in. None of the information you provide on this form will be disclosed to your employer.**

**9. Please provide us with your job title:**

**\* 10. How long have you been a smoker?**

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**\* 11. Have you ever tried to quit smoking before?**

- Yes
- No

**\* 12. Please tell us about anything you have previously used / are currently using in an attempt to Stop Smoking?**

- |   |   |
|---|---|
| <input type="checkbox"/> None                               | <input type="checkbox"/> E-cigarettes               |
| <input type="checkbox"/> Nicotine Replacement therapy (NRT) | <input type="checkbox"/> 1:1 support from GP        |
| <input type="checkbox"/> Champix                            | <input type="checkbox"/> Support from a Pharmacy    |
| <input type="checkbox"/> Zyban                              | <input type="checkbox"/> Stop smoking Support Group |
| <input type="checkbox"/> Other (please specify)             |   |

**\* 13. Does anyone else in your household smoke ?**

- Yes
- No
- I currently live alone

**\* 14. The Public Health Agency would like to follow up with individuals that participate in this challenge. Do you consent for the PHA to follow up with you after the 28 Day Workplace challenge is completed?**

- No
- Yes

**15. Please add any further comments you may have regarding this initiative:**