

## Smoking status/behaviour

1. How often do you currently smoke cigarettes/tobacco?

- Daily
- Weekly but not every day
- Less often than monthly
- Not at all but I have smoked in the last 12 months
- I have stopped smoking for more than 12 months/I've never smoked

Current smokers:

2. How many cigarettes/tobacco do you normally smoke a day?

3. How long have you been a smoker?

4. At what age did you start smoking?

5. What sort of cigarettes or tobacco do you smoke?

## Quit intentions/behaviour

1. Which one fits you best at the moment?

- I have not thought about quitting
- I thought about quitting, but did not actually try to quit
- I tried to quit but started smoking again

2. Do you intend to quit smoking?

- Yes
- No
- Don't know

3. Are you planning to quit:

- Within the next month
- Within the next 6 months
- Sometime in the future, beyond 6 months
- Don't know

4. Which, if any, of the following have you done to help you quit smoking?

- Rang the Quitline
- Taken part in Quit smoking programs
- Visited the Quitnow website
- Used an online/ internet support tool such as online Quitcoach
- Used a quit smoking app (please specify)
- Done something else (please specify)

5. Have you tried to quit smoking before?

- Never
- A couple of times
- Once
- Lots of times:.....

6. What methods have you used to stop smoking? (You can tick more than one)

- Cold turkey
- Patches
- Cutting down
- Inhaler

- |  |  |
|--|--|
| <input type="checkbox"/> Gum                   | <input type="checkbox"/> Zyban                 |
| <input type="checkbox"/> Lozenges              | <input type="checkbox"/> Quitline              |
| <input type="checkbox"/> Champix               | <input type="checkbox"/> Group therapy         |
| <input type="checkbox"/> One-on-one counseling | <input type="checkbox"/> Other: (please state) |

7. What is the longest single period of time you have not smoked?

- ..... days  
 ..... weeks  
 ..... months  
 ..... years

8. What made you resume smoking?

9. What do you feel are the main barriers to you quitting smoking?

- |   |   |
|---|---|
| <input type="checkbox"/> Not Ready                | <input type="checkbox"/> Cost of NRT                    |
| <input type="checkbox"/> Feeling irritable        | <input type="checkbox"/> Coping with withdrawal         |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Cravings                       |
| <input type="checkbox"/> Coping with stress       | <input type="checkbox"/> Socialising with other smokers |
| <input type="checkbox"/> Coping with boredom      | <input type="checkbox"/> Concerned about weight gain    |
| <input type="checkbox"/> Being moody              | <input type="checkbox"/> Other: .....                   |

10. Can you rate your desire to quit smoking? (mark the line X to show your rating)

1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10  
*(I really, really want to quit)* *(I don't want to quit at all)*

**Attitude to quitting:**

How much do you agree or disagree with the following statements about smoking and quitting:

a. I've been thinking a lot about quitting recently

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Agree          |
| <input type="checkbox"/> Disagree          |   | <input type="checkbox"/> Strongly agree |

b. I am eager for a life without smoking

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Agree          |
| <input type="checkbox"/> Disagree          |   | <input type="checkbox"/> Strongly agree |

c. I am confident you could quit smoking if you wanted to

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Agree          |
| <input type="checkbox"/> Disagree          |   | <input type="checkbox"/> Strongly agree |

d. Support and tools are available to help me to quit and remain smoke-free

- Strongly disagree  
 Disagree

## Source

Questions adapted from:

Orima (2014) National tobacco campaign – more targeted approach & break the chain: campaign evaluation. Available on line at:

[http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/2B624C441CC88083CA257E530081C8AD/\\$File/NTC%20-%20MTA%20and%20BTC%20-%20Campaign%20Evaluation%202014%20-%20Final%20Report.pdf](http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/2B624C441CC88083CA257E530081C8AD/$File/NTC%20-%20MTA%20and%20BTC%20-%20Campaign%20Evaluation%202014%20-%20Final%20Report.pdf)

Koori Smoking Cessation Program pre course survey provided by Kruger K, McMillan N, Russ P and Smallwood H (2007) Talkin' up good air: Australian Indigenous tobacco control resource kit. Melbourne: Centre for Excellence in Indigenous Tobacco Control

AH&MRC (2012) Aboriginal tobacco resistance tool kit. Available on line at:

<http://www.ahmrc.org.au/>