



Australian Government
Department of Health and Ageing

RESEARCH REPORT

2002 National Tobacco Campaign Evaluation

June 2003

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Acknowledgments

The authors of this report wish to acknowledge comments and advice provided by The National Tobacco Campaign Research and Evaluation Committee.

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Definitions used in this report

Regular smokers: Currently smoke daily and at least weekly	(Q18 = 1 or 2)
Not regular smokers: Currently don't smoke at all or smoke less often than weekly or can't say	(Q18 = 3 or 4 or 5)
Smokes at all: Currently smokes daily, at least weekly or less often than weekly	Q18 = 1 or 2 or 3
Recent quitters: Quit less than one year ago	Q21 = 1
Long-term quitters: Quit one year ago or longer	Q21 = 2
Smoking status (a computed variable): <ul style="list-style-type: none"> - 'smokers / recent quitters': if is a regular smoker or a recent quitter - 'non-smokers': if is not a 'smoker / recent quitter' as defined above <u>and</u> is a current 'non-smoker' (q18 = 4) or quit 1 year ago or longer or cannot say when quit (Q21 = 2 or 3) - Irregular smokers: if smokes less frequently than weekly or can't say (Q18 = 3 or 4) 	

EXECUTIVE SUMMARY

The seventh evaluation of the National Tobacco Campaign (NTC) was undertaken in November 2002 and was conducted by the Social Research Centre for the Australian Department of Health and Ageing. This report highlights findings pertaining to response and recall measures only. A separate document prepared by the Centre for Behavioural Research in Cancer reports on smoking prevalence and cigarette consumption results for the Campaign since its inception in 1997 until 2002.

Surveys were conducted nationally, using a two-staged telephone interview. Information was collected on age, gender and smoking habits of all members of the household from an informant and then evaluation interviews were conducted with up to three household members. Quota sampling was employed to generate 75% of the sample as smokers. The data was weighted by state and age using current ABS statistics to proportionally represent states in the overall data for 18-40 year olds while retaining the original sample size.

The sample comprised 2469 respondents aged 18 to 40 years, including 1591 regular smokers, 178 recent quitters, 24 irregular smokers and 676 non-smokers.

Smokers and recent quitters appeared to be more sensitive than non-smokers to health advertising, reporting higher unprompted recall for this mode of advertising in general as well as anti-tobacco advertising specifically. Approximately nine in 10 recalled the NTC advertising when prompted.

Smokers and recent quitters as well as non-smokers indicated that they believed the health effects demonstrated through the NTC advertising were true, which was highest for 'smoking causes a build up of tar on the lungs' (98%).

Campaign-attributed encouragement to quit was reported by one in two smokers, with a greater impact upon males. Recent quitters, non-smokers and long-term quitters also showed support for the Campaign in maintaining and encouraging cessation.

Approximately nine in 10 regular smokers reported smoking factory-made cigarettes. These were most commonly purchased as packs rather than cartons. There was some evidence of smoking roll-your-own cigarettes and, to a much lesser extent, illicit tobacco.

More than three-quarters of regular smokers had attempted to quit in the past and those who currently smoked at all expressed a strong belief in their ability to stop smoking permanently. Recent quitters also mirrored a high level of self-efficacy.

Smokers, especially females, reported feeling more bad about being a smoker than good. Approximately three in five regular smokers acknowledged that smoking would make them ill if they continued to smoke and that smoking had done harm to their body.

The results suggest that the NTC remains highly memorable in its sixth year, promotes believable messages and continues to have a positive impact on quitting behaviour. Smokers and recent quitters expressed strong personal self-efficacy to quit and stay quit and acknowledge the effects smoking has on their health. The future challenge will lie in moving people through the stages-of-change to preparation and beyond, and in preventing smoking initiation to further reduce the prevalence of smoking in Australia.

1.0 INTRODUCTION

The National Tobacco Campaign (NTC) was launched by the now Australian Department of Health and Ageing in 1997 and primarily targets 18-40 year old smokers with a cessation-focused strategy promoting the message “Every cigarette is doing you damage”. Drawing on the stages-of-change behavioural model¹, the Campaign is designed to elevate quitting on the personal agendas of smokers by demonstrating new insights on the health effects of smoking and moving people through the stages-of-change to contribute to an overall reduction in smoking prevalence.

Comprising television commercials, radio, print and outdoor advertising, public relations, a non-English strategy and a service provider strategy, the National Tobacco Campaign is Australia’s most collaborative, intensive and sustained anti-tobacco campaign and has been comprehensively evaluated.

Seven national evaluation surveys have been conducted to date, including a benchmark survey conducted in May 1997. Subsequent annual evaluation surveys have taken place in November to ensure consistency with the timing of these cross-sectional surveys. The annual surveys track the progress of the Campaign, and provide evidence of the effectiveness of the Campaign and other tobacco control strategies in reducing the prevalence of smoking in Australia.

During 2002, there were two main periods of intervention activity, at the start of the New Year and around World No Tobacco Day (May 31). Similarly to 2001, the advertising budget for 2002 remained at what was considered to be maintenance level. There was no media buy prior to the survey period.

This report highlights findings pertaining to response and recall measures from the 2002 annual survey. This report does not include findings for smoking prevalence and cigarette consumption which is being independently undertaken on behalf of the Department by the Centre for Behavioural Research in Cancer.

The evaluation described in this report was designed and managed by the Australian Department of Health and Ageing’s Research and Marketing Group. The Social Research Centre was commissioned to conduct the fieldwork for the 2002 survey.

2.0 METHODOLOGY

The surveys were conducted by telephone and used the electronic white pages as the sampling frame. The sample was selected from each of six states. The Australian Capital Territory was included with New South Wales and the Northern Territory was included with South Australia.

¹ A behavioural model based on stage of progression toward adoption of the desired behaviour (Prochaska, DiClemente & Norcross, 1992)

Household enumeration

In the first part of the survey the informant (a person in the household aged 18 years or older who answered the telephone) was asked unprompted questions about the recall of health advertising. Following this the informant was asked to describe the members of their household and to identify their smoking status to enable selection of subjects for the second stage of the interview. Data collected for informants and household members (enumeration sample) are utilised to compile prevalence figures. It should be noted that the informant sample is a more opportunistic sample of people who answer the telephone, and they tend to be more likely to be female and of older age (Wakefield, Freeman & Boulter, 1999).

Evaluation interviews

The second part of the survey (the evaluation) was then conducted amongst those people aged 18-69 years who were eligible to progress as participants to complete an interview. A quota sampling methodology which aimed to generate 75% of the sample as smokers (those who smoke on a weekly basis) or recent quitters (defined as those who have, over the past year, stopped smoking cigarettes on a weekly basis), and the remainder being other ex-smokers and 'non-smokers'.

No more than three evaluation interviews in total, and two with smokers, were conducted among eligible respondents in any one household. If more than three people in the household were eligible for inclusion in the survey, the respondents chosen for interview were randomly selected. If potential participants were not at home when the interviewer first called, call-backs were made in an attempt to interview the selected person. Potential participants were aware the interview was about health, but not tobacco in particular, when they commenced the interview.

A full description of the methodology employed for these evaluation surveys can be found in Chapter Two, Australia's National Tobacco Campaign Evaluation Report Volume One (Hassard, 1999).

3.0 FIELDWORK

Fieldwork was conducted from 11 November to 12 December 2002.

4.0 RESULTS

4.1 Preface

The results presented are for 18-40 year olds only. Where reference is given to all respondents this implies all respondents aged 18-40 years of age.

Data presented below were weighted by state and age using the current ABS Statistics to proportionally represent states in the overall data for 18-40 year olds while retaining the original sample size.

However, it is important to note that the sample is not representative of the Australian population in general because a quota was imposed to obtain a disproportionately large proportion of smokers (given the Campaign targets smokers). It is not possible to weight smoking status, as there are no ABS estimates for demographics of smokers.

Statistical tests were conducted on weighted data using the original sample size in order to establish whether differences in responses by smoking status² and gender were statistically significant. Differences between proportions were tested using a z-test and differences between means were tested using a two-tailed t-test. Significant differences in this report have been established at a 95 per cent confidence level. Where results have been transformed to present a proportion of the larger sample of interest, the weighted sample size has been provided to allow the reader to replicate the findings. All other sample sizes reported are unweighted and all proportions presented are weighted unless otherwise indicated.

4.2 Sample characteristics

The sample comprised 2469 respondents aged 18 to 40 years, including 1591 regular smokers, 178 recent quitters, 24 irregular smokers and 676 non-smokers. The characteristics of the sample obtained in 2002 are presented below.

Table 1. Sample characteristics of 18-40 year olds (unweighted)

		All respondents n=2469
GENDER	Male	45.4%
	Female	54.6%
AGE	18-24	24.9%
	25-29	18.3%
	30-34	24.1%
	35-40	32.6%
LOCATION	City	60.8%
	Rural	39.2%
STATE	NSW/ACT	16.7%
	VIC	16.9%
	QLD	16.6%
	SA/NT	16.5%
	WA	16.8%
	TAS	16.4%
EDUCATION³	Completed some / all secondary	54.6%
	Completed at least some tertiary	44.7%
WORK STATUS	Working	77.5%
	Retired / Pensioner	0.5%
	Student	4.2%
	Home duties	11.8%
	Non-worker/Unemployed	6.1%
SOCIO-ECONOMIC STATUS⁴	Blue collar	48.4%
	White collar	46.4%

² Irregular smokers have been excluded from the analysis by smoking status. There were 24 respondents in this category.

³ There were 12 respondents who completed primary education and 6 who refused to provide a response.

LANGUAGE SPOKEN AT HOME	English	97.0%
	Other	3.0%
SMOKING STATUS	Smokers / recent quitters	71.7%
	Non-smokers	27.4%
	Irregular smokers	1.0%

5.0 AWARENESS

5.1 Recall and recognition

Unprompted recall of health advertising in the past three months was reported by three in four (75%) respondents, with ‘smokers / recent quitters’ reporting greater recall than ‘non-smokers’. The same pattern of response was seen in unprompted recall of anti-tobacco advertising as shown in Table 2.

Table 2. Unprompted recall of health advertising

	Smokers / recent quitters	Non-smokers
Total sample	n=1769	n=676
Seen any health advertising in the past 3 months	76.7%	69.6%
Of those aware	n=1357^w	n=470^w
Unprompted recall of anti-tobacco advertising [as % of all: smokers / recent quitters, non-smokers]	46.5% [35.7%]	32.9% [22.9%]

w = weighted

Prompted recognition of the NTC was high among both ‘smokers / recent quitters’ and ‘non-smokers’, with 93% of all respondents reporting they had seen, read or heard advertising from the Campaign. Recognition of the Campaign remained high among respondents when those aware of the Campaign were asked if they recalled advertising from the Campaign within the past 12 months (94%). See Table 3.

Table 3. Recognition of NTC advertising

	Smokers / recent quitters	Non-smokers
Total sample	n=1769	n=676
Prompted recognition of campaign advertising	94.0%	90.2%
Aware of campaign	n=1663^w	n=610^w
Prompted recognition of campaign advertising in past 12 months [as % of all: smokers / recent quitters, non-smokers]	94.1% [88.4%]	92.9% [83.9%]

w = weighted

The most frequent source of Campaign advertising recall reported was television (99%).

- ‘Smokers / recent quitters’ were significantly more likely to recall advertising on radio than ‘non-smokers’.

⁴ Excludes those with no occupation or refused response (n=128).

Table 4. Recognition of NTC advertising

	Smokers / recent quitters	Non-smokers
Aware of Campaign	n=1668	n=610
Prompted recognition of where advertising seen: (% yes of those who were aware of Campaign)		
– Television	98.9%	98.2%
– Newspaper	27.3%	26.9%
– Radio	27.9%	21.2%
– TV in doctors waiting room	26.4%	22.8%
– Side of bus	22.3%	19.1%
– Shopping centre sign	18.3%	18.5%
– Magazine	2.1%	2.5%
– Billboard	2.2%	1.4%
– Poster in doctors waiting room	0.9%	1.0%

5.2 Impact of campaign on quitting

The campaign reputedly encouraged one in two (50%) respondents who smoked at all to be more likely to quit.

- The impact of the campaign on males who smoked at all was significantly greater than females.

Table 5. Campaign-attributed encouragement to quit among those who smoke at all by gender

	Smokes at all		
	Male	Female	Total
Aware of Campaign	n=735	n=821	n=1556
Whether the Campaign made them more or less likely to quit			
– More likely	53.3%	47.6%	50.3%
– No difference	43.7%	50.0%	47.1%
– Less likely	1.9%	1.4%	1.6%
– Can't say	1.2%	0.9%	1.1%

Among recent quitters, 45% reported the Campaign had helped them to stay quit, whilst 53% reported no-effect. There were no differences among 'recent quitters' by gender.

Table 6. Campaign-attributed encouragement to stay quit among recent quitters

Aware of Campaign	Recent quitters
	n=166
Whether the Campaign made them more or less likely to stay quit	
– Helped to stay quit	44.5%
– Had no effect	52.7%
– Made it more difficult	2.0%
– Can't say	0.8%

Sixty-nine per cent (69%) of 'non-smokers' and long-term quitters indicated the Campaign would help smokers or recent ex-smokers to stay quit.

Table 7. Campaign-attributed encouragement to quit according to non-smokers and long-term quitters

	Non smokers & long-term quitters
Aware of Campaign	n=758
Whether the Campaign would help smokers quit or recent ex-smokers stay quit	
– Yes	68.5%
– No	21.2%
– Can't say	10.2%

6.0 KNOWLEDGE

All respondents were asked “During the past six months, have you learned anything new about the effects of smoking cigarettes on health?” Twenty-two per cent (22%) reported learning something new, with no differences between ‘smokers / recent quitters’ compared to ‘non-smokers’. Campaign-related elements ascribed as new learning among ‘smokers / recent quitters’ are described in Table 8. There was a vast range of new learnings reported with more than 38 different effects of smoking cigarettes on health cited.

Table 8. New learning about smoking and health in the past six months

	Smokers / recent quitters
Learnt something new	n=398
[as % of all smokers / recent quitters]	[n=1769w]
What new learning	
– Loss of eyesight	11.9% [2.7%]
– Clogged arteries	10.4% [2.3%]
– Lungs are like sponges	7.7% [1.7%]
– Every cigarette is doing you damage	4.6% [1.0%]
– How smoking causes lung cancer	3.1% [0.7%]
– Causes strokes/clots in the brain	3.2% [0.7%]

w = weighted

A new question was introduced in 2002 to ascertain the level of knowledge about a number of smoking-related diseases, which also included a response (multiple sclerosis) to check that respondents were thinking about their answers to the questions. It was quite clear that ‘smokers / recent quitters’ and ‘non-smokers’ understood that mouth and throat cancer was caused by smoking cigarettes. See Table 9.

- ‘Smokers / recent quitters’ were significantly less likely to associate sudden infant death syndrome with smoking than ‘non-smokers’.

Table 9. Disease caused by smoking

	Smokers / recent quitters	Non-smokers
	n=1769	n=676
- Mouth and throat cancer	94.9%	96.3%
- Peripheral vascular disease	55.3%	54.2%
- Sudden infant death syndrome	45.0%	53.2%
- Impotence	37.9%	37.9%
- Multiple sclerosis (dummy response)	12.4%	11.0%
- None of the above	3.0%	2.7%

7.0 ATTITUDE

The majority (93%) of respondents agreed that smoking can harm others, with ‘non-smokers’ significantly more likely to report this than ‘smokers / recent quitters’ (97% vs 91%). See Table 10.

- ‘Smokers / recent quitters’ were twice as likely to report that the dangers of smoking had been exaggerated than were ‘non-smokers’ (23% vs 10%).
- ‘Smokers / recent quitters’ were also more likely to agree that smoking can’t be that bad for you as many people smoke and live to a ripe old age (18% vs 7%).
- Similarly, they were in greater agreement than ‘non-smokers’ that smoking the occasional cigarette doesn’t cause any damage to your health (23% vs 14%).

Table 10. Attitudes to smoking and health

	Smokers / recent quitters	Non-smokers
	n=1769	n=676
Attitudes (% agree)		
- Smoking can harm others	91.4%	96.7%
- Dangers of smoking have been exaggerated	22.9%	10.2%
- Smoking can’t be all that bad for you because many people smoke all their lives & live to ripe old age	18.0%	7.1%
- Smoking the occasional cigarette doesn’t cause any damage to your health	23.4%	13.5%

All respondents were asked “in your opinion, which of the following two statements is nearest to the truth...

- You have to smoke for several years to do any damage to you health
- Every cigarette you smoke is doing damage to your health”

The majority (87%) felt the statement ‘every cigarette you smoke is doing damage to your health’ was closest to the truth.

- ‘Non-smokers’ were significantly more likely to report this than ‘smokers / recent quitters’.

Table 11. Campaign-related beliefs about smoking damage to health by smoking status

	Smokers / recent quitters	Non-smokers
	n=1769	n=676
You have to smoke for several years to do any damage to your health	12.1%	6.4%
Every cigarette you smoke is doing damage to your health	85.3%	91.9%

Respondents were asked to evaluate the truthfulness of significant elements promoted in the Campaign as shown in Table 12.

- ‘Smokers / recent quitters’ were significantly more likely than ‘non-smokers’ to report smoking 1mg cigarettes is just as harmful to your health as smoking 12mg cigarettes.

Table 12. Campaign-related beliefs

	Smokers / recent quitters	Non-smokers
(% true)	n=1769	n=676
Smoking causes strokes	86.1%	88.5%
Smoking causes blood clots in the brain	81.5%	80.2%
Smoking causes a build up of tar on the lungs	98.2%	98.4%
Smoking blocks up arteries with fatty deposits	85.3%	82.7%
Smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease	19.8%	21.2%
Smoking causes damage to the genes in lung cells	75.7%	75.2%
Smoking causes eye damage	68.4%	65.8%
Smoking 1mg cigarettes is just as harmful to health as smoking 12mg cigarettes	71.6%	63.4%

Regular smokers were more than five times more likely to say they felt bad about their smoking than to say they felt good about it (59% vs 10%). Other findings include:

- A significantly greater proportion of females reported feeling bad about being a smoker compared to males.

Table 13. Personal statements about smoking by gender

	Regular Smokers		
	Males	Females	Total
	n=760	n=831	n=1591
Feelings about being smoker			
– Good	11.1%	8.0%	9.5%
– Equal mixed feelings	26.3%	26.2%	26.2%
– Bad	55.5%	61.5%	58.6%
– Can’t say	7.1%	4.3%	5.6%

Sixty per cent (60%) of regular smokers indicated it was very likely or certain they would become ill from their smoking if they continued to smoke, as shown in Table 14.

Table 14. Personal statements about smoking

	Regular smokers
	n=1591
Likelihood of becoming ill from smoking if continue to smoke	
– Not at all likely	1.3%
– Not very likely	5.2%
– 50/50	31.9%
– Very likely	38.7%
– Certain	20.9%
– Can't say	2.1%

Sixty-two per cent (62%) of 'smokers / recent quitters' acknowledged that smoking had probably or definitely done harm to their body as shown in the table below.

Table 15. Probability smoking has done harm to body

	Smokers / recent quitters
	n=1769
Has smoking already done any harm to your body	
– Definitely has	28.7%
– Probably has	33.1%
– Perhaps it has	16.8%
– Probably not	12.9%
– Definitely not	5.9%
– Can't say	2.5%

8.0 BEHAVIOUR

8.1 Smoking behaviour

8.1.1 Cigarettes

Smoking behaviour among those who smoked at all are shown in Table 16. Among them, 86% smoked daily, 10% smoked at least weekly and four per cent (4%) less often than weekly.

Table 16. Current smoking status

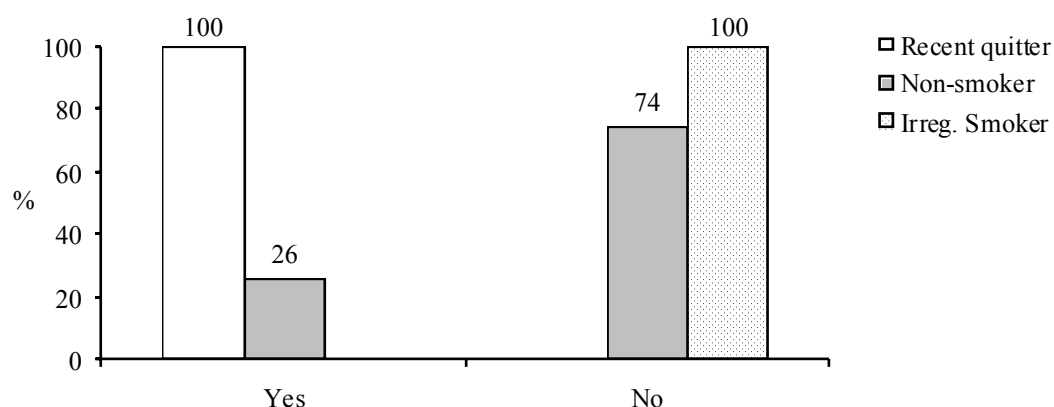
	Smokes at all
	n=1650
Daily	86.1%
At least weekly	10.3%
Less often than weekly	3.6%

Subsequent to respondents being asked about their current smoking status, those who did not smoke daily or at least weekly were asked if they had ever smoked cigarettes on at least a weekly basis. Forty per cent (40%) reported they had smoked cigarettes on at least a weekly basis in the past. By smoking status:

- 26% of 'non-smokers' reported smoking at least weekly in the past,

- All of the 'recent quitters' reported smoking at least weekly in the past.

Figure 1. Ever smoked at least weekly by smoking status



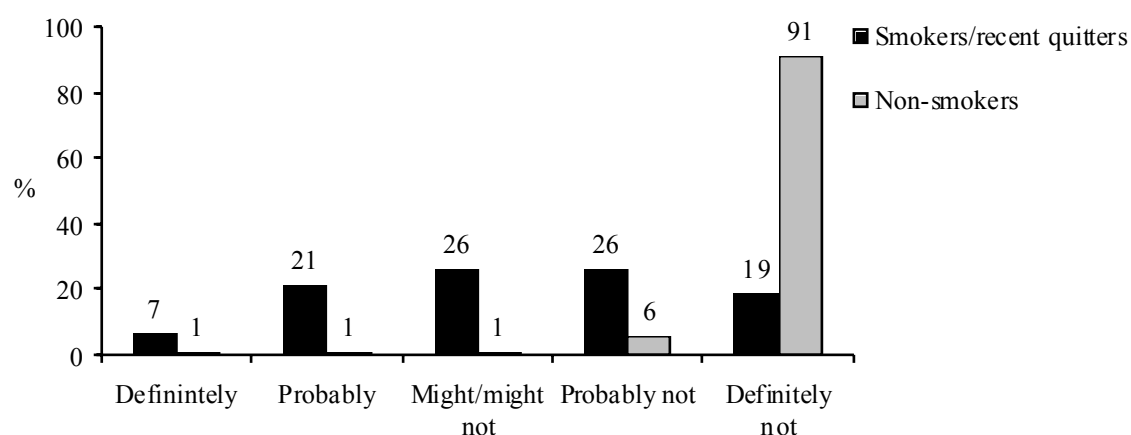
BASE: Respondents who don't smoke or smoke less often than weekly: recent quitter (n=178), non-smoker (n=676), irregular smoker (n=24)

Large variation was evident in years elapsed since those who had ever smoked on at least a weekly basis first started smoking regularly. Initiation of smoking among 'smokers / recent quitters' was reported to be on average 12 years ago.

Table 17. Years elapsed since first started smoking regularly

	Smokers / recent quitters
	n=1769
Under 1 year	0.2%
1-4 years	17.1%
5-9 years	20.3%
10-14 years	22.8%
15-19 years	20.0%
20 years or more	19.6%
Mean years	11.9% (s.d. 6.9)

Figure 2 highlights the differences by smoking status for likelihood to be smoking in one year's time. Most 'smokers / recent quitters' (80%) indicated a degree of likelihood (definitely, probably, might/might not, probably not) whilst the majority of 'non-smokers' (91%) indicated they definitely would not be smoking in one year's time.

Figure 2. Likelihood of smoking in one year by smoking status

BASE: Total sample: smokers / recent quitters (n=1769), non-smokers (n=676)

‘Regular smokers’ were asked in two separate questions if they smoked factory-made and roll-your-own cigarettes on at least a weekly basis:

- Most (89%) reported smoking factory-made cigarettes,
- Fifteen per cent (15%) smoked roll-your-own cigarettes.

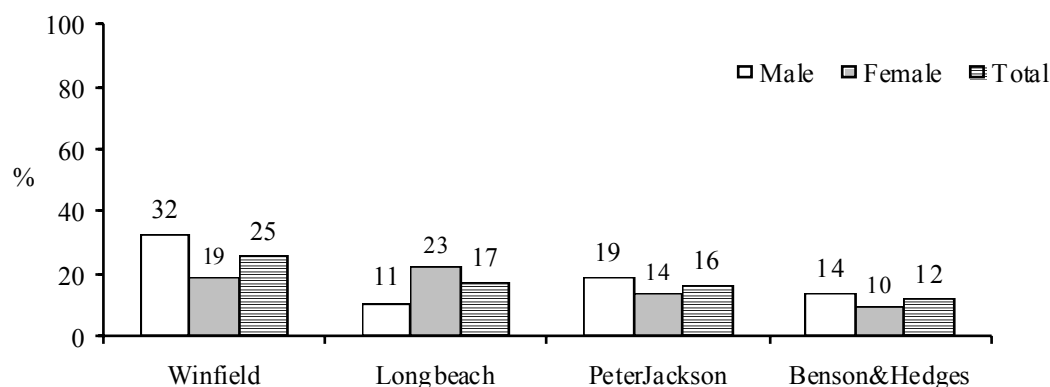
Of those smoking roll-your-own cigarettes at least weekly, 32% also reported smoking factory-made cigarettes, which equates to five per cent (5%) of ‘regular smokers’ smoking both types of cigarettes at least weekly.

Table 18. Type of cigarette smoked at least weekly

	Regular smokers n=1591
Smoke factory-made	89%
Smoke roll-your-own	15%
Both	5%

‘Regular smokers’ were asked which brand of factory-made cigarettes they smoked most often. The most popular brands smoked were Winfield (25%), Longbeach (17%), Peter Jackson (16%) and Benson & Hedges (12%). Other findings included:

- Males were significantly more likely to report smoking Winfield, Peter Jackson and Benson & Hedges than females,
- Females were significantly more likely than males to report smoking Longbeach.

Figure 3. Most popular cigarette brands smoked by gender

BASE: Regular smokers (n=1591)

Approximately two in three (65%) 'regular smokers' of factory-made cigarettes reported smoking their usual brand for more than three years.

Of those who had smoked their usual brand for three years or less, the most frequently reported reasons for switching brands were taste (21%) and cheaper price (20%).

8.1.2 Cigars / Pipes

The majority of smokers who 'smoke at all' had neither smoked cigars nor pipes in the past year (97%).

- Smoking of cigars and pipes was significantly more likely to be reported by males than females.

Table 19. Cigar / pipe smoking in past year by gender

	Smokes at all		
	Males n=774	Females n=880	Total n=1650
Cigars only	4.3%	0.7%	2.4%
Pipes only	0.7%	-	0.3%
Both	0.9%	-	0.4%
Neither	94.1%	99.3%	96.8%

8.1.3 Illicit tobacco

Almost a third (31%) of respondents were aware of loose tobacco sold in plastic bags or rolled into unbranded cigarettes (i.e. illicit tobacco) with no differences between 'smokers / recent quitters' compared to 'non-smokers'. Among those who had ever used illicit tobacco, 91% of 'smokers / recent quitters' and nine per cent (9%) of 'non-smokers' reported ever using it.

Those who reported ever smoking illicit tobacco were asked two questions to clarify the frequency with which they smoked this type of tobacco.

- “How often do you smoke this type of tobacco?”
- “Would you say that when you smoke now you...?”

Categorical responses are shown in Tables 20 and 21. At each question, those who ‘smoke at all’ reported no longer using this type of tobacco:

- 70% of smokers who ‘smoked at all’ and reported ever smoking illicit tobacco reported no longer using it,
- Among the remaining smokers who ‘smoked at all’ and reported some level of illicit tobacco consumption, a further 24% reported no longer using it, which equates to
- Five per cent (5%) of smokers who ‘smoked at all’ currently smoking illicit tobacco.

Table 20. Frequency of smoking illicit tobacco

	Smokes at all	
Ever smoked illicit tobacco [as % of all smokes at all]	n=350 [n=1654w]	
How often do you smoke this type of tobacco		
- Every day	3.1%	[0.7%]
- Some days	2.1%	[0.5%]
- Only occasionally	24.4%	[5.7%]
- No longer use	70.0%	[16.3%]
- Can't say	0.3%	[0.1%]

w = weighted

Table 21. Current illicit tobacco smoking behaviour

	Smokes at all	
Currently smoking illicit tobacco [as % of all smokes at all]	n=105 [n=1654w]	
Would you say when you smoke now, you...		
- Only smoke this type of tobacco	7.8%	[0.5%]
- Mainly smoke this type of tobacco	3.5%	[0.2%]
- Smoke this type of tobacco about half the time	5.2%	[0.4%]
- Smoke this type of tobacco less than half the time	3.5%	[0.2%]
- Occasionally smoke this type of tobacco	54.3%	[3.8%]
- No longer use this type of tobacco	24.1%	[1.7%]
- Can't say	2.6%	[0.2%]

w = weighted

8.2 Purchasing behaviour

‘Regular smokers’ of factory-made cigarettes most frequently reported purchasing a pack (88%) rather than a carton (12%) when asked about the pack they were currently using.

Supermarkets were the most frequently reported purchase point (46%), followed by petrol stations (19%), milk bar/delis (9%), convenience stores (7%) and specialist tobacconists (7%). Other findings include:

- Females were significantly more likely to purchase cigarettes from a supermarket,

- Males were significantly more likely to purchase cigarettes from petrol stations and milk bars.

Table 22. Cigarettes purchase locations

	Regular smokers		
	Males	Females	Total
Smoking factory-made cigarettes	n=668	n=743	n=1411
Supermarket	32.5%	55.6%	45.9%
Petrol / service station	25.1%	12.9%	18.7%
Milk bar/deli	11.5%	6.9%	9.1%
Convenience store	8.6%	6.3%	7.4%
Specialist tobacconist	5.9%	7.7%	6.9%
Newsagent	2.8%	3.7%	3.2%
Liquor store	2.6%	1.7%	2.1%
Hotel / restaurant	2.0%	1.2%	1.6%
Take-away shop	1.5%	0.8%	1.1%
Vending machine	0.9%	0.3%	0.6%
Other	2.1%	1.9%	2.0%
Can't say	1.6%	1.1%	1.4%

Among pack purchasers, the mean reported price paid for the pack was \$9.98. The most common pack size purchased was 25's purchased by 41%:

- 20% reported buying 30's,
- 18% reported buying 40-50's,
- 18% reported buying 20's.

When converted to cost in cents per stick, pack purchasers reported paying on average 35.3cents per cigarette.

The average price reported being paid for a carton of cigarettes was \$60.60. The number of cigarettes per carton was not recorded.

Table 23. Reported price paid for cigarettes

Pack purchasers	n=1256
– Mean cost of pack (regardless of pack size)	\$9.98 (s.d. 2.4)
– Mean cost in cents per stick	35.3c (s.d. 4.9)
Carton purchasers	n=155
– Mean cost of carton	\$60.60 (s.d. 19.3)

Compared with one year ago 46% of 'regular smokers' reported no change in terms of impact on affordability of cigarettes, however, 44% reported they found it harder to afford cigarettes now. Other findings include:

- Females were significantly more likely to report finding it more difficult to afford cigarettes now compared to males.

Table 24. Cigarette affordability

	Regular smokers		
	Males	Females	Total
	n=760	n=831	n=1591
Easier	12.2%	8.1%	10.0%
Harder	38.7%	48.0%	43.6%
No change	48.7%	43.1%	45.8%

Despite finding it harder to afford cigarettes, the majority (56%) reported this had no effect on their smoking behaviour. However, almost one in four (24%) reported smoking fewer cigarettes since cigarettes became more difficult to afford.

- Females were significantly more likely to report smoking fewer cigarettes and switching to a cheaper brand than males.

Table 25. Impact on smoking behaviour since cigarettes harder to afford

	Regular smokers		
	Males	Females	Total
Found it harder to afford cigarettes now compared to 1 year ago	n=289	n=392	n=681
No effect	63.1%	50.9%	56.0%
Smoke fewer cigarettes	20.2%	27.4%	24.3%
Smoke cheaper brand of cigarettes	9.1%	16.8%	13.5%
Change to roll-your-owns	5.8%	6.1%	6.0%
Other	3.2%	2.7%	2.9%
Can't say	-	1.3%	0.8%

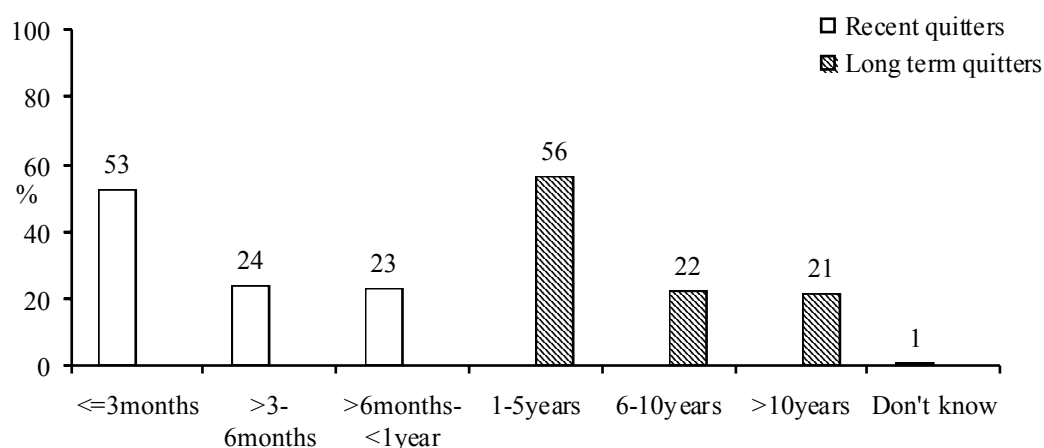
8.3 Quitting behaviour

A minority of respondents considered themselves recent quitters, despite reporting they currently smoked less often than weekly (n=19) and a further 18 respondents considered themselves long-term quitters despite reporting they currently smoked less often than weekly as shown in the Table below.

Table 26. Smoking status by quitting status

	Recent quitters	Long-term quitters
Not regular smokers	n=178	n=182
Smokes less often than weekly	11.5%	9.8%
Does not smoke at all	88.5%	90.2%

Recent quitters were asked to estimate the length of time since they stopped smoking on a weekly basis, with approximately one in two (53%) reporting quitting within the past three months. Fifty-six per cent of long term quitters reported quitting in the past five years. See Figure 4.

Figure 4. Time elapsed since quitters stopped smoking

BASE: Recent quitters (n=178), Long-term quitters (n=184)

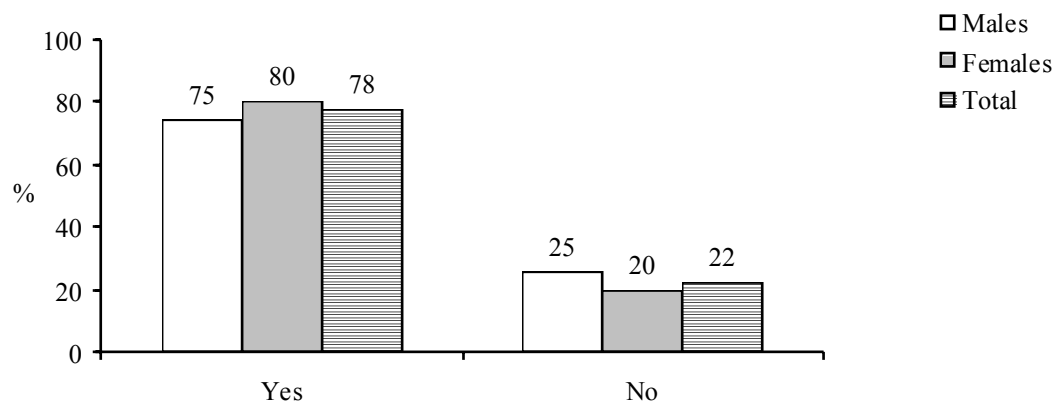
Recent quitters who had quit in the last four weeks were asked what had prompted them to quit on this occasion. When aggregated across multiple responses, health-related reasons were the main motivations reported for quitting (61%).

Table 27. Reasons for quitting on last quit attempt (multiple responses)

	Recent quitters
Quit in the last 4 weeks	n=42
Health reasons / ill health (unspecified)	27.3%
Decline in health / bad for health	18.5%
Pregnancy	18.3%
Affecting fitness	16.5%
Cost / too expensive	16.0%
Family / partner / parents	11.5%
Waste of money	11.1%
Just stopped / spur of moment	10.3%
Children in house / children's health / role model for children	7.1%
Health scare (eg pneumonia)	3.5%
Know someone who is ill / died from smoking	2.4%
The smell (on body)	1.3%
Asthmatic	1.1%
Cough / cold / flu / chest infection	0.3%
Other individual mentions	18.6%
Can't say	3.3%

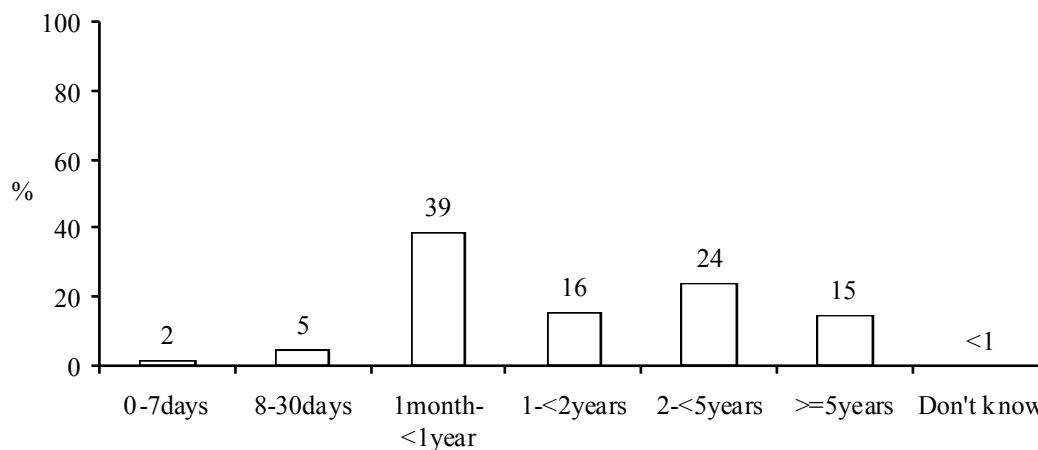
More than three-quarters (78%) of regular smokers reported ever trying to quit smoking.

- Females were significantly more likely than males to report ever trying to quit.

Figure 5. Ever tried to quit by gender

BASE: Regular smokers (n=1591)

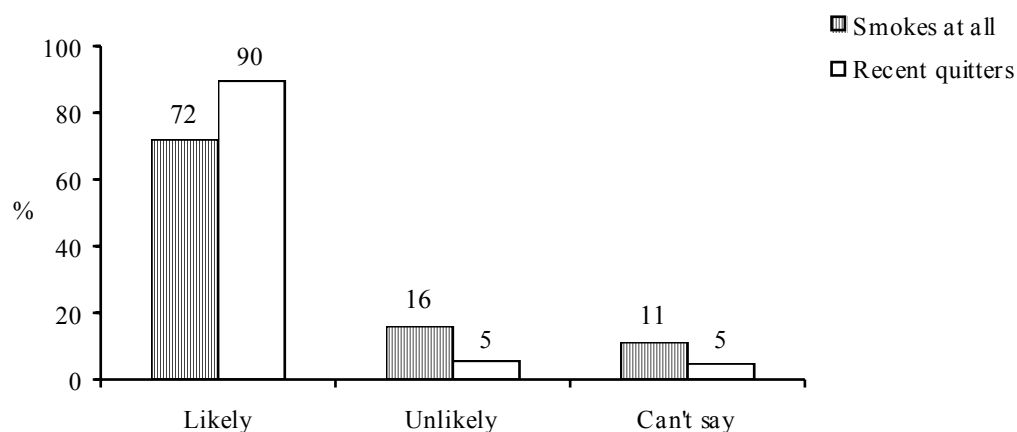
There was great variability in the duration reported since the last quit attempt. The median duration reported by regular smokers was 365 days.

Figure 6. Duration since last quit attempt

BASE: Regular smokers who have ever tried to quit smoking (n=1251)

The mean duration of staying quit on the last quit attempt also varied greatly, with a median duration of 30 days reported by regular smokers.

Recent quitters were asked about the likelihood of being able to stop smoking permanently and 90% reported that this was likely. Those who smoked at all were also asked to respond to the likelihood of them being able to stop smoking permanently, assuming they tried to stop, and 72% reported this was likely.

Figure 7. Likelihood to stop smoking permanently

BASE: Recent quitters (n=178), Smokes at all (n=1631*)

* Does not include n=19 who considered themselves recent quitters despite smoking less often than weekly

8.3.1 Quit strategies

When 'smokers / recent quitters' were prompted about strategies employed to reduce or quit smoking cigarettes in the past year:

- 62% had discussed smoking and health at home,
- 31% had changed to cigarettes labelled as "light" or "mild",
- 28% had read "How to Quit literature",
- 27% had changed to a lower tar brand of cigarette,
- 24% had used nicotine gum or patches,
- 16% had asked their doctor for help to quit,
- 10% had been prescribed Zyban,
- 5% had bought some other product to help them quit (NOT NRT or Zyban),
- 4% had accessed Quit information from a website, and
- 20% had done none of the above (or other mentioned strategies).

Respondents who smoked at all or who recently quit were asked whether anybody at their house had been trying to get them to quit smoking in the past six months. One in two reported someone had and this person was most commonly a partner (42%), a child (33%) or a parent (28%).

- Males were significantly more likely to report being encouraged to quit by a partner, parent or friend,
- Females were significantly more likely to report being encouraged to quit by a child.

Table 28. Those who encouraged quitting by gender

	Smokes at all or recent quitters		
	Male	Female	Total
Have had someone at home encouraging them to quit	n=407	n=504	n=911
Partner/spouse	47.4%	37.5%	42.0%
Child	21.4%	43.4%	33.4%
Parent	31.4%	25.2%	28.0%
Friend/flatmate	12.0%	4.3%	7.8%
Sibling	6.8%	5.7%	6.2%
Other	1.8%	1.9%	1.8%
Can't say	-	0.4%	0.2%

9.0 CESSATION INTENTION

Regular smokers were asked two questions to ascertain their preparedness to quit in terms of smoking behaviour:

- "Are you seriously considering quitting smoking cigarettes in the next six months?"
- Are you planning to quit smoking cigarettes in the next 30 days?"

Those who were not seriously considering quitting in the next six months were regarded as in the precontemplation stage. Smokers who reported considering quitting in the next six months were considered to be contemplators, and smokers who were considering quitting in the next 30 days were ascribed to the preparation stage.

- 20% of regular smokers reported they were preparing to quit smoking
- 45% of regular smokers in preparation (n=321) had set a date to quit and of these, the mean number of days until the quit date was 16.

Table 29. Intent to quit among regular smokers

	Regular smokers
	n=1591
Stage of change	
- Precontemplation	38.5%
- Contemplation	41.5%
- Preparation	19.9%

Among regular smokers who were not seriously considering quitting (n=599), 82% felt they should quit sometime, however, 14% indicated they were happy to smoke for the rest of their life.

Table 30. Intention to quit among precontemplators

	Regular smokers
Not seriously considering quitting in next 6 months	n=599
[as % of all regular smokers]	[n=1595w]
Should quit sometime	81.9% [31.5%]
Happy to smoke for rest of life	14.0% [5.4%]
Can't say	4.1% [1.6%]

w = weighted

One in five respondents reported they definitely or probably would be smoking in one year from now. ‘Regular smokers’ were significantly more likely to indicate they definitely or probably would be smoking in one year’s time than ‘recent quitters’ (30% vs 2%).

Table 31. One-year prospective smoking behaviour by smoking status

	Regular smokers	Recent quitters
	n=1591	n=178
Smoking a year from now		
– Definitely will be	7.5%	0.6%
– Probably will be	22.9%	1.1%
– Might or might not	28.0%	7.5%
– Probably will not be	26.1%	25.9%
– Definitely will not be	13.9%	62.1%
– Can’t say	1.8%	2.9%

10.0 DISCUSSION

Smoking behaviour was, in the main, characterised by daily smoking of factory-made cigarettes, which were more frequently purchased in packs rather than cartons. More males in the 25-34 year age group reported daily smoking than females of these ages. Further analysis could examine whether this translates into less cigarette consumption among females than males.

There was some evidence of smoking roll-your-own cigarettes and, to a much lesser extent, illicit tobacco.

The majority of regular smokers had attempted to quit in the past and those who currently smoked at all expressed a strong belief in their ability to stop smoking permanently. Recent quitters also mirrored a high level of self-efficacy. What is not known among these smokers and recent quitters is how many times they have attempted to quit in the past and what impact this has had on their belief in their ability to quit and stay quit. The stages-of-change model suggests many smokers regress several times and recycle through the stages before successful cessation (Prochaska et al., 1992). However, a minority of regular smokers appeared to be disinterested in quitting and happy to continue smoking for the rest of their lives.

The results also suggest some degree of denial among a small group of ‘smokers / recent quitters’ evident in their attitudes to the following: they were more likely than ‘non-smokers’ to report greater exaggeration of the dangers of smoking, agree that smoking can’t be that bad as people smoke all their lives and live to ripe old age, and agree that smoking the occasional cigarette doesn’t cause damage to health. This group poses the most difficult challenge for maintained cessation.

In addition, the results suggest that socio-environmental influences may have impacted on how regular smokers felt about being a smoker, creating more bad feelings than good, especially among females. Although whether this increases intentions to quit or quit attempts is unresolved. Many regular smokers acknowledged that smoking would

make them ill if they continued to smoke and acknowledged that smoking had done harm to their body.

It appeared that 'smokers / recent quitters' were more sensitive than 'non-smokers' to health advertising, reporting higher unprompted recall for this mode of advertising in general as well as anti-tobacco advertising specifically. The more direct measure of Campaign exposure showed extremely high prompted recognition of the NTC advertising among both 'smokers / recent quitters' and 'non-smokers', suggesting the NTC has a strong prevailing presence in Australia, despite lower levels of exposure. 'Smokers / recent quitters' as well as 'non-smokers' indicated that they believed the health effects demonstrated through the NTC were true. This was highest for 'smoking causes a build up of tar on the lungs'.

Further, the Campaign demonstrated an effect on smoking intentions. Campaign-attributed encouragement to quit was reported by one in two smokers, with a greater impact evident among males. Recent quitters, non-smokers and long-term quitters also showed support for the Campaign in maintaining and encouraging cessation.

Whilst a low proportion of 'smokers / recent quitters' reported learning something new about the effects of smoking cigarettes on health in the previous six months, this may be attributed to many factors. For instance, the NTC commercials have not introduced any new health effect executions since 2000, the NTC commercials were broadcast in May and the survey took place some six months later, and smokers may feel overly exposed to the effects of smoking on health such that they feel none of it is new to them. However, there is some evidence to show that there is potential for new learnings to be promoted about the effects of smoking on health in relation to peripheral vascular disease, sudden infant death syndrome, impotence and meningococcal disease.

In conclusion, these results suggest that the NTC remains highly memorable in its sixth year, promotes believable messages and continues to have a positive impact on quitting behaviour. Smokers and recent quitters expressed strong personal self-efficacy to quit and stay quit and acknowledge the effects smoking has on their health. The future challenge will lie in moving people through the stages-of-change to preparation and beyond, and in preventing smoking initiation to further reduce the prevalence of smoking in Australia.

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Appendix- Questionnaire

2002 National Tobacco Campaign Evaluation

Enumeration interview

Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Commonwealth Department of Health and Ageing from the Social Research Centre,. I am ringing to conduct an important public health study. May I speak to someone in your household aged 18 years of age or older.

IF SOMEONE 18 YEARS OF AGE OR OLDER NOT AVAILABLE MAKE APPOINTMENT.
IF NO-ONE 18 YEARS OR OLDER, GO TO TERMINATION SCRIPT

The Social Research Centre is conducting some important research on behalf of the Department of Health and Ageing looking at public health issues. Please be assured that any information you give us will be strictly confidential. The initial questions we would like to ask will only take 3 or 4 minutes to answer. Is it convenient to talk now or would you like to make an appointment?

Q1 During the past three months have you seen or heard any advertising campaigns on TV, radio, in the newspaper or anywhere else encouraging people to do things to improve their health?

1. Yes
2. No GO TO PREQ3
3. Can't say GO TO PREQ3

Q2 What was the advertising campaign(s) about? What else? Anything else?
PROMPT ONLY IF SMOKING ISSUES

1. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer/ damages heart and lungs)
2. Young girl with sick ex-smoker father
3. Young girl with sick father wearing oxygen mask (no mention of smoking)
4. Alcohol / drink less / stop drinking/ teenage drinking
5. The drink driving ads / don't drink and drive
6. Drug campaign / drug abuse/ youth drugs
7. Immunisations / vaccinations
8. Asthma foundation / asthma
9. Diabetes / sugar levels
10. Arthritis / rheumatism/ medications for arthritis/ arthritis week
11. Heart health
12. Kidney foundation / kidney week / kidney disease / look after your kidneys
13. Men's health issues (unspec)
14. Prostate cancer / for men to have prostate cancer tests
15. Women's health issues (unspec)
16. Breast cancer / mammograms / breast checks/ breast cancer screening
17. Pap smear tests / cervical cancer/for women to have pap smear tests
18. Anti-cancer foundation / cancer research / cancer (unspec)
19. Skin cancer foundation / skin cancer prevention/protection / melanomas
20. Exercise / healthy lifestyle
21. Weight loss / balanced diet
22. Dairy products / vitamins / iron
23. (Join) private health insurance funds / medical benefits
24. Workcover / workplace injuries / back injuries
25. Nicotine replacement therapy / nicotine patches / gum/ Zyban / anti-smoking pill / quitting
26. Back pain / exercise your back don't sit around / look after your back
27. Aids / HIV / safe sex issues
28. Food hygiene (cleanliness in the kitchen etc)
29. Menopause
30. Alternative medicine / naturopathy / herbal remedies
31. Mental health (dementia / Alzheimers etc)

32. Nice people but you don't want to meet them (medical consultant, nurse, surgeon, wig lady, radiation oncologist, chaplin)
33. John Clarke / comedian pretending to be a tobacco company executive
34. Marshall menthol feeling / join the marshall menthol team / catchy jingle advertising mock cigarette brand set against sick people in hospital with tobacco related illness
35. Car and home smoke free zone / ad shows baby / young children with parents / Don't smoke around children in the car or house / smoke outside
36. Mother and her two young children visting father in hospital / you should have been there
37. Didn't listen / surgeon washing up after operation / shows lungs and tar in dish
97. Other (Specify_____)
98. Can't say

PREQ3 I will now ask you some questions about who lives in your household. I would like to reassure you that your telephone number has been drawn randomly from the White Pages telephone directory and that any information you provide to me will be strictly confidential and used for statistical purposes only.

We are discussing issues that may affect the whole family or household, so I'd like to start by getting some details about the people who live at your place. Just to make sure we include everyone, I need to record the age, first name or nickname, and sex of everyone living in your household, including yourself and anyone who normally lives there but is temporarily away.

Q3. First of all, including yourself, what is the total number of people in your household?
RECORD NUMBER

Q4A. Would you mind telling me your age?

1. (intentionally blank)
2. (intentionally blank)
3. (intentionally blank)
4. 18-24
5. 25-29
6. 30-34
7. 35-40
8. 41-45
9. 46-50
10. 51-55
11. 56-60
12. 61-65
13. 66-69
14. 70 years or older
15. 18-40 (unspec)
16. 41-69 (unspec)
17. Over 69 (unspec)
18. Under 18 (unspec)
19. Can't say
20. Refused

Q5A Do you smoke cigarettes on at least a weekly basis?

1. Yes GO TO Q6A
2. No
3. Can't say

Q5AA. Did you stop smoking cigarettes on a weekly basis more than one year ago, less than one year ago or have you never smoked regularly on a weekly basis?

1. Quit less than one year ago
2. Quit one year ago or longer
3. Never smoked

4. Can't say

Q6A. RECORD SEX OF RESPONDENT

1. Male
2. Female

PREQ7A IF Q4A=14 (70 OR OVER) AND Q3=1 (ONE PERSON IN HOUSEHOLD) GO TO Q9.
OTHERS CONTINUE.

Q7A. What is your first name or nickname?
RECORD FIRST NAME

PREQ4B IF Q3=2 OR MORE (MORE THAN ONE PERSON IN HOUSEHOLD) CONTINUE. OTHERS
GO TO Q9
Now thinking about the other household members ...

Q4B. What is the age of the (next) oldest person (excluding yourself) living in your household?

1. 13 YEARS OR UNDER GO TO Q6B
2. 14-15 GO TO Q6B
3. 16-17
4. 18-24
5. 25-29
6. 30-34
7. 35-40
8. 41-45
9. 46-50
10. 51-55
11. 56-60
12. 61-65
13. 66-69
14. 70 YEARS OR OLDER
15. 18-40 (UNSPEC)
16. 41-69 (UNSPEC)
17. OVER 69 (UNSPEC)
18. UNDER 18 (UNSPEC)
19. CAN'T SAY
20. REFUSED

Q5B. Does this person smoke cigarettes on at least a weekly basis?

1. Yes GO TO Q6B
2. No
3. Can't say

Q5BB. Did this person stop smoking cigarettes on a weekly basis more than one year ago, less than one year ago or have they never smoked regularly on a weekly basis?

1. Quit less than one year ago
2. Quit one year ago or longer
3. Never smoked
4. Can't say

Q6B. Is this person male or female

1. Male
2. Female

PREQ7B IF Q4B 4-17 (PERSON AGED 18-69) CONTINUE. OTHERS GO TO PREQ4C

Q7B. What is (his/her) first name or nickname?

RECORD FIRST NAME

PREQ4C IF Q3 =3 OR MORE (3 OR MORE PEOPLE IN HOUSEHOLD) CONTINUE. OTHERS GO TO Q9

Q4C What is the age of the next oldest person in the household?
REPEAT Q4B TO Q7B FOR UP TO 15 MEMBERS OF THE HOUSEHOLD
FOR THIRD MEMBER OF HOUSEHOLD, QUESTION NUMBERS ARE Q4C TO Q7C
FOR FOURTH MEMBER OF HOUSEHOLD, QUESTION NUMBERS ARE Q4D TO Q7D, ETC
RECORD AGE AND GENDER OF ALL HOUSEHOLD MEMBERS
RECORD AGE, SMOKING STATUS AND GENDER OF ALL HOUSEHOLD MEMBERS 16
PLUS AND RECORD NAME IF HOUSEHOLD MEMBER IS 18-69
AFTER RECORDING DETAILS FOR THE NUMBER OF HOUSEHOLD MEMBERS FROM Q3,
CATI SYSTEM PROMPTS (DO NOT READ OUT): Is the above household data complete, ie.

Are all people listed?

1. Yes CONTINUE
2. No CHECK DETAILS

Q9. What language do (you / the adults in your household) speak most of the time when (you / they) are at home? SINGLE RESPONSE

1. English
2. Arabic
3. Cantonese (Chinese)
4. Greek
5. Italian
6. Korean
7. Mandarin (Chinese)
8. Portuguese
9. Spanish
10. Tagalog (Filipino)
11. Turkish
12. Vietnamese
97. Other (specify)
98. Can't say

Q10. What is (the main income earner's / your) occupation - the position and the industry?

1. Professional
2. Owners or executives
3. Owners of small businesses
4. Sales
5. Semi-professional
6. Other white collar
7. Skilled
8. Semi-skilled
9. Unskilled
10. Farm owners
11. Farm workers
12. No occupation
13. Other
- 14.&15. Refused

Q10A. Because we rang your phone number at random, without knowing the address, I'd like to record just the post code where you live, so we can look at the statistical results by each geographic area.

Can you please tell me your postcode?

DISPLAY POSTCODE FROM SAMPLE. INTERVIEWER TO EDIT IF NECESSARY

TERM 1 - TERMINATION SCRIPT (NO-ONE IN HOUSEHOLD AGED 18 TO 69), SAY:

Thank you very much for your time and assistance, but we need to speak to people aged between 18 and 69.

EVALUATION INTERVIEW SELECTION AND QUOTA CHECK LOGIC (SEE SEPARATE PROGRAMMER INSTRUCTIONS)

PROGRAMMER INSTRUCTION: SYSTEM LISTS INDIVIDUALS SELECTED

Selection 1 Person1 <<INSERT NAME OR NICKNAME FROM Q4A-Q40>>
 Age <<INSERT AGE FROM Q4A-Q40>>
 Smoke <<INSERT "YES" IF Q5A-Q50=1 OR "NO" IF Q5A-Q50=2 OR 3>>

REPEAT FOR SELECTION 2 AND 3

IF NO SELECTION (NOBODY IN HOUSEHOLD IN OPEN QUOTA GROUP) SAY:

Thank you very much for your time and assistance.

IF NECESSARY EXPLAIN. We need to speak to (smokers in specific age groups / non-smokers in smoking households in specific age groups).

IF SELECTED PERSON IS INITIAL RESPONDENT, SAY

I would now like to ask you some more specific questions. The questions we would like to ask will take about 15 minutes to complete and it is important that we speak to you as you were specifically selected at random from your household. Your opinion will be a valuable contribution to the health research we are conducting and will be used for statistical purposes only.

IF SELECTED PERSON IS NEW RESPONDENT, SAY TO INITIAL RESPONDENT

QSWAP:

Thank you very much. For the purpose of this survey, I now need to randomly select someone in your household over the age of 18 from the list you gave me earlier and ask them some more detailed questions. Thank you for your time and assistance.

INTERVIEWER CHECK WHICH SELECTION IS AVAILABLE NOW AND SELECT

1. Proceed ([ONE OF] SELECTED PERSON[S] AVAILABLE NOW
2. Make appointment ([NONE OF] SELECTED PERSON[S] AVAILABLE NOW – GET BEST TIME TO CALL)
3. Refused

IF SELECTED PERSON IS NEW RESPONDENT, RE INTRODUCE:

Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME>. I am conducting a study on some health issues. You may be aware that I have rung this household to conduct a brief survey of some health issues. This survey is an important study into health issues and your household's participation would be greatly valued. The questions we would like to ask will take about 15 minutes to complete. Is it convenient to talk now or would you like to make an appointment?

1. Continue
2. Make appointment (TYPE STOP AND MAKE APPOINTMENT)
3. Refused (FOLLOW INSTRUCTIONS ON SCREEN)

Evaluation interview

PREQ11 IF INITIAL RESPONDENT GO TO Q18. OTHERS CONTINUE

Q11. During the past three months, have you seen or heard any advertising campaigns on TV, radio, in the newspaper or anywhere else encouraging people to do things to improve their health?

1. Yes
2. No GOTO Q18
3. Can't say GOTO Q18

Q12. What was the advertising campaign(s) about? What else? Anything else?

PROMPT ONLY IF SMOKING ISSUES

1. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer/ damages heart and lungs)
2. Young girl with sick ex-smoker father
3. Young girl with sick father wearing oxygen mask (no mention of smoking)
4. Alcohol/ drink less/ stop drinking/ teenage drinking
5. The drink driving ads/ don't drink and drive
6. Drug campaign/ drug abuse/ youth drugs
7. Immunisations/ vaccinations
8. Asthma foundation/ asthma
9. Diabetes/ sugar levels
10. Arthritis/ rheumatism/ medications for arthritis/ arthritis week
11. Heart health
12. Kidney foundation/ kidney week/ kidney disease/ look after your kidneys
13. Men's health issues (unspec)
14. Prostate cancer/ for men to have prostate cancer tests
15. Women's health issues (unspec)
16. Breast cancer/ mammograms/ breast checks/ breast cancer screening
17. Pap smear tests/ cervical cancer/for women to have pap smear tests
18. Anti cancer foundation/ cancer research/ cancer (unspec)
19. Skin cancer foundation/ skin cancer prevention/ protection/ melanomas
20. Exercise/ healthy lifestyle
21. Weight loss/ balanced diet
22. Dairy products/ vitamins/ iron
23. (Join) private health insurance funds/ medical benefits
24. Workcover/ workplace injuries/ back injuries
25. Nicotine replacement therapy/ nicotine patches/ gum/ zyban/ anti-smoking pill/ quitting
26. Back pain/ exercise your back don't sit around/ look after your back
27. Aids/ HIV/ safe sex issues
28. Food hygiene (cleanliness in the kitchen etc)
29. Menopause
30. Alternative medicine/ naturopathy/ herbal remedies
31. Mental health (dementia/ Alzheimers etc)
32. Nice people but you don't want to meet them (medical consultant, nurse, surgeon, wig lady, radiation oncologist, chaplin)
33. John Clarke / comedian pretending to be a tobacco company executive
34. Marshall menthol feeling / join the marshall menthol team / catchy jingle advertising mock cigarette brand set against sick people in hospital with tobacco related illness
35. Car and home smoke free zone / ad shows baby / young children with parents / Don't smoke around children in the car or house / smoke outside
36. Mother and her two young children visting father in hospital / you should have been there
37. Didn't listen / surgeon washing up after operation / shows lungs and tar in dish
97. Other (Specify_____)
98. Can't say

- Q18.** Do you now smoke cigarettes ...READ OUT
EXPLAIN AS NECESSARY: By cigarettes we mean factory-made or roll-your-own cigarettes
1. Daily GO TO Q20
 2. At least weekly GO TO Q20
 3. Less often than weekly, or
 4. Not at all
 5. (Can't say)

- Q19.** Have you ever smoked cigarettes on at least a weekly basis?
1. Yes
 2. No GO TO Q27
 3. CAN'T SAY GO TO Q27

- Q20.** Approximately how many years ago did you start smoking regularly?
EXPLAIN AS NECESSARY That's when you **first** started smoking regularly
RECORD TO NEAREST WHOLE YEAR. IF LESS THAN ONE YEAR RECORD AS ZERO

PREQ21 IF Q18=3, 4 OR 5 (NOT A REGULAR SMOKER) CONTINUE. OTHERS GO TO Q22:

- Q21.** Did you stop smoking cigarettes on a weekly basis more or less than one year ago?
1. Less than one year ago
 2. One year ago or longer GO TO Q21B
 3. Can't say GO TO Q21B

- Q21A.** Approximately how many weeks ago did you stop smoking on a weekly basis?
ENCOURAGE BEST GUESS
RECORD NUMBER OF WEEKS

PREQ21AA IF Q21A=4 OR LESS (QUIT IN LAST 4 WEEKS) CONTINUE. OTHERS GO TO PREQ21AB1:

- Q21AA.** What, if anything, specifically prompted you to quit at this time? MULTIPLES ACCEPTED
1. Health Reasons/ Ill Health (Unspec)
 2. Asthmatic
 3. Had A Cough/ Cold/ Flu/ Chest Infection
 4. Affecting My Fitness
 5. Pregnancy
 6. Just Stopped/ Spur Of The Moment
 7. Cost/ Too Expensive
 8. Waste Of Money
 9. Know Someone Who Is Ill/ Has Died From Smoking
 10. Children In The House/ Children's Health/ Role Model For Children
 11. Family/ Partner/ Parents
 12. Health Scare (Eg Pneumonia, Coughing Fits)
 13. Decline In Health/ Bad For My Health
 14. The Smell (On My Body)
 15. Family History (Eg Throat Cancer)
 97. Other (Specify_____)
 98. Can't say

PREQ21AB1 IF Q21A=26 OR LESS (QUIT IN LAST 6 MONTHS / 26 WEEKS) CONTINUE. OTHERS GO TO PREQ21B:

- Q21AB1.** What brand of cigarette did you smoke before you quit?

- | | | |
|-----------|------------|--------------------|
| 1. Albany | 3. Ardath | 5. Benson & Hedges |
| 2. Alpine | 4. Barclay | |

- | | | |
|-------------------------|----------------------|--|
| 6. Black & White | 26. Holiday Kings | 47. Stradbroke |
| 7. Brandon | 27. Horizon | 48. Superkings |
| 8. Cambridge | 28. John Player | 49. Superlights |
| 9. Camel | 29. Kent | 50. Turf |
| 10. Cartier | 30. Kool | 51. Viscount |
| 11. Chunghwa | 31. Longbeach | 52. Vogue |
| 12. Craven A | 32. Lucky Strike | 53. Wills |
| 13. Davidoff | 33. Marlboro | 54. Winfield |
| 14. Diamond | 34. Mild Seven | 55. Winston |
| 15. Diarum | 35. More | 56. Honeyrose
(herbal) |
| 16. Double
happiness | 36. Park Drive | 57. Lark (imported) |
| 17. Du maurier | 37. Peter Jackson | 58. Nat Sherman
(USA) |
| 18. Dunhill | 38. Peter Stuyvesant | 59. Natural
American Spirit |
| 19. Escort | 39. Ransom | 60. Peony |
| 20. Fantasia | 40. Rothmans | 97. Other (Specify
brand only ____) |
| 21. Fortune | 41. Salem | 98. Can't say GO
TO PREQ21B |
| 22. Freedom | 42. Silk Cut | |
| 23. Gudano Garam | 43. Special Mild | |
| 24. Holiday | 44. St Moritz | |
| 25. Holiday Extras | 45. State Express | |
| | 46. Sterling | |

Q21AB2. What type of cigarette were they?

DISPLAY ONLY THE TYPES OF CIGARETTES RELEVANT TO THE BRAND GIVEN ON Q21AB1

FOR WINFIELD THE PACK COLOUR WILL APPEAR WITH THE TYPE

PEONY BRAND HAS NO VARIANT

PROBE FOR ACCURATE RESPONSE

DO NOT READ OUT

- | | | |
|---------------------------------------|----------------------------------|----------------------------|
| 1. 1 mg (white pack / silver writing) | 26. International brown filter | 49. Menthol 8 (green pack) |
| 2. 2 mg (white pack / gold writing) | 27. International filter | 50. Menthol extra mild |
| 3. 2 mg menthol | 28. International red filter | 51. Menthol lights |
| 4. 4 mg | 29. International superior mild | 52. Menthol one |
| 5. 8 mg | 30. King size. | 53. Menthol ultra mild |
| 6. 12 mg | 31. King size filter | 54. Micro mild |
| 7. 16 mg | 32. King size plain | 55. Micro mild 2mg |
| 8. 30's | 33. King size super mild | 56. Mild |
| 9. Classic | 34. Lights | 57. Mild 12 |
| 10. Classic menthol | 35. Lights 100s | 58. Mild menthol |
| 11. Cork | 36. Lights 6 | 59. Mild menthol 8mg |
| 12. Crush proof box | 37. Lights box | 60. One |
| 13. De luxe 1mg | 38. Lights menthol | 61. Premium |
| 14. De luxe mild | 39. Lights soft pack | 62. Red box |
| 15. De luxe extra mild | 40. Magnum | 63. Red soft pack |
| 16. De luxe ultra mild | 41. Medium 12 | 64. Regular |
| 17. Extra lights | 42. Medium 12 soft pack | 65. Rich mild |
| 18. Extra mild (blue pack) | 43. Medium mild | 66. Select |
| 19. Extra mild 8mg | 44. Medium mild 12mg | 67. Soft |
| 20. Extra mild soft pack | 45. Menthol | 68. Soft pack/ crush proof |
| 21. Filter | 46. Menthol 100s | 69. Special filter |
| 22. Filter 16mg | 47. Menthol 12 mg | 70. Special mild |
| 23. Filter box | 48. Menthol 4 (light green pack) | 71. SSS filter |
| 24. Filter soft | | 72. Super |
| 25. Gold 100's | | 73. Super krtek |
| | | 74. Super light |

- | | | |
|------------------------------|--------------------------|-----------------------------|
| 75. Super mild (gold pack) | 93. Ultra mild 2 | 113. Kings menthol 8 |
| 76. Super mild 8 | 94. Ultra mild 4 | 114. Deluxe |
| 77. Superslims filter | 95. Ultra mild soft pack | 115. Special |
| 78. Superslims menthol | 96. Verdome lights | 116. Menthol |
| 79. Surya filter | 97. Virginia (red pack) | 117. Ginseng |
| 80. Surya lights | 98. Virginia 100s | 118. Clove |
| 81. Surya menthol | 99. Extra mild 12mg | 119. Red FTB (US) |
| 82. Trim virginia | 100. Super mild 8mg | 120. Lights (US) |
| 83. Ultimate | 101. Regular 16mg | 121. Fantasia lights |
| 84. Ultimate 1 | 102. Lights 11mg | 122. Black & gold |
| 85. Ultimate 1 menthol | 103. Extras 16 | 123. Ultra mild menthol 4mg |
| 86. Ultimate 2 | 104. Extras 12 | 124. Ultra mild 4mg |
| 87. Ultimate menthol 2mg | 105. Extras 8 | 125. Menthol 100s |
| 88. Ultra | 106. Extras 4 | 997. Other (Specify_____) |
| 89. Ultra lights | 107. Extras 2 | 998. Can't say |
| 90. Ultra lights 100s | 108. Extras menthol 8 | |
| 91. Ultra menthol | 109. Kings 12 | |
| 92. Ultra mild (silver pack) | 110. Kings 8 | |
| | 111. Kings 4 | |
| | 112. Kings 2 | |

Q21AB3. How many cigarettes per packet were there in the pack size you usually bought?
DISPLAY ONLY THE PACK SIZES RELEVANT TO THE BRAND GIVEN ON Q21AB2

1. 20
2. 25
3. 30
4. 35
5. 40
6. 50
97. Other (Specify_____)
98. Can't say

PREQ21B IF Q21=2 OR 3 (QUIT REGULAR CIGARETTE SMOKING ONE YEAR AGO OR LONGER, OR CAN'T SAY) CONTINUE. OTHERS GO TO PREQ22

Q21B. Approximately how many years ago did you stop smoking cigarettes on a weekly basis?
ENCOURAGE BEST GUESS
RECORD WHOLE NUMBER OF YEARS

PREQ22 IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q27

Q22. Do you feel good or bad about being a smoker or do you have mixed feelings?

1. Good
2. Bad GO TO Q22B
3. Mixed feelings GO TO Q22C
4. Can't say GO TO Q23

Q22A. Is that very good or somewhat good?

1. Very good
2. Somewhat good
3. Can't say

NOW GO TO Q23

Q22B. Is that very bad or somewhat bad?

1. Very bad
2. Somewhat bad

3. Can't say

NOW GO TO Q23

Q22C. Is that more good, more bad, or equal?

1. More good
2. More bad
3. Equal
4. Can't say

Q23. Are you seriously considering quitting smoking cigarettes in the next 6 months?

1. Yes
2. No GO TO PREQ27A
3. Can't say GO TO PREQ27A

Q23AA. Are you actually thinking of quitting, or do you just think it is a possibility?

1. Actually thinking of quitting
2. Just a possibility
3. Can't say

Q24. Are you planning to quit smoking cigarettes in the next 30 days?

1. Yes
2. No GO TO Q27B
3. Can't say GO TO Q27B

Q25. Have you set a date when you plan to quit smoking cigarettes?

1. Yes
2. No GO TO Q27B
3. Can't say GO TO Q27B

Q26. How many days from today is your quit date?

ALLOW UP TO 30 DAYS

PREQ27A IF Q23=2 OR 3 (NOT SERIOUSLY CONSIDERING QUITTING SMOKING CIGARETTES IN THE NEXT 6 MONTHS) CONTINUE. OTHERS GO TO PREQ27B

Q27A Do you think that you should quit sometime, or are you happy to smoke for the rest of your life?

1. Should quit sometime
2. Happy to smoke for rest of life
3. Can't say

PREQ27B IF Q23=1 (SERIOUSLY CONSIDERING QUITTING IN NEXT 6 MONTHS) CONTINUE. OTHERS GO TO Q27

Q27B. Would you be more likely than you are now to phone the Quitline for assistance in quitting if the phone number was available on cigarette packs?

1. Yes
2. No GO TO Q27

Q27C. Is that a little more or a lot more likely?

1. Little more likely
2. Lot more likely

Q27. A year from now, how likely is it you will be smoking? READ OUT

1. Definitely will be smoking
2. Probably will
3. Might or might not

4. Probably will not, or
5. Definitely will not be smoking
6. (Can't say)

PREQ29A IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q30

Q29A. What do you think is the likelihood of becoming ill from your smoking if you continue to smoke?

1. Not at all likely
2. Not very likely
3. 50/50
4. Very likely
5. Certain
6. (Can't say)

Q30. In your opinion, which of the following two statements is nearest to the truth? ROTATE

1. You have to smoke for several years to do any damage to your health
2. Every cigarette you smoke is doing damage to your health
3. (Can't say)

PREQ31 IF Q18=1 OR 2 (REGULAR SMOKER), OR Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO Q36

Q31. Has smoking already done any harm to your body? Would you say it ...

1. Definitely has
2. Probably has
3. Perhaps it has
4. Probably not
5. Definitely not
6. (Can't say)

Q36. During the past 6 months have you learned anything new about the effects of smoking cigarettes on health?

1. Yes
2. No GO TO PREQ37AA
3. Can't say GO TO PREQ37AA

Q37. What have you learnt? MULTIPLES ACCEPTED

1. Gunk, deposits, build up, clogging, sticky arteries/artery walls/ aorta, happens to young smokers
2. Lungs are like sponges/air sacks /tobacco, smoking destroys air sacks, smoking rots in lungs, lose breath because of damage to air sacks
3. Know how smoking causes lung cancer, DNA/gene protects from cancer/chemicals, smoking attacks p53/without p53 more likely to get cancer
4. Every cigarette is doing you damage
5. Passive smoking is dangerous/ a health hazard
6. Smoking affects fitness/ health
7. Smoking causes cancer (unspec).
8. Causes lung cancer
9. Causes throat cancer
10. Causes tongue/ mouth cancer
11. Smoking aggravates/ causes asthma
12. Smoking causes emphysema
13. Cigarettes/ nicotine is addictive
14. Cigarettes contain harmful chemicals/ poisons
15. Smoking causes circulatory problems
16. What smoking can do to unborn babies/ babies
17. Affects fertility

18. Every cigarette takes 5 mins off your life
19. Smokers are targeted/ blamed for everything
20. Nicotine increases memory/ stimulates the brain
21. It's never too late to stop/ damage is reversible/ general health can improve
22. Smoking is bad for you/ you shouldn't smoke/ smoking causes various diseases/damages various organs
23. Tobacco companies admit fault
24. Loss of eye sight/ eye damage/ blindness/ retinal damage
25. Smoking cures various diseases/ problems (eg. Alzheimers/ neurological diseases/ weight problems etc.)
26. Heart damage/ disease/ problems
27. Causes strokes/ clots in the brain
28. Breast cancer/ passive smoking links to breast cancer
29. Causes diabetes/ not to smoke if have diabetes
30. Causes SIDS
31. Smoking causes build up of tar on your lungs/tar build up/ damage to lungs
32. Smoking will kill you
97. Other (Specify: factual comments_____)
98. Can't say

PREQ37AA IF Q18=1, 2, OR 3 (CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GO TO Q45

Q37AA. Have you done any of the following in the past year ...ROTATE 1 TO 10

1. Discussed smoking and health at home
2. Rung the "Quit" help line
3. Asked your doctor for help to quit
4. Used nicotine gum, nicotine patch or inhaler
5. Been prescribed Zyban
6. Bought a product other than nicotine gum, patch or inhaler or Zyban to help you quit
7. Changed to a "light" or "mild" type of cigarette
8. Changed to a lower tar band of cigarette
9. Read "how to quit" literature
10. Accessed Quit information from a website
11. (None of the above)
12. (Can't say)

PREQ37A IF Q37AA=5 (HAS BEEN PRESCRIBED ZYBAN IN THE PAST YEAR) CONTINUE.
OTHERS GO TO PREQ37I

Q37A. You said you had been prescribed Zyban....when did you last use it?

1. Didn't buy it
2. Bought it but did not use it
3. Currently using GO TO Q37B
4. Within last month GO TO Q37B
5. 1 to less than 6 months ago GO TO Q37B
6. 6 to 12 months ago GO TO Q37B
7. Can't say GO TO Q37B

Q37AB. Why was that? PROBE: Any other reasons MULTIPLES ACCEPTED

1. Didn't think I needed them
2. Worried about experiencing side effects
3. Too expensive
4. Haven't got around to it yet
5. Don't think I can quit / not ready to quit
6. Quit before I bought or used Zyban
97. Other (Specify_____)

98. Can't say

Q37B. Did you suggest to your doctor the idea to have Zyban, or did your doctor suggest it to you?

1. I suggested it to the doctor
2. The doctor suggested it to me
3. Both suggested
4. Can't say

PREQ37C IF Q37A=3, 4, 5 OR 6 (HAS USED ZYBAN) CONTINUE. OTHERS GO TO PREQ37I

Q37C. For about how long did you, or have you, used Zyban?

1. Intentionally blank
2. Intentionally blank
3. Only once or twice
4. For less than a week
5. 1-2 weeks
6. 3-4 weeks
7. 5-6 weeks
8. 7-8 weeks
9. 2-3 months
10. 4-6 months
11. 7-12 months
12. More than a year
13. Can't say

Q37D. Did you finish the full course of zyban tablets as prescribed by your doctor?

1. Yes
2. No
3. Can't say

PREQ37DA IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ37DB

Q37DA. Did you use Zyban to help you quit this last time?

1. Yes
2. No

PREQ37DB IF Q37DA=2 (RECENT QUITTERS WHO USED ZYBAN IN PAST 12 MONTHS BUT NOT ON LAST QUIT ATTEMPT) OR Q18=1, 2 OR 3 AND Q37A=4, 5, 6 OR 7 (SMOKER WHO USED ZYBAN [HAD UNSUCCESSFUL QUIT ATTEMPT USING ZYBAN IN PAST 12 MONTHS]) CONTINUE. OTHERS (Q37DA=1 – RECENT QUITTERS WHO USED ZYBAN TO HELP THEM QUIT LAST TIME) GO TO PREQ37DC

Q37DB. Did you resume smoking while you were taking Zyban or after you stopped using it?

1. Whilst taking Zyban
2. After stopped using Zyban
3. Can't say

PREQ37DC IF Q37A=4, 5, 6 OR 7 (HAS USED ZYBAN) CONTINUE. OTHERS GO TO PREQ37F

Q37DC. Why did you stop using Zyban when you did? MULTIPLES ACCEPTED

1. Resumed smoking
2. Intentionally blank
3. Didn't think I needed them anymore (stopped smoking)
4. I couldn't stop smoking (never stopped)
5. Experienced side effects
6. Worried about experiencing side effects
7. Completed the course

8. Ran out of tablets
97. Other (specify)
98. Can't say

Q37E. INTENTIONALLY MISSING

PREQ37F IF Q18=1, 2, OR 3 AND Q37A=4, 5, 6 OR 7(CURRENT SMOKER WHO HAS USED ZYBAN) AND Q37DB=2 (RESUMED SMOKING AFTER STOPPED USING ZYBAN) CONTINUE. OTHERS GO TO PREQ37G

Q37F. How long after you stopped using Zyban did you start smoking again?

1. Intentionally blank
2. In less than a week
3. 1-2 weeks
4. 3-4 weeks
5. 5-6 weeks
6. 7-8 weeks
7. 2-3 months
8. 4-6 months
9. 7-12 months
10. Can't say

PREQ37G IF Q37A=3, 4, 5 OR 6 (HAS USED / CURRENTLY USING ZYBAN) CONTINUE. OTHERS GO TO PREQ37I

Q37G. Did you enrol in the Zyban action plan to get information sent to you in the mail?

1. Yes
2. No
3. Can't say

Q37H. Did you call or attend any other smoking cessation program or services whilst you were taking Zyban? MULTIPLES ACCEPTED

1. Called
2. Attended
3. Neither

PREQ37I IF Q37AA=4 (USED NICOTINE REPLACEMENT THERAPY IN LAST YEAR) CONTINUE. OTHERS GO TO Q39

Q37I. Which of the following nicotine replacement products have you used in the last 12 months.? MULTIPLES ACCEPTED

1. Nicotine gum
2. Nicotine patches
3. Nicotine inhaler
4. Nicotine lozenges
5. (Can't say) GO TO PREQ39

PRE Q37J IF MORE THAN ONE NICOTINE REPLACEMENT THERAPY PRODUCT USED IN Q37I, CONTINUE. OTHERS GO TO Q37K

Q37J. What was the **last** nicotine replacement therapy product you used?

1. Nicotine gum
2. Nicotine patches
3. Nicotine inhaler
4. Nicotine lozenges
5. (Can't say)

Q37K. For about how long did you use <INSERT ANSWER TO Q37J OR IF BLANK, ANSWER TO Q37I>?

1. Intentionally blank
2. Intentionally blank
3. Only once or twice
4. For less than a week
5. 1-2 weeks
6. 3-4 weeks
7. 5-6 weeks
8. 7-8 weeks
9. 2-3 months
10. 4-6 months
11. 7-12 months
12. More than a year
13. Can't say
14. Still using

PREQ37L IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ37M

Q37L. Did you use nicotine replacement therapy to help you quit this last time?

1. Yes
2. No

PREQ37M IF Q37L=2 (RECENT QUITTERS WHO USED NICOTINE REPLACEMENT THERAPY IN PAST 12 MONTHS BUT NOT ON LAST QUIT ATTEMPT) OR Q18=1, 2, OR 3 AND Q37AA=4 (SMOKERS WHO USED NICOTINE REPLACEMENT THERAPY IN PAST 12 MONTHS [HAD UNSUCCESSFUL QUIT ATTEMPT USING NICOTINE REPLACEMENT THERAPY] CONTINUE. OTHERS (Q37L=1 RECENT QUITTERS WHO USED NRT TO HELP THEM QUIT LAST TIME) GO TO PREQ37N

Q37M. Did you resume smoking while you were taking nicotine replacement therapy or after you stopped using it?

1. Whilst taking nicotine replacement therapy
2. After stopped using nicotine replacement therapy

PREQ37N IF Q37K=14 (STILL USING NICOTINE REPLACEMENT PRODUCTS) GO TO PREQ39. IF Q37AA=4 (HAS USED NICOTINE REPLACEMENT THERAPY) CONTINUE. OTHERS GO TO PREQ37O:

Q37N. Why did you stop using nicotine replacement therapy when you did? MULTIPLES ACCEPTED

1. Resumed smoking
2. (Intentionally blank)
3. Didn't think I needed them anymore (stopped smoking)
4. I couldn't stop smoking (never stopped)
5. Experienced side effects
6. Worried about experiencing side effects
7. Completed the course
8. Ran out
97. Other (Specify_____)
98. Can't say

PREQ37O IF Q37AA=4 (USED NICOTINE REPLACEMENT THERAPY) AND Q18=1, 2 OR 3 (SMOKES AT ALL) AND Q37M=2 (RESUMED SMOKING AFTER STOPPED USING NICOTINE REPLACEMENT THERAPY) CONTINUE. OTHERS GO TO PREQ39

Q37O. How long after you stopped using nicotine replacement therapy did you start smoking again?

1. Intentionally blank

2. In less than a week
3. 1-2 weeks
4. 3-4 weeks
5. 5-6 weeks
6. 7-8 weeks
7. 2-3 months
8. 4-6 months
9. 7-12 months
10. Can't say

PREQ39 IF Q18=1, 2, OR 3 (SMOKES AT ALL) OR Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ41.

Q39. During the past 6 months has anybody at your house been trying to get you to quit smoking?

1. Yes
2. No GO TO PREQ41
3. Can't say GO TO PREQ41

Q40. What is that person's relationship to you? MULTIPLES ACCEPTED

1. Parent
2. Child
3. Sibling
4. Partner / spouse
5. Friend / flatmate
6. Other
7. Can't say

PREQ41 IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ41A

Q41. How likely or unlikely is it that you'll be able to stop smoking permanently?

ENCOURAGE BEST GUESS

1. Likely GOTO Q42
2. Unlikely GOTO Q43
3. Can't say GOTO PREQ45

PREQ41A IF Q18=1, 2, OR 3 (SMOKES AT ALL) CONTINUE. OTHERS GO TO PREQ45

Q41A. Assuming that you try to stop smoking, how likely or unlikely is it that you'll be able to stop smoking permanently?

1. Likely GOTO Q42
2. Unlikely GO TO Q43
3. Can't say GO TO PREQ45

Q42. Would that be...

1. Definitely will
2. Very likely
3. Quite likely
4. 50/50
5. (Can't say)

NOW GO TO PREQ45

Q43. Would that be ...

1. 50/50
2. Quite unlikely
3. Very unlikely
4. Definitely will not

5. (Can't say)

PREQ45 In your opinion are the following statements true or false?....

ROTATE QUESTIONS Q45 TO Q48B

Q45. Smoking causes strokes.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q45A. Smoking causes blood clots in the brain.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q46. INTENTIONALLY MISSING

Q46A. Smoking causes a build up of tar on the lungs.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q47. Smoking blocks up arteries with fatty deposits.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q47A. Smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q48. Smoking causes damage to the genes in lung cells.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q48A. Smoking causes eye damage.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q48B. With all other things being equal, smoking 1 milligram cigarettes is just as harmful to your health as smoking 12 milligram cigarettes.

(In your opinion is this true or false?)

1. True
2. False
3. Can't say

Q48C. Would you say that cigarettes described as 'light' or 'mild' are more harmful to your health or less harmful to your health than regular cigarettes, or is there no difference?

1. More harmful
2. Less harmful GO TO Q48E
3. No difference GO TO Q49
4. Can't say GO TO Q49

Q48D. And is that a lot more harmful or a little more harmful?

1. A lot more harmful
2. A little more harmful
3. Can't say

NOW GO TO Q49

Q48E. And is that a lot less harmful or a little less harmful?

1. A lot less harmful
2. A little less harmful
3. Can't say

Q49. In your opinion, which of the following, if any, are caused by smoking cigarettes? READ OUT. MULTIPLES ACCEPTED (CODES 1 TO 5). ROTATE ORDER OF MENTION

1. Peripheral vascular disease
2. Mouth and throat cancer
3. Sudden infant death syndrome
4. Multiple sclerosis
5. Impotence
6. (None of the above)

PREQ53 I will now read out a series of statements. For each statement, could you please tell me to what extent you agree or disagree that the statement is true.
ROTATE Q53 TO Q57

Q53. IF Q18=1, 2 OR 3 (SMOKERS AT ALL), DISPLAY: Your smoking can harm others. Do you ...
IF Q18=4 OR 5 (NOT CURRENT SMOKER), DISPLAY: Smoking can harm others. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree, or
5. Strongly disagree
6. (Can't say)

Q55. The dangers of smoking have been exaggerated. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. (Can't say)

Q56. Smoking can't be all that bad for you because many people smoke all their lives and live to a ripe old age. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree

6. (Can't say)

Q57. Smoking the occasional cigarette doesn't cause any damage to your health. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. (Can't say)

PRE Q58A There are a series of television ads which feature smokers inhaling cigarette smoke. In the ads we follow the cigarette smoke down the smoker's throat and into their lungs, after which we hear and see a demonstration of the effects smoking has on the body. After this, we pass back through the smoker's throat as they exhale, and on the screen appears a telephone number and the campaign slogan "Every cigarette is doing you damage". This slogan also appears in other campaign advertising. A further advertisement features a smoker picking up the telephone. In the advertisement we follow the telephone line through to a room full of people answering telephones and giving smokers advice on how to quit smoking.

Q58A Have you seen, read or heard any advertising from this campaign?

1. Yes
2. No GO TO Q62
3. Can't say GO TO Q62

Q58AB Have you seen, read or heard any advertising from this campaign **in the last 12 months?**

1. Yes
2. No
3. Can't say

Q58B Thinking about when you saw, read or heard this advertising, was it ...**READ OUT. "YES" OR "NO" FOR EACH, ROTATE ORDER 1 TO 6.**

1. On television
2. On radio
3. On the sides of buses
4. On television in a doctor's waiting room
5. On signs in shopping centres
6. In the newspaper
97. Somewhere else (Specify_____)
98. (Can't say)

PREQ59 IF Q18 CODES 1, 2 OR 3 (SMOKES AT ALL) CONTINUE. OTHERS GO TO PREQ60

Q59 Thinking about this anti-smoking campaign as a whole, do you think it has made you more likely or less likely to quit smoking or has it made no difference?

1. More likely to quit.
2. Less likely to quit
3. Made no difference
4. (Can't say)

PREQ60 IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ61

Q60 Thinking about the advertising campaign as a whole, has it ...

1. Helped you to stay quit
2. Made it more difficult for you to stay quit
3. Had no effect
4. (Can't say)

PREQ61 IF Q18=4 (NON-SMOKER) OR Q21=2 OR 3 (LONG TERM QUITTER) CONTINUE. OTHERS GO TO Q62

Q61 Thinking about this anti-smoking campaign as a whole, do you think it would help smokers quit and/ or recent ex-smokers stay off cigarettes?

1. Yes
2. No
3. Can't say

Q62 In the last year have you smoked any cigars or pipes?

1. Cigars only
2. Pipes only
3. Both
4. No, neither

PREQ65 IF Q18=3, 4, OR 5 (NOT A REGULAR SMOKER) OR Q21= 2 OR 3 (LONG TERM QUITTER) GO TO PREQ77AA

IF Q21=1 (RECENT QUITTER), GO TO Q71

IF Q18=2 (SMOKES WEEKLY, BUT NOT DAILY) CONTINUE. OTHERS (Q18=1 - DAILY SMOKERS) GO TO Q66

Q65 You said before that you only smoke cigarettes on some days of the week. On how many days per week do you usually smoke?

1. 1 day/week
2. 2 days/week
3. 3 days/week
4. 4 days/week
5. 5 days/week
6. 6 days/week
7. 7 days/week
8. Can't say

Q66 Do you smoke on more days, fewer days or the same amount of days than you did six months ago?

1. More days
2. Fewer days
3. The same
4. Can't say

Q67AA Do you mainly smoke roll your own cigarettes?

1. Yes
2. No GO TO Q67AC

Q67AB Do you smoke roll your own cigarettes at least weekly?

1. Yes
2. No
3. Can't say

Q67AC Do you smoke factory-made cigarettes at least weekly?

1. Yes
2. No GO TO PREQ69
3. Can't say GO TO PREQ69

Q67A What is the brand of cigarettes that you smoke most often?

- | | | |
|-----------|--------------------|--------------|
| 1. Albany | 4. Barclay | 7. Brandon |
| 2. Alpine | 5. Benson & Hedges | 8. Cambridge |
| 3. Ardath | 6. Black & White | 9. Camel |

- | | | |
|----------------------|----------------------|--------------------------------------|
| 10. Cartier | 29. Kent | 48. Superkings |
| 11. Chungghwa | 30. Kool | 49. Superlights |
| 12. Craven A | 31. Longbeach | 50. Turf |
| 13. Davidoff | 32. Lucky Strike | 51. Viscount |
| 14. Diamond | 33. Marlboro | 52. Vogue |
| 15. Diarum | 34. Mild Seven | 53. Wills |
| 16. Double happiness | 35. More | 54. Winfield |
| 17. Du maurier | 36. Park Drive | 55. Winston |
| 18. Dunhill | 37. Peter Jackson | 56. Honeyrose (Herbal) |
| 19. Escort | 38. Peter Stuyvesant | 57. Lark (Imported) |
| 20. Fantasia | 39. Ransom | 58. Nat Sherman (USA) |
| 21. Fortune | 40. Rothmans | 59. Natural American Spirit |
| 22. Freedom | 41. Salem | 60. Peony |
| 23. Gudano Garam | 42. Silk Cut | 97. Other (Specify brand only _____) |
| 24. Holiday | 43. Special Mild | 98. Can't say GO TO Q68 |
| 25. Holiday Extras | 44. St Moritz | |
| 26. Holiday Kings | 45. State Express | |
| 27. Horizon | 46. Sterling | |
| 28. John Player | 47. Stradbroke | |

Q67B What type of cigarette are they?

DISPLAY ONLY THE TYPES OF CIGARETTES RELEVANT TO THE BRAND GIVEN ON Q67A
FOR WINFIELD THE PACK COLOUR WILL APPEAR WITH THE TYPE

PEONY BRAND HAS NO VARIANT

PROBE FOR ACCURATE RESPONSE

DO NOT READ OUT

- | | | |
|---------------------------------------|----------------------------------|----------------------------|
| 1. 1 mg (white pack / silver writing) | 28. International red filter | 56. Mild |
| 2. 2 mg (white pack / gold writing) | 29. International superior mild | 57. Mild 12 |
| 3. 2 mg menthol | 30. King size. | 58. Mild menthol |
| 4. 4 mg | 31. King size filter | 59. Mild menthol 8mg |
| 5. 8 mg | 32. King size plain | 60. One |
| 6. 12 mg | 33. King size super mild | 61. Premium |
| 7. 16 mg | 34. Lights | 62. Red box |
| 8. 30's | 35. Lights 100s | 63. Red soft pack |
| 9. Classic | 36. Lights 6 | 64. Regular |
| 10. Classic menthol | 37. Lights box | 65. Rich mild |
| 11. Cork | 38. Lights menthol | 66. Select |
| 12. Crush proof box | 39. Lights soft pack | 67. Soft |
| 13. De luxe 1mg | 40. Magnum | 68. Soft pack/ crush proof |
| 14. De luxe mild | 41. Medium 12 | 69. Special filter |
| 15. De luxe extra mild | 42. Medium 12 soft pack | 70. Special mild |
| 16. De luxe ultra mild | 43. Medium mild | 71. SSS filter |
| 17. Extra lights | 44. Medium mild 12mg | 72. Super |
| 18. Extra mild (blue pack) | 45. Menthol | 73. Super kratek |
| 19. Extra mild 8mg | 46. Menthol 100s | 74. Super light |
| 20. Extra mild soft pack | 47. Menthol 12 mg | 75. Super mild (gold pack) |
| 21. Filter | 48. Menthol 4 (light green pack) | 76. Super mild 8 |
| 22. Filter 16mg | 49. Menthol 8 (green pack) | 77. Superslims filter |
| 23. Filter box | 50. Menthol extra mild | 78. Superslims menthol |
| 24. Filter soft | 51. Menthol lights | 79. Surya filter |
| 25. Gold 100's | 52. Menthol one | 80. Surya lights |
| 26. International brown filter | 53. Menthol ultra mild | 81. Surya menthol |
| 27. International filter | 54. Micro mild | 82. Trim virginia |
| | 55. Micro mild 2mg | 83. Ultimate |
| | | 84. Ultimate 1 |

- | | | |
|---------------------------------|-----------------------|--------------------------------|
| 85. Ultimate 1 menthol | 99. Extra mild 12mg | 115. Special |
| 86. Ultimate 2 | 100. Super mild 8mg | 116. Menthol |
| 87. Ultimate menthol
2mg | 101. Regular 16mg | 117. Ginseng |
| 88. Ultra | 102. Lights 11mg | 118. Clove |
| 89. Ultra lights | 103. Extras 16 | 119. Red FTB (US) |
| 90. Ultra lights 100s | 104. Extras 12 | 120. Lights (US) |
| 91. Ultra menthol | 105. Extras 8 | 121. Fantasia lights |
| 92. Ultra mild (silver
pack) | 106. Extras 4 | 122. Black & gold |
| 93. Ultra mild 2 | 107. Extras 2 | 123. Ultra mild menthol
4mg |
| 94. Ultra mild 4 | 108. Extras menthol 8 | 124. Ultra mild 4mg |
| 95. Ultra mild soft pack | 109. Kings 12 | 125. Menthol 100s |
| 96. Verdome lights | 110. Kings 8 | 997. Other (Specify
_____) |
| 97. Virginia (red pack) | 111. Kings 4 | 998. Can't say |
| 98. Virginia 100s | 112. Kings 2 | |
| | 113. Kings menthol 8 | |
| | 114. Deluxe | |

Q67C How many cigarettes per packet are there in the pack size you usually buy?
DISPLAY ONLY THE PACK SIZES RELEVANT TO THE BRAND GIVEN ON Q67A

1. 20
2. 25
3. 30
4. 35
5. 40
6. 50
97. Other (Specify_____)
98. Can't say

Q67D For how long have you been smoking that particular brand of cigarettes?

1. Up to 6 months
2. 6-12 months
3. 1-2 years
4. 2-3 years
5. More than 3 years GO TO Q68
6. Can't say GO TO Q68

Q67E What was the main reason for switching to your current brand? SINGLE RESPONSE

1. Cheaper price
2. Lower tar content
3. A lighter / milder cigarette
4. Prefer the taste
5. Trying to quit
97. Other (First answer only specify _____)
98. Can't say GO TO Q68

Q67E2 Any other reasons (for switching to your current brand)? MULTIPLES ACCEPTED

1. Cheaper price
2. Lower tar content
3. A lighter/ milder cigarette
4. Prefer the taste
5. Trying to quit
97. Other (Specify_____)
98. Can't say

Q68 How many packs per week do you smoke?
RECORD NUMBER OF PACKS

PREQ69 IF Q18=1 (SMOKES DAILY) CONTINUE. OTHERS GO TO PREQ70

Q69 How many cigarettes per day would you smoke on average?
RECORD NUMBER OF CIGARETTES PER DAY

PREQ70 IF Q18=2 (SMOKES WEEKLY) CONTINUE. OTHERS GO TO PREQ71

Q70 How many cigarettes per week would you smoke on average?
RECORD NUMBER OF CIGARETTES PER WEEK

PREQ71 IF Q18=1 OR 2 (REGULAR SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GOTO PREQ77AA

Q71 About how many cigarettes per week were you smoking at this time **one year ago**?
RECORD NUMBER OF CIGARETTES PER WEEK

PREQ71A IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO PREQ77A

Q71A Compared with one year ago, do you find it easier or harder to afford to buy cigarettes, or hasn't it changed?

1. Easier GO TO Q72
2. Harder
3. No change GO TO Q72
4. Can't say GO TO Q72

Q71B Has this led you to smoke fewer cigarettes, smoke a cheaper brand of cigarettes, or had any other effect on your smoking? MULTIPLES ACCEPTED

1. Smoke fewer cigarettes
2. Smoke cheaper brand of cigarettes
3. Change to roll your owns
97. Other (Specify_____)
98. Can't say
99. No effect

Q72 Have you ever tried to quit smoking?

1. Yes
2. No GO TO PREQ75
3. Can't say GO TO PREQ75

Q73 How long ago did you last try to quit smoking?
RECORD NUMBER

Q73A RECORD UNITS HERE

1. Days
2. Weeks
3. Months
4. Years

Q74 How long on that occasion did you stay off smoking cigarettes?
RECORD NUMBER

Q74A RECORD UNITS HERE

1. Days
2. Weeks
3. Months
4. Years

PREQ75 IF Q67AC=1 (SMOKES FACTORY-MADE CIGARETTES AT LEAST WEEKLY) CONTINUE,
OTHERS GO TO PREQ77AA

Q75 Thinking about the pack you are using now, what sort of shop was it bought at? SINGLE
RESPONSE

1. Convenience store
2. Petrol or service station
3. Supermarket
4. Specialist tobacconist
5. Hotel or restaurant
6. Vending machines
7. Milk bar/ deli
8. Newsagent
9. Liquor store
10. Take away shop
11. Or somewhere else (Specify_____)
12. (Can't say)

Q76A Was that a pack or a carton?

1. Pack
2. Carton GO TO Q76AAC

Q76AAP Could you tell me what the cost of the pack was?
ENTER DOLLARS AND CENTS WITHOUT DECIMAL POINT
UNLIKELY VALUES: GREATER THAN \$20.00. LESS THAN \$4.00

Q76BP Could you please tell me the number of cigarettes in the pack?
RECORD NUMBER

NOW GO TO Q77

Q76AAC Could you tell me what the cost of the carton was?
ENTER DOLLARS AND CENTS WITHOUT DECIMAL POINT
UNLIKELY VALUES: GREATER THAN \$200.00. LESS THAN \$25.00

Q77 Was the brand of this pack/carton the same as the one you smoke most often?
1. Yes GO TO PREQ77AA
2. No

Q77A What was the brand of this pack/carton?

- | | | |
|----------------------|--------------------|----------------------|
| 1. Albany | 18. Dunhill | 35. More |
| 2. Alpine | 19. Escort | 36. Park Drive |
| 3. Ardath | 20. Fantasia | 37. Peter Jackson |
| 4. Barclay | 21. Fortune | 38. Peter Stuyvesant |
| 5. Benson & Hedges | 22. Freedom | 39. Ransom |
| 6. Black & White | 23. Gudano Garam | 40. Rothmans |
| 7. Brandon | 24. Holiday | 41. Salem |
| 8. Cambridge | 25. Holiday Extras | 42. Silk Cut |
| 9. Camel | 26. Holiday Kings | 43. Special Mild |
| 10. Cartier | 27. Horizon | 44. St Moritz |
| 11. Chunghwa | 28. John Player | 45. State Express |
| 12. Craven A | 29. Kent | 46. Sterling |
| 13. Davidoff | 30. Kool | 47. Stradbroke |
| 14. Diamond | 31. Longbeach | 48. Superkings |
| 15. Diarum | 32. Lucky Strike | 49. Superlights |
| 16. Double happiness | 33. Marlboro | 50. Turf |
| 17. Du maurier | 34. Mild Seven | 51. Viscount |

- | | | |
|------------------------|-----------------------------|--------------------------------------|
| 52. Vogue | 57. Lark (Imported) | 97. Other (Specify brand only _____) |
| 53. Wills | 58. Nat Sherman (USA) | 98. Can't say GO TO PREQ77AA |
| 54. Winfield | 59. Natural American Spirit | |
| 55. Winston | 60. Peony | |
| 56. Honeyrose (Herbal) | | |

Q77B What type of cigarette were they?

DISPLAY ONLY THE TYPES OF CIGARETTES RELEVANT TO THE BRAND GIVEN ON Q77A
 FOR WINFIELD THE PACK COLOUR WILL APPEAR WITH THE TYPE
 PEONY BRAND HAS NO VARIANT
 PROBE FOR ACCURATE RESPONSE
 DO NOT READ OUT

- | | | |
|---------------------------------------|----------------------------------|------------------------------|
| 1. 1 mg (white pack / silver writing) | 41. Medium 12 | 82. Trim virginia |
| 2. 2 mg (white pack / gold writing) | 42. Medium 12 soft pack | 83. Ultimate |
| 3. 2 mg menthol | 43. Medium mild | 84. Ultimate 1 |
| 4. 4 mg | 44. Medium mild 12mg | 85. Ultimate 1 menthol |
| 5. 8 mg | 45. Menthol | 86. Ultimate 2 |
| 6. 12 mg | 46. Menthol 100s | 87. Ultimate menthol 2mg |
| 7. 16 mg | 47. Menthol 12 mg | 88. Ultra |
| 8. 30's | 48. Menthol 4 (light green pack) | 89. Ultra lights |
| 9. Classic | 49. Menthol 8 (green pack) | 90. Ultra lights 100s |
| 10. Classic menthol | 50. Menthol extra mild | 91. Ultra menthol |
| 11. Cork | 51. Menthol lights | 92. Ultra mild (silver pack) |
| 12. Crush proof box | 52. Menthol one | 93. Ultra mild 2 |
| 13. De luxe 1mg | 53. Menthol ultra mild | 94. Ultra mild 4 |
| 14. De luxe mild | 54. Micro mild | 95. Ultra mild soft pack |
| 15. De luxe extra mild | 55. Micro mild 2mg | 96. Verdome lights |
| 16. De luxe ultra mild | 56. Mild | 97. Virginia (red pack) |
| 17. Extra lights | 57. Mild 12 | 98. Virginia 100s |
| 18. Extra mild (blue pack) | 58. Mild menthol | 99. Extra mild 12mg |
| 19. Extra mild 8mg | 59. Mild menthol 8mg | 100. Super mild 8mg |
| 20. Extra mild soft pack | 60. One | 101. Regular 16mg |
| 21. Filter | 61. Premium | 102. Lights 11mg |
| 22. Filter 16mg | 62. Red box | 103. Extras 16 |
| 23. Filter box | 63. Red soft pack | 104. Extras 12 |
| 24. Filter soft | 64. Regular | 105. Extras 8 |
| 25. Gold 100's | 65. Rich mild | 106. Extras 4 |
| 26. International brown filter | 66. Select | 107. Extras 2 |
| 27. International filter | 67. Soft | 108. Extras menthol 8 |
| 28. International red filter | 68. Soft pack/ crush proof | 109. Kings 12 |
| 29. International superior mild | 69. Special filter | 110. Kings 8 |
| 30. King size. | 70. Special mild | 111. Kings 4 |
| 31. King size filter | 71. SSS filter | 112. Kings 2 |
| 32. King size plain | 72. Super | 113. Kings menthol 8 |
| 33. King size super mild | 73. Super kratek | 114. Deluxe |
| 34. Lights | 74. Super light | 115. Special |
| 35. Lights 100s | 75. Super mild (gold pack) | 116. Menthol |
| 36. Lights 6 | 76. Super mild 8 | 117. Ginseng |
| 37. Lights box | 77. Superslims filter | 118. Clove |
| 38. Lights menthol | 78. Superslims menthol | 119. Red FTB (US) |
| 39. Lights soft pack | 79. Surya filter | 120. Lights (US) |
| 40. Magnum | 80. Surya lights | 121. Fantasia lights |
| | 81. Surya menthol | 122. Black & gold |
| | | 123. Ultra mild menthol 4mg |

124. Ultra mild 4mg
125. Menthol 100s

997. Other
(Specify_____)

998. Can't say

Q77C How many cigarettes per packet were there in this pack/carton/?
DISPLAY ONLY THE PACK SIZES RELEVANT TO THE BRAND GIVEN ON Q67A

1. 20
2. 25
3. 30
4. 35
5. 40
6. 50
97. Other (Specify_____)
98. Can't say

PREQ77AA IF Q18=1, 2 OR 3 (CURRENTLY SMOKES AT ALL) CONTINUE. OTHERS GO TO Q77AB

Q77AA If I asked you to choose a single word that **non-smokers** would use to describe smoking in general, what would it be? (SINGLE RESPONSE)

1. Disgusting
2. Unacceptable
3. Filthy
4. Unattractive
5. Smelly
6. Addictive
7. Dirty
8. Enjoyable
9. Pleasurable
97. Other (Specify_____)
98. Can't say

Q77AB If I asked you to choose a single word that you would use to describe smoking in general, what would it be? (SINGLE RESPONSE)

1. Disgusting
2. Unacceptable
3. Filthy
4. Unattractive
5. Smelly
6. Addictive
7. Dirty
8. Enjoyable
9. Pleasurable
97. Other (specify)
98. Can't say

Q77BA Have you come across loose tobacco sold in plastic bags or rolled into unbranded cigarettes?

1. Yes
2. No GO TO PREQ77CA
3. Can't say GO TO PREQ77CA

Q77BB Have you ever smoked it?

1. Yes
2. No GO TO PREQ77CA
3. Can't say GO TO PREQ77CA

Q77BC How often do you smoke this type of tobacco? Do you smoke it...(READ OUT)

1. Every day

2. Some days
3. Only occasionally, or
4. No longer use it GO TO PREQ77CA
5. (Can't say)

Q77BD Would you say that when you smoke now, you...

1. Only smoke this type of tobacco
2. Mainly smoke this type of tobacco
3. Smoke this type of tobacco about half the time
4. Smoke this type of tobacco less than half the time
5. Occasionally smoke this type of tobacco, or
6. No longer use this type of tobacco
7. (Can't say)

PREQ77CA IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q77CC

Q77CA Do you smoke in your usual work area?

1. Yes
2. No GO TO Q77CC
3. Not working / unemployed GO TO Q77CE

Q77CB When you're working, do you mainly work indoors, outdoors or in a vehicle?

1. Indoors
2. Outdoors
3. Vehicle
4. Varies / equal
5. Can't say

Q77CC Which one of the following statements best describes the smoking restrictions, if any, at your usual workplace?

1. A total ban on smoking GO TO Q77CE
2. A ban everywhere except a smoking room GO TO Q77CE
3. A ban in some areas
4. No restrictions GO TO Q77CE
5. Can't say GO TO Q77CE
6. Not working / unemployed GO TO Q77CE

Q77CD You said smoking was banned in some areas. Is smoking banned in the area in which **you** usually work?

1. Yes
2. No
3. Can't say

Q77CE To what extent would you support or oppose banning smoking in the workplace? Would you ...

1. Strongly support
2. Support
3. Neither support or oppose
4. Oppose, or
5. Strongly oppose banning smoking in the workplace?
6. (Can't say)

Q80 Can you please tell me what is the highest educational level you have attained?

1. Some primary school
2. Finished primary school
3. Some secondary school
4. Finished secondary school
5. Some tertiary education (university, tafe or college)

6. Finished tertiary education
7. Higher degree or higher diploma (eg phd, masters, grad dip)
8. Can't say
9. Refused

Q81 Which of the following best describes your employment status?

1. Working full-time
2. Working part-time
3. Retired/pensioner
4. Student
5. Non-worker
6. Home duties
7. Unemployed / looking for work

PREQ82 IFQ3=1 AND Q10=1 TO 9 OR 11 OR 12 (ONE PERSON HOUSEHOLD AND INITIAL RESPONDENT HAS JOB), GO TO PREEVCLOSE. OTHERS CONTINUE.

Q82 What is your (last) occupation – the position and industry?

1. Professional
2. Owners or executives
3. Owners of small businesses
4. Sales
5. Semi-professional
6. Other white collar
7. Skilled
8. Semi-skilled
9. Unskilled
10. Farm owners
11. Farm workers
- 12 & 13. No occupation
14. Refused

PRE EVCLOSE GO TO SELECTION SCREEN AND CHECK SELECTIONS. IF MORE SELECTIONS IN OPEN QUOTA GROUPS IN HOUSEHOLD, SELECT AS PER "INTERVIEWER CHECK WHICH SELECTION IS AVAILABLE NOW AND SELECT" AND CONTINUE THROUGH EVALUATION INTERVIEW LOOP, ELSE CLOSE.

STANDARD CLOSE

IQCA Interviewer Declaration

I certify that this is a true, accurate and complete interview, conducted in accordance with the briefing instructions, the IQCA standards and the MRSA Code of Professional Behaviour (ICC/Esomar). I will not disclose to any other person the content of this questionnaire or any other information relating to the project.

Interviewer name:

Interviewer I.D:

Signed:

Date