

Have you smoked at all since your quit day?			
1. No not even a puff	2. Yes just a few puffs	3. Yes between 1 and 5 cigarettes	4. Yes more than 5 cigarettes
If you have smoked more than 5 cigarettes and have returned to smoking on a daily basis, how many cigarettes are you currently smoking each day ?		<input type="text"/>	

Have you used any Nicotine Replacement Therapy (NRT) this week?	YES / NO					
Which type of NRT have you mainly used?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Patch <input type="checkbox"/> Gum <input type="checkbox"/> Inhalator <input type="checkbox"/> Lozenge <input type="checkbox"/> Tablets <input type="checkbox"/> Nasal Spray					
How many days approximately have you used NRT in the past week?						
N/A	1 day	2 days	3 days	4 days	5 days	6 days

End of pregnancy behavioural support question:

Besides the help we have given you, have you received any face-to-face support for stop smoking during your pregnancy? Yes/no

If yes, approximately how many sessions have you attended?