Participant enrolment details

ID No:

Briefly describe the study and intervention and check volunteer's understanding:	
If they are still willing to participate ask them to sign the consent form and request a randomisation code:	

Participant's date of birth:	
Participant's initials:	
Ethnicity **(see below)**	
NHS number:	
Hospital no:	
Expected date of delivery:	/ /
Midwife's name:	
Midwife's telephone numbers:	Work Mobile
Name and role of person giving intervention at enrolment:	
If research midwife, are you case loading the participant?	Yes/no
Please enter the visit date:	/ /

How would you describe your ethnic group? (*Please check one box only*)	**White**		**Mixed**	**Asian or Asian British**	
	British	1☐	White & Black Caribbean 4☐	Indian	8☐
	Irish	2☐	White and Black African		
	Other	3☐	White & Asian		
			Other Mixed		

	Black or Black British	**Chinese or Other Ethnic Group**
	Black Caribbean 12☐	
	Black African 13☐	
	Other Black 14☐	
Before you became pregnant how many cigarettes did you usually smoke each day?		
How many cigarettes do you usually smoke each day now?		
Did you smoke in a previous pregnancy?	Yes ☐1 No ☐0 Not applicable ☐2	
How soon after you wake up do you smoke your first cigarette?	Within 5 minutes ☐ 3 6-30 minutes ☐ 2 31-60 minutes ☐ 1 After 60 minutes ☐ 0	
Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes ☐ 1 No ☐ 0	
Do you find it difficult to refrain from smoking in places where it is forbidden?	Yes ☐ 1 No ☐ 0	
Which cigarette would you hate to give up the most?	The first one in the morning ☐ 1 Any other ☐ 0	
Do you smoke even if you are so ill that you are in bed most of the day?	Yes ☐ 1 No ☐ 0	
If you have a partner, does your partner smoke tobacco?	Yes ☐1 No ☐0 Not applicable ☐2	

Confidence for quitting

How high would you rate your chances of giving up smoking, at least until your baby is born?					
Very low	Low	Not very high	Quite high	Very high	Extremely high
1	2	3	4	5	6

Withdrawal symptoms questionnaire

Please show for each of the items below how you have been feeling over the past week.					
	Not at all	Slightly	Somewhat	Very	Extremely
Restless	1	2	3	4	5
Irritable	1	2	3	4	5
Depressed	1	2	3	4	5
Hungry	1	2	3	4	5
Poor concentration	1	2	3	4	5
Poor sleep at night	1	2	3	4	5
Anxious	1	2	3	4	5

Urges to smoke

How much of the time have you felt the urge to smoke in the past week?					
All the time	Almost all the time	A lot of the time	Some of the time	A little of the time	Not at all
5	4	3	2	1	0

How strong have the urges been?					
Extremely strong	Very strong	Strong	Moderate	Slight	No urges
5	4	3	2	1	0

Pregnancy history and demographics

How old are you?	_____ years
How many weeks pregnant are you?	_____ weeks
How many previous pregnancies have you had that have gone beyond 24 weeks?	_____
How many births have you had that were between 24 and 37 weeks of pregnancy?	_____

How many children are in your household?	
Of these how many are you the biological mother of?	
Are you the biological mother of children in any other household?	Yes ☐ 1 No ☐ 0
If yes, how many?	
Are you….	Married or Living with a partner ☐1 Single/divorced/separated/widowed ☐0
How old were you when you left full time education?	or tick ☐ if still in FT education
What is your usual occupation?	☐ No usual occupation

Use of Alcohol

How often do you currently have a drink containing alcohol?				
Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking? *(a drink is equivalent to a glass of wine, 1 spirit, or half pint beer)*				
1 or 2	3 or 4	5 or 6	7 to 9	10 or more

Feelings questionnaire (EPDS)

We would like to know how you are feeling. Please check the box that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you are feeling today.

1. I have been able to laugh and see the funny side of things.

0☐ As much as I always could

1☐ Not quite so much now

2☐ Definitely not

3☐ Not at all

2. I have looked forward with enjoyment to things.

0☐ As much as I ever did

1☐ Rather less than I used to

2☐ Definitely less than I used to

3☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

3☐ Yes, most of the time

2☐ Yes, some of the time

1☐ Not very often

0☐ No, never

4. I have been anxious or worried for no good reason.

0☐ No, not at all

1☐ Hardly ever

2☐ Yes, sometimes

3☐ Yes, very often

5. I have felt scared or panicky for no very good reason.

3☐ Yes, quite a lot

2☐ Yes, sometimes

1☐ No, not much

0☐ No, not at all

6. Things have been getting on top of me.

3☐ Yes, most of the time I haven't been able to cope at all

2☐ Yes, sometimes I haven't been coping as well as usual

1☐ No, most of the time I have coped quite well

0☐No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping. 3☐Yes, most of the time 2☐Yes, sometimes 1☐Not very often 0☐No, not at all
8. I have felt sad or miserable. 3☐Yes, most of the time 2☐Yes, quite often 1☐Not very often 0☐No, not at all
9. I have been so unhappy that I have been crying. 3☐Yes, most of the time 2☐Yes, quite often 1☐Only occasionally 0☐No, never
10. The thought of harming myself has occurred to me 3☐Yes, quite often 2☐Sometimes 1☐Hardly ever 0☐Never

Physical activity, height, weight and CO reading

How confident are you that you will be able to do thirty minutes of physical activity (e.g. take a regular walk) on at least 5 days of the week during your pregnancy?

Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident
1	2	3	4	5

What effect do you think being physically active (e.g. a brisk walk) will have on your success at quitting?

Large negative effect	Moderate negative effect	Slight negative effect	No effect	Slight positive effect	Moderate positive effect	Large positive effect
-3	-2	-1	0	+1	+2	+3

Maternal height (cm)	
Maternal weight (kg) as measured at booking appointment	or tick ☐ if unknown
Maternal weight (kg) as measured at this visit	

Exhaled Carbon Monoxide (CO) reading	ppm

Have you conducted an interview of seven day recall of physical activity?	☐ tick
Record total number of minutes of physical activity in the previous week	minutes

Record the main type of physical activity (*check one box only*):

- ☐ Walk
- ☐ Structured home exercise
- ☐ Structured exercise at a facility
- ☐ Housework
- ☐ Swimming
- ☐ Do it yourself
- ☐ Cycling
- ☐ Gardening
- ☐ Dancing
- ☐ Sport/individual
- ☐ Sport Team
- ☐ Occupational
- ☐ Other

Smoking quit date, exercise and smoking desire

Treatment session start time:	☐ hh:mm
Inform the participant that they have been allocated to the physical activity group and briefly remind them what this will entail	☐
Agree a quit date	☐
Give leaflet about smoking cessation.	☐
Advise patient to identify situations when they are most likely to smoke, and to think of how they are going to address them.	☐
Physical activity group only:	
Explain how to use treadmill, recommend a Rating of Perceived Exertion (RPE) of 12-14 and explain the talk test:	☐
Agree a target for the number of minutes of treadmill walking for this session.	☐
Ask woman to exercise on treadmill for between 15-30 minutes	☐

Immediately before exercise (*for those in the control group this was asked immediately before the behavioural support*):
How strong is your desire to smoke right now?

Not at All strong			Somewhat strong			Extremely strong
1	2	3	4	5	6	7

Record time walking on treadmill	☐ minutes

Immediately after exercise ask: (*for those in the control group this was asked immediately*

after the behavioural support): How strong is your desire to smoke right now?						
Not at All strong			Somewhat strong			Extremely strong
1	2	3	4	5	6	7

Discuss: benefits of exercise & barriers, aim to progress towards a target of at least 30 minutes a day or 10, 000 steps, how to use pedometer	☐
Give patient activity diary (including steps diary), ask them to fill it in each day this week, and to bring it to the next session.	☐
Book further appointments and give appointment card	☐
Give £7 travel expenses and ask them to sign for it	☐

Treatment session end time:	hh:mm
Length of treatment session	minutes