

ELF/ERS Smoking and lung conditions

Hearing the views of smokers who have a lung condition

This short survey has been put together to find out how patients who have a lung condition and who smoke are treated by their doctors and nurses and what advice they receive.

The information from the survey will be used to help healthcare professionals to provide better support to their patients.

The survey is anonymous so we will not ask for your name or to contact you, unless you would like to leave your email address and get more involved.

1. What lung condition have you been diagnosed with? If you have multiple conditions please tick all that have been diagnosed.

- ☐ COPD (Chronic Obstructive Pulmonary Disease)/ Emphysema/ Chronic Bronchitis
- ☐ Asthma
- ☐ Bronchiectasis
- ☐ Lung cancer
- ☐ Cystic fibrosis
- ☐ Pulmonary fibrosis/ ILD (Interstitial Lung Disease)
- ☐ Sarcoidosis
- ☐ Tuberculosis

Other, please specify

2. Do you think your smoking and your enjoyment of smoking has changed since you developed a lung condition? Please tick all the statements that you agree with.

- ☐ I smoke the same amount as I did before I was diagnosed with my condition
- ☐ I now smoke more
- ☐ I now smoke less
- ☐ I enjoy smoking to the same extent as before I was diagnosed with my condition
- ☐ I now enjoy smoking more
- ☐ I now enjoy smoking less

3. Roughly how many cigarettes do you smoke a day?

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ Over 40

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4. After waking, how long is it usually until you have a cigarette?

- ☐ Within 5 minutes
- ☐ 6-30 minutes
- ☐ 31-60 minutes
- ☐ After 60 minutes

5. What are the main reasons that you smoke and that stop you from quitting? Please tick as many statements as you agree with.

- ☐ I enjoy smoking
- ☐ It helps me cope with stress
- ☐ It gives me something to do with my hands
- ☐ It is a part of who I am
- ☐ I tried to quit but do not seem able to do it
- ☐ I carry on smoking because people around me smoke

Please list any other reasons

6. Has a doctor or nurse ever talked to you about smoking?

- ☐ Never
- ☐ Yes, before I was diagnosed with a lung condition
- ☐ Yes, after I was diagnosed with a lung condition
- ☐ Both before and after being diagnosed

7. How would you rate their understanding of smoking and how difficult it is to stop?

- ☐ Very good
- ☐ OK
- ☐ Not very good

If you're happy to, please explain your answer

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8. What was your reaction to doctors and/or nurses talking to you about smoking?

Please tick all statements that you agree with.

- ☐ I felt it should be raised more often
- ☐ I felt it is being raised too often
- ☐ I was happy to discuss this
- ☐ I was embarrassed to discuss this
- ☐ I did not think that they could do much about it
- ☐ I was hoping they could help me stop smoking
- ☐ I felt they are nagging/lecturing me
- ☐ I felt they are being helpful

Please let us know any other thoughts or reactions that you had.

9. Please tell us your thoughts on how doctors/nurses could better discuss smoking or advising on quitting with you.

10. How many attempts have you made to quit over the last 12 months?

- ☐ None
- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ More than 20 times

11. How difficult do you find it to quit?

- ☐ Very difficult
- ☐ Difficult
- ☐ Easy
- ☐ Very easy

12. Most people make several quit attempts, sometimes quitting gradually and sometimes abruptly. If you have tried both of these, which do you think worked or would work better for you?

- ☐ Stopping gradually (reducing smoking over a period of time with the goal of stopping altogether eventually)
- ☐ Stopping abruptly (setting a quit date and not smoking at all from then on)

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13. What, if any, stopping smoking treatments have you tried? Please tick all that you've tried.

- ☐ Self-help books
- ☐ Online resources e.g. stop smoking websites
- ☐ Attending stop-smoking clinic
- ☐ Nicotine replacement therapy (such as nicotine patches, chewing gum, inhaler)
- ☐ Champix
- ☐ Zyban
- ☐ Telephone quit lines
- ☐ Acupuncture
- ☐ Hypnotherapy
- ☐ Allen Carr
- ☐ E-cigarettes
- ☐ None

Please list any others that you've tried.

14. Of the treatments you have tried, which was the most helpful? Please tick any you found helpful.

- ☐ Self-help books
- ☐ Online resources e.g. stop smoking websites
- ☐ Attending stop-smoking clinic
- ☐ Nicotine replacement therapy (such as nicotine patches, chewing gum, inhaler)
- ☐ Champix
- ☐ Zyban
- ☐ Telephone quit lines
- ☐ Acupuncture
- ☐ Hypnotherapy
- ☐ Allen Carr
- ☐ E-cigarettes
- ☐ None

Please tell us any others that helped.

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15. Are you

- ☐ Male
- ☐ Female

16. Age (in years)

- ☐ Up to 39
- ☐ 40-55
- ☐ 56-65
- ☐ Above 65

17. What country do you live in?

18. After we look through the surveys we may have a few more questions. If you would be happy to answer a few more short questions please enter your email address.

If you have any further comments or questions about this survey please email us at info@europeanlung.org