

A Model for Assessing Gaps in Smoking Cessation Systems and Services in a Local Public Health Unit

A Test Model and Findings

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Executive Summary

This report presents the pilot study results of a method for assessing gaps in smoking cessation systems. It is widely recognized that to effectively reach substantial proportions of smokers who need help quitting, there is a need for a comprehensive cessation system with multi-level interventions that address environmental, institutional and social realms. An essential step in planning of comprehensive cessation systems is to determine the gaps between existing services (available services) and an ideal yet reachable system designed by an expert panel (needs) and by self-reported needs of smokers from various subpopulation groups (wants). The aims of this study were to develop and pilot-test a method for determining and assessing these gaps with smokers from a public health unit, as well as for sub-groups that suffer from relatively high prevalence of tobacco use. Two sub-groups were chosen for this pilot – young adults and blue-collar workers. The report presents findings both on the gaps assessment model and on the actual gaps found in the pilot site (Simcoe Muskoka District Health Unit).

This assessment synthesizes information collected from six sources:

- An environmental scan
- Interviews with key informants
- A phone survey with smokers and recent smokers
- A street intercept survey with blue-collar and young adult smokers and recent smokers
- Semi structured interviews with smokers
- Semi structured interviews with youth agency managers and workplace managers

Key findings of the study include:

1. The method provides valid and useful information about cessation system gaps for the general population as well as for subpopulation groups that suffer from relatively high prevalence of tobacco use.
2. The current smoking cessation system is reaching less than 3% of Simcoe Muskoka smokers per year, while 15% of smokers' report they want to quit in the next month.
3. There is considerable need for expansion in the reach of current cessation services. Thirty-four percent of Simcoe Muskoka smokers had never used a behavioural aid (self-help material, telephone, online, counselling or quit program) or a pharmaceutical aid. Only 3% had called a telephone helpline to help them quit or reduce their smoking. Thirty-eight percent of Simcoe Muskoka smokers who have never gone to counselling services for smoking cessation reported being interested in receiving counselling services and 52% of smokers believed that counselling would help them quit. To a large extent rural areas are not reached by existing services.

4. The current cessation system lacks a variety of services that the expert panel and smokers themselves identify as important, including:
 - a. tailored programs for groups who carry a heavier burden of tobacco-related illnesses;
 - b. a smokers' registry (49% of smokers are interested in participating in a smokers' registry).
5. Integration of existing services is necessary. All key informants, youth agency managers, workplace managers, and most of the smokers believed that the effectiveness of a smoking cessation system would be maximized if it was well integrated. Key informants pointed out the need for financial and time resources to be dedicated so that the different components can work better together.
6. Prominent cessation gaps for young adults included lack of awareness and lack of use of smoking cessation services. Compared with older adults, young adults were less likely to be aware of, or to have used, pharmacotherapy. Youth agency managers pointed out the need to have tailored programs to meet the needs of young adults as well as to the need to increase promotion of existing services among young adults.
7. Blue-collar workers' awareness and use of smoking cessation services was not significantly different than that of the "general" Simcoe Muskoka smoker. However, given that the smoking prevalence is higher for blue-collar workers, the fact that the current smoking cessation system is not reaching more of them represents a gap not addressed by the existing system. Work place managers for blue-collar workers mentioned the need to improve communication between worksites and the Public Health Agency in order to increase the reach of existing services, as well as to develop tailored programs to meet the needs of blue-collar smokers. This need is particularly acute since the smoking prevalence for blue-collar workers is higher than the general population, and blue-collar smokers reported that they were more likely to smoke within 5 minutes of waking up and more likely to consider themselves very addicted.

Introduction

Data from the *Canadian Tobacco Monitoring Use Survey* (CTUMS 2005) indicates that Ontario's smoking cessation system reaches less than one third of those who wish to quit smoking in the next thirty days.¹ A recent study found that socio-economic group disparities in health outcomes in Canadian males are largely explained by differences in smoking rates.² In order to reduce the excess health and economic burden associated with tobacco use, and to reduce disparities in the distribution of tobacco-related diseases across our society, the Ontario Ministry of Health Promotion established a Cessation Task Group (CTG) which designed a comprehensive and integrated smoking cessation model. The model is outlined in a paper entitled *Helping Ontario Smokers Stop: An Integrative Approach*.¹

While there is general agreement about a shortage of cessation services, little is known about the characteristics of this shortage for different communities. This pilot study took a systematic approach to assess gaps in local cessation services. We describe the design, implementation, and findings of a gaps assessment study in a public health unit in Ontario (Simcoe Muskoka), and draw lessons for applying this model in other settings. It is important to note that for the purpose of this project, PHU refers to a geographical region, not an organizational entity. The organizational entity is referred to as a Public Health Agency (PHA).

The CTG identified the reduction of tobacco-related disparities among sub-groups as a goal for the cessation strategy. In accordance with this goal, this study examines the way in which the current cessation system meets the needs of particular subpopulations and identifies missing services. The two subpopulations chosen for this pilot study were blue-collar workers and young adults. Key informants from Simcoe Muskoka suggested that these two groups (as well as people living in rural areas, people with mental illness and Aboriginal peoples) carried a disproportionate burden of tobacco-related disease. Additional reasons for choosing these subpopulations are described below.

Blue-collar Workers

Occupation is an important determinant of health.³ Research has shown that blue-collar workers are employed in settings generally less supportive of nonsmoking. For example, they report a lower prevalence of restrictive smoking policies in worksites where they are employed,⁴ and less assistance from employers in quitting smoking,⁵ compared with the assistance reported by other workers.⁶

The smoking prevalence among blue-collar workers in Ontario is more than twice that of white-collar workers (29% vs. 12%).⁷

For the purposes of this study, blue-collar workers were defined as people working in blue-collar occupations as listed in the Census Bureau's occupational classification system: retail and personal services sales workers, precision, production, craft, and repair occupations; machine operators,

assemblers, and inspectors; transportation and material moving occupations; and handlers, equipment cleaners, helpers, and labourers. For more information on the classification system, see *Occupational Classification System Manual* at <http://www.bls.gov/ncs/ocs/ocsm/commain.htm>.

Young Adults (18-24 Years Old)

Young adults (18-24 years old) form another sub-group of concern due to their high smoking prevalence.^{8,9} The prevalence of tobacco use is higher among young adults than any other age group in Ontario. According to CTUMS 2006, 6% of teens (15-17 years old), 22% of young adults (20-24 years old), and 21% of adults (25 years and older) are current smokers.⁷ Of particular concern are unemployed, underemployed, or economically disadvantaged young adults who are not enrolled in college.¹⁰ Research has shown the importance of cessation efforts for young adults, since quitting before age 35 results in a life expectancy comparable to that of someone who has never smoked.¹¹

Objectives of the Gaps Assessment

The gaps assessment explores the differences between current smoking cessation services and the CTG model along with the needs identified by smokers, in terms of:

- Services available
- Awareness of existing services
- Reach of existing services
- Policies that encourage cessation

Once the gaps are identified it will be possible to estimate the feasibility and potential cost of providing the missing services.

The gaps assessment provides detailed information required for planning, including:

- Comprehensive lists of specific interventions that may be necessary to meet proposed CTG standards and the needs identified by smokers in the region
- A list of specific needs for subpopulations that carry a heavier burden of tobacco diseases
- Human resource needs (e.g. trained health professionals)
- Useful or needed inter-organizational linkages to facilitate implementation of a cessation system

An analysis of a PHU's needs is critical for implementing the CTG model and serves a number of objectives, summarized below:

1. *“Localize” the CTG Model.* Many interventions outlined in the CTG paper can be delivered by community-based organizations, Public Health Agencies, or local institutions. For this reason, the CTG model needs to be “localized” and translated into operational targets that the specific PHA and other local cessation service providers can work towards.
2. *Support dialogue and negotiations with partners- PHA, Local Health Integration Networks (LHIN), Community Health Centres/primary care providers.* To permit an open dialogue about policy priorities, intervention strategies, milestones, target groups, and so forth, the needs assessments will be fully transparent and will be shared with all key stakeholders.
3. *Offer ways of developing an integrated system.* The key to the CTG model is that it is integrated, proactive and responsive. Thus, one of the goals of the gaps assessment is to offer ways to support collaboration and coordination amongst LHIN, PHA, and community based projects.
4. *Provide a monitoring and evaluation framework.* Finally, the gaps assessment can help establish targets that can be used for monitoring and accountability purposes. Specifically, these targets can form the framework to track the PHU's progress towards achieving the proposed cessation system objectives on a regional basis.

Pilot Testing the Methodology in Simcoe Muskoka

Simcoe Muskoka was chosen for this pilot study because its smoking prevalence rate is similar to the provincial average and the availability of smoking cessation services in the region is considered mid-range. In 2005, data from the *Canadian Community Health Survey (CCHS)* showed that 22% of Ontarian adults identified themselves as current smokers compared to 25% of Simcoe Muskoka residents. More Simcoe Muskoka residents reported smoking daily (22% vs. 17%).¹²

Several important characteristics of Simcoe Muskoka should be noted:

- Simcoe Muskoka is one of the fastest growing areas in Ontario
- Its growth rate is more than double that of Ontario¹³
- There is considerable seasonal fluctuation of population in the region. In some parts of Simcoe Muskoka the population doubles during the summer months.¹⁴
- Compared to Ontario's population, Simcoe Muskoka (except Barrie- the largest city) has a higher proportion of people aged 65 or older.¹⁴
- Education levels among people living in Simcoe Muskoka are slightly lower than for Ontarians in general.¹⁴
- The population of Simcoe Muskoka is less culturally diverse than other areas of Ontario.
- Three percent of the residents of Simcoe Muskoka are francophones.
- Of Ontario's 14 Local Health Integration Networks (LHINs), North Simcoe Muskoka has the third highest percentage of Aboriginal people.¹³

In general, health practices and outcomes in Simcoe Muskoka are similar to those of Ontario.¹⁴

Design and Questions

A mixed methods approach was applied in order to provide both quantitative data to describe the gap between needs and existing services, and qualitative information to gain better understanding of gaps between existing services and awareness, reach and needs.

The gaps assessment focused on the following questions:

1. What smoking cessation services are available for Simcoe Muskoka residents and what is their reach?
 - What is the existing human capacity in the area (e.g. trained health professionals)?
2. What services are smokers aware of?
 - Are there differences among the “general” population of smokers and blue-collar workers and/or young adult smokers?
3. What services have smokers used? How satisfied are they with the services they have used? Why do they choose certain cessation methods over others? What other services would they like to have?
 - Are there differences among the “general” population of smokers and blue-collar workers and/or young adult smokers?
4. What is the gap between the existing cessation system and the CTG model along with additional needs identified by smokers?
 - Are there particular gaps for blue-collar workers? For young adults?

Methods

Table 1 summarizes the research questions, the method used to answer each question, sample size and information sought.

Table 1: Research Questions, Methods, Sample and Information

Research Question	Method	Sample	Information
1. What smoking cessation services are available for Simcoe Muskoka residents and what is their reach? <ul style="list-style-type: none"> What is the existing capacity in the area (e.g. trained health professionals) 	Environmental scan of cessation services and reach	N/A	<ul style="list-style-type: none"> # and type of services available % of all smokers reached by a service % of smokers reached by service who are from Simcoe Muskoka
	Key informant interviews	5 interviews with key informants	
	Interviews with workplace managers and with youth agency managers	4 interviews with workplace managers and 3 interviews with youth agency managers	
2. What services or products are smokers aware of? Which ones have they used? And how satisfied are they with the services they have used? Why do they choose certain cessation methods over others? What other services would they like to have?	Randomized phone survey	800 smokers and recent smokers	<ul style="list-style-type: none"> List of smoking cessation services or products at least % of participants can name un-prompted List of smoking cessation service or products at least % of participants say they have used % of clients who are at least somewhat satisfied with service/product they have used List of services participants would like to have Characteristics smokers look in cessation services/products
	Interview with smokers who want to quit in the next 6 months	15 smokers who want to quit in the next 6 months	
2a. What services or products are blue-collar smokers aware of? Which one have they used? And how satisfied are they with the services they have used? How does this compare to the general population of smokers in Simcoe Muskoka?	Street intercept survey	100 blue-collar smokers and recent smokers	<ul style="list-style-type: none"> List of smoking cessation service or products at least % of participants can name un-prompted List of smoking cessation service or products at least % of participants say they have used % of clients that are at least somewhat satisfied with service/product they have used
2b. What services or products are young adult smokers aware of? Which one have they used? And how satisfied are they with the services they have used? How does this compare to the general population of smokers in Simcoe Muskoka?	Street intercept survey	99 young adults smokers and recent smokers	<ul style="list-style-type: none"> List of smoking cessation service or products at least % of participants can name un-prompted List of smoking cessation service or products at least % of participants say they have used % of clients that are at least somewhat satisfied with service/product they have used
3. What is the gap between the existing cessation system and the proposed cessation system standards? Those proposed by Key informants? Smokers?	Gap analysis	N/A	List of missing services recommended by CTG and participants in Simcoe Muskoka
	Key informants interviews	5	
	Interviews with workplace managers and youth agency managers	7	
	Smokers' interviews	15	
	Phone survey	800	
3a. Are there any particular gaps for blue-collar workers/young adults?	Gap analysis		List of missing services recommended by CTG and participants missing in Simcoe Muskoka

Data were collected using the six different methods described below.

Interviews with Key Informants

Fifteen semi-structured interviews were conducted with “key informants,” defined as persons with insights into the smoking cessation needs of the residents of Simcoe Muskoka (See Appendix A for a demographic breakdown of the sample). These interviews examined the current smoking cessation services available for Simcoe Muskoka residents; the perceived strengths and weaknesses of the services; and the barriers and facilitators to implementing the cessation services that are needed. (See Appendix B for interview protocol).

Recruitment

A letter was sent to the key informants letting them know about the study and asking them to participate. The letter was followed by a phone call to schedule the interview at a convenient time for them.

Data collection

All interviews were conducted over the phone, tape recorded and transcribed verbatim. The interviews lasted approximately 1 hour.

Measures

These interviews examined the current smoking cessation services available for Simcoe Muskoka residents; the perceived strengths and weaknesses of the services; and the barriers and facilitators to implementing the cessation services that are needed. (See Appendix B for interview protocol)

Analysis

QRS N6 software was used to code the interviews in order to summarize and create a step by step approach to what the PHU needs to implement the system suggested by the CTG. QRS N6 enables researchers to create cross-indexed, hierarchical classifications of text.

Environmental Scan

A list of all programs offered in Simcoe Muskoka was generated using information from the key informant interviews, the Smokers' Helpline database, and Public Health Agency records and reports from ten cessation programs about their reach in Simcoe Muskoka.

Phone Survey

A random sample of 800 smokers from Simcoe Muskoka was interviewed by telephone. Power calculations were conducted to determine how many smokers should be interviewed.

Recruitment

Recruitment and interviewing were conducted by the Survey Research Centre (SRC) at the University of Waterloo. A sample was purchased from ASDE Survey Sampler, Gatineau, Quebec. ASDE uses a geographically stratified, general phone population random sampling program. It samples using Random Digit Dialing (RDD) methodology and checks its samples against published phone lists to divide the RDD frame into “directory listed” and “directory not listed” components. Their method is adapted from the Mitofsky-Waksberg Method.¹⁵ The list is randomly ordered within strata. 14,000 records were loaded into the Computer Assisted Telephone Interviewing (CATI) system. Of those, 3,179 did not reach a final disposition and are considered out of sample.

Once contact to a household was made, potential participants were selected using the next birthday method.¹⁶ Individuals were eligible to participate if they were 18 years of age or older, if they had lived in Simcoe Muskoka for six months or longer, and if they had smoked at least one cigarette in the past six months. Individuals were excluded if they were unable to conduct the interview in English or if they were unable to conduct the interview due to illness or infirmity.

The overall response rate was 62% (rate is calculated assuming that 17.4% of the people who refused to participate were eligible).

Data Collection

A modified version of the *Ontario Tobacco Survey* (OTS) was used (see Appendix C for Phone Survey Protocol). The survey took on average 20 minutes to complete.

Measures

Key variables of interest

We had four main variables of interest:

1. Awareness of smoking cessation services and products
2. Past use of smoking cessation services
3. Satisfaction with smoking cessation products and services used
4. Other cessation services participants would want to have

The survey also collected information on variables that are known to influence smoking and smoking cessation efforts, such as socio-demographic characteristics (e.g., age, sex, educational attainment), smoking behaviours (daily vs. less-than-daily smoking, number of cigarettes smoked

per day, level of nicotine addiction as determined by the Heaviness of Smoking Index¹⁷); smoking environment in the home (number of other smokers in the home, rules about smoking in the home); and quit attempts.

Statistical Analysis

The data were weighted by gender and age to make them representative for all smokers in Simcoe Muskoka (see Appendix D for a detailed description on how weights were computed). Descriptive statistics were run to understand awareness and use of existing smoking cessation services in the area, identify additional needs, and describe perceived benefits and barriers to using the services. Z tests were conducted to compare analysis from the street intercept to that of the phone survey. Chi-square tests were used to calculate the significance differences for categorical variables and continuous variables. Ninety-five percent confidence intervals (95% CI) were calculated based on the binomial distribution and a p-value of 0.05 was considered significant. All analyses were conducted using SPSS version 13.0 and STATA version 10.

Street Intercept Survey

Previous research has shown that random digital dial telephone survey methods under represent low income, minority and young adult populations,^{18,19} and that a street intercept method is a viable alternative to a random digital dial telephone survey and may provide better access to minority populations.^{19,20,21,22} For these reasons we decided to pilot-test a street intercept methodology for our analysis of young adults and blue-collar workers.

Recruitment of Blue-collar Workers

In the summer of 2007 two interviewers went to:

- Food establishments (restaurants, coffee shops, pubs, fast food eateries, diners)
- Factories
- Resorts
- Gas stations
- Support groups and resource centres
- Construction sites

Recruitment happened in two different ways. With large organizations (more than 50 employees in one location), the work places were contacted ahead of time, and asked for permission to go to their establishment and interview blue-collar workers. Thirty companies were contacted, of which 4 agreed to participate. Forty-nine blue-collar workers were recruited from these four companies. Outreach workers also went to gas stations, fast food restaurants, coffee shops, and malls during

“slow hours” and asked the staff in these locations if they would like to participate in the survey. A total of 51 blue-collar workers were recruited using this last method.

Individuals were eligible to participate if they were blue-collar workers, 25 years old or older, had lived in Simcoe Muskoka for at least 6 months and had smoked 100 cigarettes in their lifetime and had at least 1 cigarette in the last 6 months.

Two hundred and forty-three blue-collar workers were approached; 139 were not interested in participating and 4 did not qualify since they had not been living in Simcoe Muskoka for the last 6 months. A total of 100 blue-collar workers completed the survey. (See Appendix E, Table 15 for Blue-collar demographics and smoking behaviour information)

Recruitment of Young Adults (18-24 Years Old)

In the summer and fall of 2007, three interviewers went to:

- Food establishments (restaurants, coffee shops, pubs, fast food eateries, diners) and surveyed both workers and customers
- Support groups (survey of young parents) and resource centres (survey of unemployed youth)
- Gas stations, and surveyed workers
- Resorts, inns and attraction centres, and surveyed workers
- Shopping malls, grocery stores and other local shops and stores (survey of young workers and customers)
- Fairs/outdoor events (survey of young workers and customers)
- Bus terminals; downtown hotspots

Similar to the recruitment of blue-collar workers, recruitment for young adults happened in two different ways. Support groups and workplaces that help young adults were contacted ahead of time, and asked for permission to go to their establishment and interview young adults. Nine locations were contacted, of which 3 agreed to participate. Thirty-two young adults were recruited from these locations. Outreach workers also went to gas stations, fast food restaurants, coffee shops, fairs, outdoor events, and malls and asked the young staff and customers if they would like to participate in the survey. A total of 67 young adults were recruited using this last method.

Three hundred and forty-nine young people were approached by our interviewers; 225 were not interested in participating; one person was not eligible since they had not smoked tobacco in the last 6 months; 23 did not qualify since they did not fit the age category we were looking for (they were younger than 18 years old or older than 24); one person did not qualify since they had not been living in Simcoe Muskoka for the last 6 months. A total of 99 young adults completed the survey. (See Appendix E, Table 16 for young adults' demographics and smoking behaviour information)

Data Collection

A shortened version of our phone survey was used to collect data for blue-collar and young adult smokers (Appendix F shows the questionnaire that was used for the street intercept). The survey took on average 10 minutes to complete.

Measures

Key variables of interest

We had three key variables of interest:

1. Awareness of smoking cessation services and products
2. Past use of smoking cessation services
3. Satisfaction with smoking cessation products and services used

The survey also collected data on socio-demographic characteristics (e.g., age, sex, educational attainment), smoking behaviours (daily vs. less-than-daily smoking, number of cigarettes smoked per day, level of nicotine addiction as determined by the Heaviness of Smoking Index); smoking environment in the home (number of other smokers in the home, rules about smoking in the home); and quit attempts.

Statistical Analysis

Descriptive statistics were conducted by demographic characteristics to determine the proportion of respondents who were aware of and who used the smoking cessation services in the community. Chi-square test was used to calculate the significance difference for categorical variables. Fisher's exact test was used to calculate the significance difference for continuous variables (e.g. number of behavioural aids used). Ninety-five percent confidence intervals (95% CI) were calculated based on the binomial distribution and a p-value of 0.05 was considered significant. All analyses were conducted using SPSS version 13.0.

Who Was Reached with the Street Intercept Method?

Participants recruited through the street intercept methodology can have very different characteristics than those recruited over the phone.

In order to know if we had captured our targeted sample we compared demographic and smoking characteristics of young adults from the street intercept with those from the phone survey.

Compared with young adult phone participants, the young adult smokers we reached through the street intercept were:

- More likely to be "at risk" (have lower income and less formal education)
- More likely to be daily (as opposed to occasional) smokers
- Smoke more cigarettes on the days that they did smoke

- More likely to report wanting to quit because of the cost of cigarettes (17% vs. 0%) or to reduce others' exposure to second hand smoke (19% vs. 8%)
- More likely to report not having planned their last quit attempt (54% vs. 26%)

Unfortunately we did not ask for occupation on the phone survey, so we compared the blue-collar workers to phone participants who were 25 years old or older, since all blue-collar workers in the street intercept survey were at least 25 years old. We found some significant differences that are summarized below. The complete comparisons are shown in Appendix E.

Compared to phone participants who were 25 years old or older, blue-collar street intercept participants:

- Had completed fewer years of formal education. The mean highest level of education for blue-collar workers was "secondary school", while it was "some college" for the phone participants
- Were more likely to be males (68% vs. 51%)
- Were more likely to be divorced (15% vs. 9%)
- Were more likely to smoke their first cigarettes in the first 5 minutes of waking up (36% vs. 22%)
- Were less likely to report planning to quit in the next month (3% vs. 14%)
- Were more likely to report not having planned their last quit attempt (41% vs. 25%)

If we are interested in learning more about some subpopulations - especially those who have usually been underrepresented in phone surveys - and those who usually bear a higher burden of disease, the street intercept method provides greater access to these groups. However, there are some limitations to the street intercept methodology as implemented, including use of a non-random sample and thus some problems generalizing the results.

Interviews with Agency Managers, Service Managers and Workplace Managers

Four semi-structured interviews were conducted with blue collar managers and three with youth agency managers.

Recruitment

A letter was sent to the blue collar managers and youth agency managers letting them know about the study and asking them to participate (See Appendix G for demographic breakdown of the sample). The letter was followed by a phone call to schedule the interview at a convenient time for them.

Data collection

All interviews were conducted over the phone, tape recorded and transcribed verbatim. The interviews lasted approximately 45 minutes. All interviews were tape recorded and transcribed verbatim.

Measures

The interviews examined the current smoking cessation services accessible to blue collar workers and young adult smokers, and the barriers and facilitators to implementing the cessation services that are needed. (See Appendix H for interview protocol)

Analysis

QRS N6 software was used to code the interviews in order to summarize and create a step by step approach of what the PHU needs to implement the system suggested by the CTG. QRS N6 enables researchers to create cross-indexed, hierarchical classifications of text.

Interviews with Smokers

In order to gain insight into how smokers chose a smoking cessation method, as well as to understand the suitability of the current supply of services according to smokers who want to quit smoking in the next six months, 15 participants who stated they wanted to quit in the next six months were interviewed over the telephone. Three hundred and thirteen participants were eligible to participate in the survey, of which 260 stated they might be willing to participate. In a two month period, we were able to reach 50 of the 260 participants. Of the 50 people contacted, 15 returned the informed consent and completed the interview. Appendix I shows the interview protocol and Appendix J shows the demographic breakdown of the sample.

Analysis

N6 was used to code the interviews in order to summarize and analyze the interviews.

Results

The results of the research are presented in four sections:

1. Availability of services and supports
2. Awareness of services and supports
3. Utilization and reach
4. Lessons for cessation gaps assessment in other regions

Availability of Services and Supports

The analysis of the data collected for this study (survey data and interviews with key informants, youth agency managers, workplace managers and smokers) revealed that there was a large overlap between services mentioned by these stakeholders and those mentioned by the CTG. Table 2 shows the comprehensive list of services that are recommended by all these sources, as well as who suggested these services. This list serves as our master list throughout this report.

Table 2: Comprehensive List of Services and Supports

Local program/policies	Who suggested it
Self-help materials	Everyone*
Telephone helplines/online	Everyone
Group/Individual counselling	Everyone
Counselling from health care providers	Everyone
Counselling for hospitalized patients	CTG and key informants
Worksite projects	Everyone
Innovative projects	Everyone
Tailored programs for smokers who carry a heavy burden of tobacco disease	Everyone
Specialized nicotine dependence clinic	CTG, smokers
Registry/ integration of services	Everyone
More restrictions on smoking	Everyone (except workplace managers)
Advertisements of smoking cessation services	Everyone
Campaigns to motivate smokers to quit/reduce smoking	Everyone
Reimbursement for pharmacotherapy	Everyone
Increase prices through tobacco taxes	CTG
Increase availability and accessibility of natural health products	Smokers
Increase availability and accessibility of laser, hypnosis and acupuncture services	Smokers

* Everyone= CTG recommendation, key informants, youth agency managers, workplace managers, and smokers.

Comparison of Services Available and Services in the Master List

The environmental scan conducted in June 2007 indicates that Simcoe Muskoka residents have access to many of the smoking cessation services identified above. However, some key service components are missing, and some of the services are temporary and/or are not widely accessible through the region. Table 3 compares the programs available in Simcoe Muskoka (data gathered from environmental scan and key informant interviews) to those from those from the master list, shown in Table 2. The sections following the table provide details about the existing gaps.

Table 3: Comparison of Programs Available for Simcoe Muskoka Smokers and Those from Table 2

Local program/policies	Available in Simcoe Muskoka?	Names of programs/Notes
Self-help materials	Yes	Distributed mainly by PHU year around services
Telephone helplines/online	Yes	SHL/SHO/Telehealth; year round services
Counselling from health care providers	Yes	
Group/Individual counselling	Partially	Private/STOP study
Counselling for hospitalized patients	Partially	Sporadic; not standardized
Worksite projects	Partially	Very few; not offered consistently
Restrictions	Partially	Through SFOA (more are needed)
Advertisements with smoking cessation services	Partially	
Campaigns to motivate smokers to quit/reduce smoking	Partially	Driven to Quit campaign is the main one
Reimbursement for pharmacotherapy	Partially	Private companies, insurance companies /STOP study
Increase availability and accessibility of laser, hypnosis and acupuncture services	Partially	Few private clinics
Innovative projects	No	
Tailored programs for smokers who carry a heavy burden of tobacco disease	No	
Specialized nicotine dependence clinic	No	
Registry/ integration of services	No	
Reimbursement for laser, hypnosis, acupuncture	No	
Increase prices though tobacco taxes	No	
Increase availability and accessibility of pharmacotherapy and natural health products	No	

Many of the services in Simcoe Muskoka are only “partially available” meaning that they are not offered year round, or are only accessible in some parts of the PHU. Specifically, the STOP study, which offers smokers free nicotine replacement therapy (NRT) coupled with group counselling, was running until January 2008 and only in Barrie. There are very few workplace smoking cessation programs, and those that are offered are run privately, and sporadically. Counselling offered by health professionals, and services offered by hospitals are not conducted in a systematic way. Although Simcoe Muskoka institutions for mentally ill patients have implemented smoke-free hospital policies, they have not always been accompanied by smoking cessation services for their

clients. Finally, there are also private companies that offer laser, hypnosis and acupuncture services to quit smoking, as well as some faith based organizations that sporadically offer group counselling.

Shortage of Tailored Programs

Table 3 shows that, in Simcoe Muskoka, there are no tailored programs for populations that carry a heavier burden of tobacco diseases such as blue-collar workers, young adults, Aboriginal people, and people living with mental illness. The lack of these programs was identified by key informants, youth agency managers, workplace managers, and smokers as a major gap in the system.

[In the] Bradford area we have very much a working class farming community, I would probably think, although...this is just my speculation, that smoking rates are significant there. I think that may spill over into the Alliston area where, you have an old farm community and you have manufacturing with a Honda plant there. Once you get North... of Barrie you're into very much rural country and we know empirically that the issue of tobacco consumption in rural communities is generally higher and let's not forget that we, much of Simcoe Muskoka is rural community...Most [smoking cessation] programs are not tailored for their specific need.

Key informant

I would say, accessibility, location. We're a huge geographic area, so having something accessible to people in all communities. Some of our communities are isolated communities and so, how do we offer something to those people ... if we have something available in Barrie per say and somebody has to travel 40 minutes ... It's different when you're in Toronto, you hop on the bus or the subway 40 minutes is nothing. But ... They don't have the bus, they don't have the financial means or vehicle, they have to get a ride, those kinds of things, so, I think geography is a huge barrier.

Key informant

It would appear to me that there is a higher number of young adults ...that are smokers...unfortunately I don't think there is any smoking cessation programs for youth in the area... I have just no where to send them.

Youth agency manager

Twenty five percent of the population smokes...sigh...that seems low ...well just based on our population here (place of work)...I would say that we have more than 25 percent of smokers... I would have put it around maybe 35 to 40 percent even... I just don't know of any public service that helps (blue-collar workers quit smoking).

Workplace manager

There's like slim to nothing around here for any kind of support groups or not like a therapy or anything but like nothing to help you quit smoking...Like we have no support groups; we have nowhere to go for fun...you can just smoke.

Daily smoker, male, 19 years of age, resides in rural area

Need to Integrate Existing Services

The need for integration of services was mentioned as a gap in the current cessation system, by key informants and work managers. When asked about the effectiveness of a specific strategy, most key informants answered with comments that showed the importance of having a continuum of integrated services:

Again, I don't think its [effective], in isolation it is, but as one strategy as part of a comprehensive approach.

Key informant

All work managers stated the importance of having a central place where they could easily access information:

We've got Health Canada doing things, we've got the Ontario Government doing things, we got the Health Unit doing things and you know, as is typical a more coordinated approach I think would be better... we would know where to refer people to.

Work place manager

Some key informants mentioned that there had been some efforts to integrate cessation services and programs, but that funding restrictions limited the fruits of these labours:

We have something called "SMASH" which is the Simcoe Muskoka Action on Smoking and Health, I think is what it is... And the purpose that's a multi-organizational team ... that works but the issue is that people's mandate isn't broadly to be effective, isn't cessation so you know everybody believes in it and wants to do it but don't have the funding to carry out cessation because our mandates, our money's directed elsewhere.

Key informant

Need to Create a Smokers' Registry

Half of Simcoe Muskoka smokers interviewed reported that they were interested in participating in a smokers' registry that would provide them with the following benefits:

- Ongoing contact with smoking cessation professionals
- The latest information about smoking cessation services and products

- Information on what is the most appropriate service/product for the smoker to use in order to quit smoking
- Notice about special studies for which they might be eligible

Smokers also mentioned the need to have services integrated and saw the smokers' registry as a solution:

So if you were kept up to date about new things, new ways, I think that would be great... No need to waste time seeing what is out there... just one place which could keep you up to date, tell you where to go.

Daily smoker, female, 64 years old

Along with having access to cessation products and services smokers felt the registry would provide a means of motivation to keep them on track.

Well it just sounds like a good overall program like to keep you motivated and any of them, like yeah, and like I think all smokers are hoping something is gonna come out that's going to make it easier

Daily smoker, female, 64 years old

Its all pros not cons...that is if there was something like that you would notnot benefit from it at all. I mean I can't see a reason... Yeah reasonable cost ...reasonable price for the program then I would.

Daily smoker, male, 24 years old

All participants in the semi-structured interviews who wanted to be part of the smokers' registry said that getting the latest information about smoking cessation services and products was the most appealing part of the registry.

So if you were kept up to date about new things, new ways, I think that would be great.

Daily smoker, male, 63 years old

Shortage of Counselling Services

There was general agreement among key informants, youth agency managers, workplace managers and smokers that there were very few counselling services offered, and those that were available were run sporadically and sometimes had fees associated with them.

There are just very few counselling services ... as far as individual counselling I guess there are no quit smoking individual counselling other than the health unit currently is running this STOP study.

Key informant

The survey data also showed that smokers were interested in having counselling services. Thirty-eight percent of smokers who have never gone to counselling services for smoking cessation reported being interested in receiving counselling services, and 52% of smokers believed that counselling would help them quit. Forty-four percent of young adults and 44% of blue-collar worker participants reported being interested in receiving counselling services; 58% of young adult participants and 49% of blue-collar worker participants believed that counselling would help them quit.

Subsidizing Pharmacotherapy

When we conducted the interviews there was a major study going on in Simcoe Muskoka, the STOP study, which delivered free NRT to some smokers of the region (this study is mentioned in the counselling service section). All key informants talked at length about this study, and reported that it was a great benefit to Simcoe Muskoka smokers.

[The STOP study] reduces the barriers right away. ... the financial barrier which I see, as one of the biggest things in our community.

Key informant

Several barriers to the STOP study were mentioned, including limited geographic access and limited capacity:

STOP on the road I think we had 500 spots and we had over 800 people call. So I think, ... a lot more is needed. When we have, we have waiting lists now for, we haven't even advertised for our STOP study and we have waiting lists beyond our capacity.

Key informant

The survey data also confirmed that the cost of medications was a barrier. Fifty-four percent of all smokers believed that stop smoking medications were too expensive, although 58% believed that they would make their quit attempt easier. The price of pharmacotherapy seems to be a bigger barrier for young adults and for blue-collar workers: 79% of young adults and 81% of blue-collar worker participants believed that stop smoking medications were too expensive. Fifty-eight percent of the blue-collar workers and of the young adult participants believed that pharmacotherapy would make their quit attempt easier.

Need to Distribute More Self-help Materials

According to key informants, youth agency managers, and workplace managers there was inadequate distribution of self-help materials, especially to rural areas.

I think that we do a poor job of trying to saturate communities with it.... especially communities in the North, or far away.

Key informant

We're so capable of flooding with information of things of what's the best brand name to be wearing. We need to take those concepts and do the same flooding for assistance to stop smoking.

Youth agency manager

The interviews show that although there are self-help materials, more is needed in terms of their content and circulation. Several key informants pointed out that the language level used in the self-help materials was quite high and not really accessible for smokers with few years of formal education.

The booklets that we have are quite intense and overwhelming.

Key informant

Smokers Want "New" Products and Services

Smokers indicated a desire for access to other cessation products such as lozenges, as well as services that are not considered evidence-based, such as hypnosis and acupuncture.

They don't have here, it's called COMMIT, and it worked really well...I had good luck with that.

Daily smoker, male, 63 years old

My cousin had hypnosis and it worked for her... but it's too expensive.

Daily smoker, female, 42 years old

Other common products suggested by smokers included special diets, herbal supplements and products that could mimic smoking.

Summary of Services Available

As of 2006, there were substantial gaps in the continuum of cessation services available in Simcoe Muskoka. Less than 20% of those proposed by the CTG and 15% of those in the master list were available. The feeling that more services were needed, as well as better integration of the current services, was echoed by key informants, youth agency managers, workplace managers and smokers themselves.

Awareness of Services and Supports

It is essential for gaps assessments to understand not only what services are offered, but also the extent to which smokers are aware that these services are available. As part of our survey, we measured awareness in several different ways. The first was by asking participants to "Name five aids or resources that help people quit smoking." The average number of services and supports blue-

collar workers could mention was four, which is slightly higher than young adults or phone participants (mean=3). Table 4 shows the most common services and supports that participants mentioned.

Table 4: Awareness of Services and Support by Phone Survey Participants, Young Adults and Blue-collar Workers

	Phone Survey (data weighted) %	Young Adults %	Blue-collar %
Nicotine gum	61	74	76
Nicotine patch	60	73	83
Pharmacotherapy- not NRT	36	11	42
Laser, hypnosis or acupuncture	34	19	39
Cold Turkey/willpower	10	10	11
Health professional	9	11	13
Food/herbal supplements	6	10	12
Family or friends	5	18	7
Telephone helpline	4	16	10
Self-help materials	4	7	3
Counselling	4	8	8
Inhaler	3	10	6

Most smokers are aware of NRT (especially the gum and the patch), followed by non evidence-based methods, such as laser, hypnosis and acupuncture, and food and herbal remedies which have had inconclusive or negative results from the Cochrane reviews.^{23,24} Very few identified self-help materials, telephone helplines or counselling as any of their five resources.

While only 4% of phone participants mentioned a telephone helpline unprompted, 54% reported they had heard of Ontario Smokers' Helpline when asked: "Have you ever heard of Ontario Smokers' Helpline sponsored by the Canadian Cancer Society?" This finding shows that smokers may know of many more quit resources than they can recall without prompting.

Fourteen percent of Simcoe Muskoka smokers were not able to mention even one cessation service or support.

Awareness of "Evidence-based" Smoking Cessation Services

While awareness of services in general is important to understand, it is essential to understand awareness of services that have been proven to work; in other words services that are evidence-based.

Based on Cochrane reviews,^{25,26,27} we define the following services as “evidence-based”:

- Pharmacotherapy
- Telephone helpline
- Quit programs
- Counselling

In this section we examine characteristics of participants who were unaware of evidence-based smoking cessation services.

Unprompted, seventy-seven percent of all smokers were aware of at least one “evidence-based” smoking cessation service.

Table 5 presents chi-square results, showing the demographic and smoking characteristics associated with being unaware of evidenced based smoking cessation services (pharmacotherapy (NRT and non-NRT), telephone helpline, or counselling).

Table 5: Demographic and Smoking Characteristics Associated with Being Unaware of Evidenced Based Smoking Cessation Services

Characteristics	Unaware of evidence-based support or service (%)	χ^2	DF	p
18-24 years old	36	8.9	796	. ≤.01
25 years old or older	21			
Males	30	17.9	796	. ≤.001
Females	17			
Secondary degree or less	28	10.9	786	. ≤.01
More than a secondary degree	18			
Income less than 45,000 (mean)	29	12.7	665	. ≤.001
Income more than 45,000 (mean)	17			
Low HSI	18	9.7	626	. ≤.01
Moderate HSI	23			
High HSI	35			
Plan to quit next 6 months	24	0.6	796	NS
Does not plan to quit in next 6 months	22			

The results show a need for targeted education and promotion campaigns for evidence-based smoking cessation services for smokers who are less likely to be aware of these services including:

- Young adults
- Males
- Smokers who have secondary education or less
- Those who have a household income less than \$45,000 (\$45,000 was the mean household income)
- Those who are heavy smokers as measured by the Heaviness of Smoking Index (HSI).

Awareness of Social Support

Several researchers and practitioners have recognized social support as a crucial factor associated with the maintenance of health behaviours, including smoking abstinence.²⁸ Further, since the late 1990s, clinical practice guidelines for smoking cessation both in the USA²⁹ and in the UK³⁰ have recognized the importance of social support.

In our study, young adults from the street intercept study were the group who most frequently suggested family or friends as a means of helping them quit or reduce their smoking (17% of young adults; 7% blue-collar workers; 5% of phone participants).

Awareness of Smoking Cessation Services from the Street Intercept Survey

Young Adults

Compared to smokers in Simcoe Muskoka, young adults from the street intercept survey were less likely to be aware of non-NRT pharmacotherapy (36% vs. 11%; $p=0.00$), laser, hypnosis and acupuncture (34% vs. 17%; $p=0.00$), but more aware of family and friends (5% vs. 16% $p=0.00$) and of the inhaler (3% vs. 10%, $p=0.001$). Chi-square test results showed that young adult participants in the street intercept survey, with less formal education were less likely to be aware of smoking cessation services and supports ($\chi^2=15.75$, $df=7$, $p=.027$).

Blue-collar Workers

Awareness of smoking cessation services did not differ significantly between blue collar workers and phone participants.

Chi-square tests results revealed that blue-collar participants with a higher level of nicotine dependence, as measured by the Heaviness of Smoking Index, were less likely to mention a smoking cessation service ($\chi^2=21.17$, $df=6$, $p=0.003$).

What Services are Workplace Managers Aware Of?

Workplace managers and people working with young adults were largely unaware of smoking cessation services. Workplace managers knew only of services offered at their workplaces. Both groups expressed a lack of connection between the local PHU and their organizations. Most acknowledged that the public health unit offers various cessation services, however they felt that these services were not adequately advertised to blue-collar workers.

I understand there's a lot out there but it seems to be a secret. ... We would welcome having more information about the services here.

Young adult work manager

Um, a little bit more regular offerings [of smoking cessation services and information], I guess, and a little bit more in terms of, um, communication with, with us as companies...

Blue-collar work manager

Summary of Service Awareness

In order for smokers to use appropriate smoking cessation assistance, they have to know it exists and know it is effective. Unfortunately, awareness of behavioural smoking cessation services among smokers was low, especially when compared to pharmacotherapy. Most smokers were unaware of behavioural smoking cessation programs. Youth agency managers, service managers and workplace managers, who could refer smokers to the existing services, were also unaware of these services.

The analysis showed that smokers who: 1) are males, 2) are young adults, 3) have secondary education or less, 4) have a household income of \$45,000 or less and 5) have a high HSI score are less informed about smoking cessation services and supports.

Utilization and Reach

Two different but complementary analyses are presented in this section. The first presents administrative data on the reach of programs in 2006. The second presents self-reported use by smokers.

Reach of the Programs

As part of our study, we surveyed all cessation programs that received funding from the Ontario Ministry of Health Promotion, and that were accessible in Simcoe Muskoka, to estimate how many Simcoe Muskoka residents the programs reached in the last year.

In 2006:

- 2,340 Simcoe Muskoka residents enrolled in the Driven to Quit challenge, accounting for almost 10% of all enrollees.
- Approximately 800 Simcoe Muskoka smokers received nicotine replacement therapy through the STOP study; this represents 5% of all STOP study phase 2 and 3 participants.
- Smokers' Helpline received 312 calls, which represents almost 5% of all its reactive calls.
- The health connection line received 163 calls regarding tobacco cessation.

Given that there are approximately 100,000 smokers in Simcoe Muskoka (CCHS, 2005), these findings indicate that in 2006 at most (if smokers are just using one service) 3.6% of all smokers in Simcoe Muskoka used a smoking cessation service that was at least partially funded by the Ontario Ministry of Health Promotion.

Health Care Providers

Given that health care providers play an important role in cessation efforts, we looked at how many health care providers from Simcoe Muskoka had participated in either of the two major tobacco cessation training programs in Ontario, namely the Clinical Tobacco Intervention program (CTI) and the Training Enhancement and Applied Cessation Counselling and Health (TEACH) program.

In 2006, no Simcoe Muskoka health care providers were trained by CTI, and eleven Simcoe Muskoka health care providers were enrolled in the TEACH program.

Use of Services by Smokers

Smokers were asked if, at any point in their lives, they had used certain products or services in order to help them quit or reduce tobacco use. Those participants who had used a product or service were asked how satisfied they were with it. Table 6 shows the variability in use of different products and services among Simcoe Muskoka smokers (phone survey respondents), young adults (street intercept respondents) and blue-collar workers (street intercept respondents).

Table 6: Smoking Cessation Services and Supports Participants Have Used

	Phone Survey %	Young Adults (Street Intercept) %	Blue-collar (Street Intercept) %
Made deal with a friend or family member	48	54	49
Nicotine patch	40	17	42
Nicotine gum	41	25	33
Zyban	25	1	20
Self-help materials*	19	14	19
Laser, hypnosis or acupuncture	13	2	11
Smokers' online helpline	4	4	4
Telephone helpline	3	2	4
Took part in quit program	3	1	1

* Of Simcoe Muskoka smokers who had used self-help materials, 41% of the materials had been sponsored by non-profit organizations, 19% by were printed by for-profit companies, 7% by pharmaceutical companies, and 5% by tobacco companies. More blue-collar participants had used self-help materials sponsored by private companies than smokers from the phone survey (31% vs. 19%, $p < .05$). Young adults were more likely to have used self-help materials sponsored by a non-profit organization than smokers from the phone survey (82% vs. 41%).

We combined some responses to gain a better understanding of the percentage of smokers who use NRT, non-NRT pharmacotherapy and behavioural aids (Table 7).

Table 7: Smoking Cessation Services and Supports Participants Have Used, Grouped by Major Categories

	Phone Survey %	Young Adults (Street Intercept) %	Blue-collar (Street Intercept) %
Used pharmacotherapy (NRT and non-NRT)	62	37	64
Used non-NRT pharmacotherapy	28	3	26
Used behavioural aid (self-help material, telephone, online, counselling or quit program)	25	19	24

Making a deal with a friend or family member was the most used resource by all three groups (Simcoe Muskoka smokers, young adults and blue-collar participants from the street intercept survey). While there were not many differences between the blue-collar workers who participated in the street intercept survey and the general Simcoe Muskoka smokers with regards to using quit aids, important differences were seen with young adults from the street intercept survey. Zyban was used by a quarter of Simcoe Muskoka smokers, but by only 1% of young adults from the street intercept survey. Similarly, laser, hypnosis and acupuncture were used by 13% of Simcoe Muskoka smokers but by only 2% of the young adults who participated in the street intercept survey.

Use of Evidence-based Smoking Cessation Aids

Thirty-four percent of Simcoe Muskoka smokers had never used a behavioural aid (self-help material, telephone, online, counselling or quit program) or a pharmaceutical aid. Chi-square test results showed that smokers with a low HSI score were less likely to have used an evidence-based smoking cessation service (59%-low HSI vs. 74%-moderate HSI, and 78%-high HSI $\chi^2=16.97$, $df=7$, $p\leq.001$).

Use of Pharmacotherapy

Over 60% of all Simcoe Muskoka smokers had used pharmacotherapy (NRT and non-NRT) at one point in their life, yet only 37% of the young adults who participated in the street intercept survey had done so. Table 8 shows the demographic and smoking characteristics associated with never having used any type of pharmacotherapy (NRT and non-NRT).

Table 8: Demographic and Smoking Characteristics Associated with Never Having Used Any Type of Pharmacotherapy

Characteristics	Never used pharmacotherapy (NRT or non-NRT) %	χ^2	DF	P value
18-24 years old	48	6.0	796	. \leq .05
25 years old or older	36			
Low HSI	43	16.13	626	\leq .001
Moderate HSI	30			
High HSI	22			
Plan to quit next 6 months	25	37.5	796	\leq .001
Does not plan to quit in next 6 months	46			
Males	39	1.2	796	NS
Females	36			
Secondary degree or less	38	.07	786	NS
More than a secondary degree	37			
Income less than 45,000 (mean)	40	.56	665	NS
Income more than 45,000 (mean)	37			

Young adults were less likely to have used pharmacotherapy than adults older than 24 years old. Smokers with a low HSI were also less likely to have ever used pharmacotherapy, compared to those with a moderate or high HSI. The result that smokers with low HSI score were less likely to have used pharmacotherapy is expected, given that most pharmacotherapies are recommended for heavy smokers.

Use of Behavioural Aids

While there were no significant differences between the three groups in the use of behavioural aids, Chi-square tests were used to understand if there were any groups within the phone survey sample

that were more likely never to have used a behavioural aid (self-help material, telephone, online, counselling or quit program; see Table 9).

Table 9: Characteristics Associated with Never Having Used a Behavioural Aid

Characteristics	Never having used behavioural aids %	χ^2	df	P value
Males	79	5.4	796	$\leq .01$
Females	72			
Secondary degree or less	80	8.7	786	$\leq .001$
More than a secondary degree	71			
Low HSI	82	12.16	626	$\leq .01$
Moderate HSI	68			
High HSI	79			
Plan to quit next 6 months	67	12.61	796	$\leq .001$
Does not plan to quit in next 6 months	80			
Income less than 45,000 (mean)	75	.64	665	NS
Income more than 45,000 (mean)	77			
18-24 years old	75	.6	796	NS
25 years old or older	75			

Demographic characteristics, such as gender and education, play an important role in determining the use of behavioural aids. While few smokers have ever used a behavioural aid (25%), the lack of use is more pronounced among males, those with a moderate HSI score and those not planning to quit.

Use of Services from the Street Intercept Survey

Young Adults

With the exception of making deals with family and friends, young adults from the street intercept study were the least likely group to have used any of the smoking cessation services for which we probed. Young adult male participants from the street intercept group were significantly less likely to have used evidence-based smoking cessation services. Chi-square analysis showed that females were significantly more likely to have used evidence-based aids, (counselling, specialized addiction counsellor, Smokers' Helpline, Smokers' Helpline Online, a quit program, and/or pharmacotherapy) (Fisher's exact test $p=0.037$). So while gender was not a predictor for being aware of these services, it was for using them.

Blue-collar Workers

There was no significant difference between blue-collar workers and phone participants in their use of smoking cessation services. Older blue-collar smokers were more likely to have used a behavioural aid and/or pharmacotherapy ($\chi^2=49.8$, $df=33$, $p=0.03$).

Perceived Helpfulness of Services

As part of the gaps assessment we looked not only at what smoking cessation services smokers had used, but also how satisfied they were with these services. Table 10 shows the percentage of smokers who had used various services and found them at least somewhat helpful. We calculated perceived helpfulness only for services that had been used by more than 15% of smokers.

Table 10: Perceived Helpfulness of Services

	Phone Survey (%)	Young Adults (Street Intercept) % (n)	Blue-collar (Street Intercept) % (n)
Self-help materials	68	50 (7) *	73 (14) *
NRT patch	63	35 (6)*	54 (22) *
Deals with friends or family	56	41 (22) *	45 (22) *
Zyban	49	n/a	60 (12) *
Laser, hypnosis, acupuncture	44	n/a	n/a
Nicorette gum	28	36 (9) *	24 (8) *

*Non-reportable

Respondents from all three groups found self-help materials to be the most helpful. It is important to note that many participants had used self-help materials that were privately funded. Nicorette gum was perceived as least helpful by participants from all three groups.

Advice from Health Care Professionals

Almost all smokers in Simcoe Muskoka, 96%, have been advised by a health care professional (doctor, nurse, dentist, pharmacist or hospital staff) to quit or reduce their smoking. Table 11 shows the proportion of smokers who have been advised by a health care professional to quit or reduce smoking and the perceived helpfulness of this advice.

Table 11: Advice Smokers Have Received from Health Care Professionals

	Phone Survey (%)	Young Adults (Street Intercept) %	Blue-collar (Street Intercept) %
Doctor advised to quit or reduce smoking	77	55	78
Found it at least somewhat helpful	47	35	39
Dentist advised to quit or reduce smoking	35	22	35
Found it at least somewhat helpful	33	41	26
Nurse advised to quit or reduce smoking	30	11	22
Found it at least somewhat helpful	42	27	41
Pharmacist advised to quit or reduce smoking	12	12	11
Found it at least somewhat helpful	47	39	25
Have been hospitalized	67	58	65
Hospital staff advised to quit or reduce smoking	24	34	22
Found it at least somewhat helpful	42	43	25

Seventy-seven percent of all smokers had been asked by a doctor to quit smoking; this was higher than other Ontario smokers. According to OTS data from 2006, 67% of smokers who had seen a doctor in the last 12 months had been asked to quit or reduce their smoking. However, less than 50% of Simcoe Muskoka smokers had found this advice helpful.

Young adults from the street intercept survey were the group least likely to have ever been asked by a doctor to reduce or quit smoking (55% vs. 77 %, $p=.00$) and were generally the group that was least likely to have found advice from health care professionals helpful.

Likelihood of Using Services

Apart from asking smokers what services they had used, we asked participants if they would be interested in participating in certain programs, or taking some actions. Table 12 shows participants' willingness to participate in the probed services. Please note that we did not probe for likelihood of using pharmacotherapy.

Table 12: Participants' Willingness to Use Services

	Phone Survey %	Young Adults %	Blue-collar Workers %
At least somewhat likely to ask a doctor for advice	66	82*	75
Wants to participate in a smokers' registry	49	44	47
At least somewhat likely to ask a pharmacist for advice	40	50†	36
Willing to participate in counselling (asked for those who had never participated in counselling before)	38	44	44
At least somewhat likely to ask a nurse for advice	24	Not asked	Not asked
At least somewhat likely to ask a dentist for advice	10	24*	10

* $p<.01$

† $p<.05$

While young adults from the street intercept were the least likely group to have used any formal service or pharmacotherapy, they were the most likely to report being at least somewhat likely to ask a doctor, pharmacist, or dentist for advice.

Close to 50% of smokers, regardless of which group they came from, said they would be interested in participating in a smokers' registry.

What are Smokers Looking for in Terms of Cessation Services?

During the semi-structured interviews, smokers explained how they chose what services or products they would use. The main characteristics they were looking for were: convenience, anonymity, and social support.

What I would like... a small group, ... an AA approach where a group quits together and supports each other, and you know you get desperate you got a phone buddy, that kind of thing. I think something like that... could really help me.

Daily smoker, female, 64 years old

There's like no support groups or anything down here.... I don't have a vehicle anymore to get there... I just need [the program to be] accessible.

Daily smoker, male, 19 years old

Sometimes it is just easier to get a smoke. That just happened to me, I ran out [of the patch] and ended up smoking again.

Daily smoker, female, 42 years old

Summary

The low use of cessation services - especially behavioural aids - has a financial and human cost for Simcoe Muskoka public health. Research has found that the use of several services and supports (pharmacotherapy and some behavioural aids) increases the likelihood of long-term abstinence.^{31,32,33} Young adults from the street intercept survey were the least likely to have used a cessation service or pharmacotherapy. Young adults, males, those with fewer years of formal education, with lower income, and those with a lower HSI were less likely to have used a smoking cessation aid. These results have two important implications:

1. There is a need to encourage use of smoking cessation services and supports, especially for male smokers.
2. There is a need to develop and promote services for particular sub-groups, such as young adults.

Almost all smokers in Simcoe Muskoka, 96%, have been asked by a health care professional to quit or reduce their smoking. Less than half of those being asked found it at least somewhat helpful. However, more than 50% of smokers reported that they would be at least somewhat likely to ask a doctor for advice regarding future quit attempts. These results suggest a need to improve smoking cessation interventions conducted by health professionals.

Lessons for Cessation Gaps Assessment in Other Regions

One of the main objectives of this study was to test a methodology that could inform other jurisdictions about their smoking cessation system. This pilot study tested a methodology that can be used to identify gaps in smoking cessation systems. In this section we describe the advantages and constraints (time and financial) of each of the components of our approach.

The Environmental Scan

The environmental scan provided a quick way to assess the availability and reach of cessation services. While the Public Health Agency and Smokers' Helpline both had complete lists of the public services available, they were missing private services and services that are not considered best practices, such as laser, hypnosis and acupuncture. Neither the Smokers' Helpline registry nor the PHA registry captured the reach of the programs. This information was essential to understand the current gaps in the area.

Interviews with Key Informants, Youth Agency Managers, and Workplace Managers

Interviews with key informants enhanced our understanding of what services were available, their advantages and disadvantages, as well as what services were most needed in order to have a comprehensive smoking cessation strategy. The interviews highlighted subpopulations that were at higher need of smoking cessation services. It is recommended that the replication of the gaps assessment include a component of key informant interviews.

Interviews with youth agency managers, and workplace managers highlighted the need for more cessation services, as well as barriers that might be faced in their implementation and suggestions to overcome some of those challenges.

Researchers must be aware of the sensitivities involved in interviews with staff. Staff may be suspicious of the motives behind these types of assessments and resentful of further demands upon their time. These feelings may be offset when evidence gathered through staff interviews is shared with them.

Phone Survey

The phone survey provided important information about how people in Simcoe Muskoka smoke, their quit intentions, and their awareness, use and satisfaction with smoking cessation services. Results showed that smoking behaviours of Simcoe Muskoka smokers are very different from those of Ontario in general (as measured by the *Ontario Tobacco Survey*, wave 4, from January –June 2007); for example:

- Simcoe Muskoka daily smokers were less likely to have a low HSI score (30% vs. 45%, $p=.00$)
- Simcoe Muskoka smokers were more likely to have used NRT (58% vs. 48%, $p=.00$)

Given these results we recommend that any replication of this study include a phone survey with a large enough sample to be representative of the geographical area being studied, to capture any regional differences.

Street Intercept Survey

The street intercept survey provided critical data about smoking among blue-collar workers and young adults, their quit intentions, and their awareness, use and satisfaction with smoking cessation services. This methodology was relatively inexpensive compared to the phone survey. However the non random nature of the survey and its small sample size preclude generalization to all people in the subpopulation. In spite of this drawback, the value of this method is shown in the insight it provides into a community of smokers not reached through other methods.

Appendix E shows a complete breakdown of the demographic characteristics of the two groups (young adults and blue-collar smokers).

Interviews with Smokers

The interviews with smokers provided important understanding of how smokers make choices about cessation services and products. Further, it provided rich information on the successes and failures of existing cessation services from the perspectives of smokers themselves, as well as what programs, products and services smokers want to see available in the region to assist them in their quit attempts. However, we recommend conducting more than 15 interviews since we felt that more could have been learned by these interviews.

Conclusion/Discussion

Many enhancements to existing services in Simcoe Muskoka are needed to fulfill the CTG recommendations, as well as those suggested by key informants, youth agency managers, workplace managers and smokers. The current smoking cessation services in the area reach less than 3% of smokers per year, while 15% of smokers report that they want to quit in the next month. Although the smoking prevalence in Ontario has declined in recent years, more help is needed for people who want to quit smoking, particularly in those subpopulations or regions where smoking prevalence is high. Our pilot study shows the potential for expansion in the reach of current cessation services, and the addition of more services.

Issues for Consideration for Closing the Gaps in Simcoe Muskoka:

A number of issues found in this study are worthy of consideration. Listed below is a sampling of some of the more acute issues.

1. ***Social support*** plays an important role in smoking cessation, in particular for young adults. Sixteen percent of young adults from the street intercept survey mentioned support or pressure from family and friends as a resource to help them quit or reduce their smoking. Further, 54% had made deals with family or friends in order to reduce their smoking and 40% of those had found it at least somewhat helpful. Ways of incorporating social support into the smoking cessation system would be beneficial.
2. ***Tailoring programs*** for people who are at high risk of tobacco related diseases. All participants in this study mentioned the lack of tailored services and the need for them. Smokers in rural areas, as well as blue-collar workers, young adults, people with mental illness and Aboriginal people were all considered to be at higher risk.
3. ***Counselling services***. Thirty-eight percent of Simcoe Muskoka smokers who had never attended counselling to help them quit smoking said they would be interested in participating in smoking cessation counselling. A third of those who reported being interested in attending counselling said they would prefer one-on-one counselling, and 25% said they would prefer group counselling.
4. ***NRT***. More than half of all smokers thought that pharmacotherapy could help them quit smoking, but that pharmacotherapy costs too much. Furthermore, key informants, youth agency managers, and workplace managers all expressed the need for at least some smokers to get free or subsidized pharmacotherapy.

5. ***Smokers' registry.*** Almost half of all smokers said they would be interested in participating in a smokers' registry that would provide smokers with:
 - Ongoing contact with smoking cessation professionals
 - The latest information about smoking cessation services and products
 - Information on what is the most appropriate service/product for the smoker to use in order to quit smoking
 - Contact about special studies for which they might be eligible
6. ***Self-help materials.*** Only 18% of all Simcoe Muskoka smokers had used self-help materials to help them quit or reduce smoking. However, 68% of smokers who had used self-help materials had found them helpful. Workplace managers mentioned they would welcome having self-help materials available for employees who wish to stop smoking: unfortunately they did not know where to get them.
7. ***Smoking cessation for hospitalized patients.*** Sixty-seven percent of all Simcoe Muskoka smokers had been hospitalized, yet only 24% of those who had been hospitalized had been advised by hospital staff to quit or reduce their smoking.
8. ***Service integration and coordination.*** All key informants, as well as all youth agency managers, workplace managers, and most smokers believed that the effectiveness of a smoking cessation system would be enhanced if it were well integrated. While each service has its unique characteristics, it is essential that all the services work together to ensure they are complementary and working in synchrony. From the smokers' perspective, a smokers' registry could provide part of the solution. Key informants pointed out the need for dedicated financial and time resources so that the different components of a cessation system could work better together.

Conducting the Gaps Assessment in Other Regions

We have developed a methodology for assessing a PHU's smoking cessation system. This encompasses four major components: an environmental scan; interviews with key informants and youth agency managers, service managers and workplace managers, a survey (conducted as a street intercept or as a phone survey) and interviews with smokers. Each component has merit in itself and, therefore, makes a contribution on its own. Together they provide useful evidence to inform guidelines about where to invest in order to have a comprehensive smoking cessation system.

Appendix A: Demographics of Key Informants

Key Informants were:

- Paid employees
- Staff providing direct frontline support and programming for smokers or responsible for planning, communication, and collaboration of tobacco control in Simcoe Muskoka.
- Staff who had worked on tobacco control for an average of 9.5 years (range 2-14 years)
- Mostly female (66%)
- Between 40-60 years old

Appendix B: Interview with Key Informants

The Ontario Tobacco Research Unit (OTRU) is conducting an evaluation of Ontario's tobacco cessation system. The purpose of this part of the evaluation is to describe the availability and reach of cessation services in different parts of the Public Health Unit. The evaluation explores what groups or communities are and are not accessing various existing cessation services and seeks to identify what other services might be needed. We are also interested in learning about the strengths and weaknesses of the existing continuum of services. Before the interview, I will review the informed consent form with you, which explains your rights as a participant in this evaluation. If you decide to consent, we will begin the interview, which will take no more than one hour. If you are participating over the phone, the researcher will read you the informed consent, and ask you to fax it back or mail it back before the interview can be conducted.

If consent has been received: Thank you for sending us back the signed informed consent, do you have any additional questions regarding the study?

Before we begin, I would like to know what you think are the two most important questions this evaluation needs to answer or address?

Thank you. Now, let's begin with the interview.

SMOKERS IN THE PHU

According to *Canadian Community Health Survey* there is a 25% prevalence rate of smoking in Simcoe Muskoka. Does this seem correct to you? If not, is it higher? Lower? Why do you think so?

CCHS also reports that Simcoe Muskoka having a higher percentage of female smokers than the province (25% vs. 19%)? Does this seem correct to you?
If so, why do you think Simcoe's female residents are more likely to smoke than "Ontarians"?
If not, is it higher? Lower? Why do you think so?

More Simcoe Muskoka's residents reported they smoked daily than the average Ontario (17% vs. 22%). Does this seem correct to you? Why do you think this is the case?

Which "communities" or groups of people in Simcoe Muskoka smoke more than average? PROBE: Do you think that the francophone community in Simcoe Muskoka smokes more than average? How about the LGBTTTQ community? How about people in mental health facilities? How about those who are incarcerated? The unemployed? Youth? Aboriginal people? Low SES? Can you identify specific communities for us and provide contact information?

SELF-HELP MATERIALS

Are self-help materials available in Simcoe Muskoka?

Yes No

Where are self-help materials available? (PHA, non-profit organizations, community centers, doctors office)

What are the benefits of the self-help materials available in Simcoe Muskoka? (do they raise awareness, motivate smokers to quit, provide quitting tips)

Who benefits from them? Who doesn't?

What are the weaknesses of the self-help materials in Simcoe Muskoka?

Of all the smokers in Simcoe Muskoka, how many do you think have used self-help material at some point?

All (100%) Most (50-99%) Some (25-49%) Few (1-24%) None (0%)

TELEPHONE HELPLINES

Which telephone helplines are available in Simcoe Muskoka? (SHL, PHA, non-profit organization)

FOR EACH TELEPHONE HELPLINE AVAILABLE ASK:

Who uses the telephone helpline? (youth, blue-collar workers, men, women)

Can you identify any groups of smokers that could benefit from the helpline but do not use it?

Why do you think _____ (group) does not use the telephone helpline?

Could the telephone helpline work for _____ (group)? How?

How effective is the telephone helpline in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective? Why?

For whom do you think it is less effective? Why?

Of all the smokers in Simcoe Muskoka, how many do you think have used the helpline at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the telephone helpline?

What are the weaknesses of the telephone helpline?

ONLINE SUPPORT (Chats, email support, online forums)

What online support services are there for smokers in Simcoe Muskoka?

Who offers the online help? (PHA, CCS, non-profit organizations, private company, tobacco company)

FOR EACH ONLINE SUPPORT SERVICE

Who uses the online helpline? (youth, blue-collar workers, men, women)

Can you identify any groups of smokers that could benefit from the online support but do not use it?

Why do you think _____ (group) does not use the online services?

Could the online services work for _____ (group)? How?

How effective is the online help in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the smokers in Simcoe Muskoka, how many do you think have used the online help at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the online help?

What are the weaknesses of the online help?

INDIVIDUAL COUNSELING SERVICES

Are there individual counselling services available in Simcoe Muskoka?

Yes No

Who offers the individual counselling services? (PHU, non-profit organizations, schools, private company)

Who goes to the individual counselling services? (youth, blue-collar workers, men, women, pregnant women)

Can you identify any groups of smokers in Simcoe Muskoka that could benefit from the individual counselling services but does not use them?

Why do you think _____ (group) does not use the individual counselling services?

Could the individual counselling services work for _____ (group)? How?

How effective are the individual counselling services available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the smokers in Simcoe Muskoka, how many do you think have gone to individual counselling services at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of individual counselling services in Simcoe Muskoka?

What are the weaknesses of individual counselling services in Simcoe Muskoka?

GROUP COUNSELING SERVICES

Are there group counselling services available in Simcoe Muskoka?

Yes No

Who offers the group counselling services? (PHU, non-profit organizations, private company)

Who goes to the group counselling services? (youth, blue-collar workers, men, women, pregnant women)

Can you identify any groups of smokers in Simcoe Muskoka that could benefit from the group counselling services but does not use them?

Why do you think _____ (group) does not use the group counselling services?

Could the group counselling services work for _____ (group)? How?

How effective are the group counselling services available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the smokers in Simcoe Muskoka, how many do you think have gone to group counselling services at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the group counselling services in Simcoe Muskoka?

What are the weaknesses of the group counselling services in Simcoe Muskoka?

INTERVENTIONS AND COUNSELLING FOR HOSPITALIZED PATIENTS

Are there any counselling services available to help hospitalized smokers quit in Simcoe Muskoka?

Yes No

Who offers the counselling services to hospitalized patients? (PHA, non profit organizations, the hospital)

Are all hospitalized patients eligible for this counselling? (patients with heart failure; pregnant women;)

How effective are the counselling services available for hospitalized patients in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the hospitalized smokers in Simcoe Muskoka, how many do you think have received counselling services while hospitalized?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the counselling services available to help hospitalized smokers quit in Simcoe Muskoka?

What are the weaknesses of the counselling services available to help hospitalized smokers quit in Simcoe Muskoka?

WORKSITE SMOKING CESSATION PROGRAMS

Are there interventions to help smokers quit offered at worksites in Simcoe Muskoka?

Yes No

What services do they usually offer? (Counselling, free/subsidized NRT/pharmacotherapy; self-help materials, support groups)

Who offers the services? (PHU, the company where service is offered)

Who can access these services? (people who work in the firm, family members)

How effective are the worksite smoking cessation services available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

What are the strengths of worksite smoking cessation services in Simcoe Muskoka?

What are the weaknesses of worksite smoking cessation services in Simcoe Muskoka?

TAILORED PROGRAMS FOR MARGINALIZED GROUPS (LOW SES, ABORIGINAL PEOPLES, INCARCERATED, FRANCOPHONES)

Are there tailored programs to help marginalized populations quit smoking available in Simcoe Muskoka?

Yes No

Who offers these services? (PHU, non-profit organizations, private company)

What services do they offer? (individual/group counselling, subsidized NRT/pharmacotherapy)

Who goes to these services?

Do you believe that there are any groups of smokers in Simcoe Muskoka that need tailored programs but do not have any? What would these services look like?

How effective are the tailored smoking cessation services available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think they are more effective?

For whom do you think they are less effective?

Of all the smokers in Simcoe Muskoka eligible for tailored programs, how many do you think have used the services at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the tailored programs in Simcoe Muskoka?

What are the weaknesses of the tailored programs in Simcoe Muskoka?

TAILORED PROGRAMS FOR YOUTH

Are there tailored programs to help youth quit smoking available in Simcoe Muskoka?

Yes No

Who offers these services? (PHU, non-profit organizations, private company)

What services do they offer? (individual/group counselling, subsidized NRT/pharmacotherapy)

Who goes to these services?

How effective are the youth smoking cessation services in helping youth quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think they are more effective?

For whom do you think they are less effective?

Of all the youth smokers in Simcoe Muskoka, how many do you think have used the services at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the youth smoking cessation services in Simcoe Muskoka?

What are the weaknesses of the youth smoking cessation services in Simcoe Muskoka?

FREE OR SUBSIDIZED NRT/PHARMACOTHERAPY

Are there any services that offer free or subsidized NRT and/or pharmacotherapy in Simcoe Muskoka?

Yes No

Who offers the free or subsidized NRT and/or pharmacotherapy? (PHU, non-profit organizations, pharmacy company, STOP study)

Who is eligible for free or subsidized NRT and/or pharmacotherapy under this program? (youth, blue-collar workers, men, women, pregnant women)

Can you identify any groups of smokers in Simcoe Muskoka that could benefit from free or subsidized NRT and/or pharmacotherapy but does not use them?

Why do you think _____ (group) does not access the services offering free or subsidized NRT and/or pharmacotherapy?

How effective are the services offering free/subsidized NRT/pharmacotherapy available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the smokers in Simcoe Muskoka, how many do you think have accessed the services offering free or subsidized NRT and/or pharmacotherapy at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the services offering free or subsidized NRT and/or pharmacotherapy in Simcoe Muskoka?

What are the weaknesses of the services offering free or subsidized NRT and/or pharmacotherapy in Simcoe Muskoka?

SPECIALIZED NICOTINE DEPENDANCE CLINICS (clinics that offer inpatient and or outpatient service to smokers and tobacco users who want to quit or reduce their tobacco use.)

Are there specialized nicotine dependence clinics in Simcoe Muskoka?

Yes No

Who offers the specialized nicotine dependence clinics? (PHU, Private company, hospital)

Who goes to the specialized nicotine dependence clinics? (youth, blue-collar workers, men, women, pregnant women)

Can you identify any groups of smokers in Simcoe Muskoka that could benefit from the specialized nicotine dependence clinics but does not use them?

Why do you think _____ (group) does not use the specialized nicotine dependence clinics?

Could specialized nicotine dependence clinics work for _____ (group)? How?

How effective are the specialized nicotine dependence clinics available in Simcoe Muskoka in helping people quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

Of all the smokers in Simcoe Muskoka, how many do you think have gone to the specialized nicotine dependence clinic at some point?

None (0%) Few (1-24%) Some (25-49%) Most (50-99%) All (100%)

What are the strengths of the specialized nicotine dependence clinic?

What are the weaknesses of the specialized nicotine dependence clinic?

GENERAL QUESTIONS ABOUT THE LOCAL PROGRAMS

What do you think about the overall continuum / range smoking cessation services available in the PHU?

To what extent do they meet the existing needs?

What are the strengths of the existing service package?

How could it be made stronger?

What are the weakness of the existing service package?

Are you aware of the availability of any tool to match smokers to the most appropriate treatment? If yes who uses it? Programs? Smokers themselves?

If yes, is it useful? Does it have any limitations?

What are some obstacles that smoking cessation services face in general? In Simcoe Muskoka in particular?

What are some things that help deliver quality services to residents in Simcoe Muskoka?

How well do the smoking cessation services in Simcoe Muskoka work together? Do they refer clients to other services that might be more appropriate for them?

What are the barriers to smoking cessation services working together in Simcoe Muskoka?

SMOKING CESSATION CLIENTS

What proportion of smokers in Simcoe Muskoka use at least one smoking cessation service? Has it been going up? Down? By how much? Why? Do you expect that to go up? Down? By how much? Why?

BENEFITS OF SMOKING CESSATION SERVICES

What are the strengths of the smoking cessation services in Simcoe Muskoka? How do you think it could be made stronger?

MASS MEDIA

In the last two years, has there been a campaign in Simcoe Muskoka that aims to motivate smokers quit or reduce their tobacco use?

Yes No

Was it a radio ad? A TV ad? A Billboard? A newspaper ad? Other?

FOR EACH CAMPAIGN MENTIONED ASK:

Who organized the campaign?

How effective was this campaign in motivating smokers quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

In the last two years, has there been a campaign in Simcoe Muskoka that aims to improve the utilization of smoking cessation services?

Yes No

Was it a radio ad? A TV ad? A Billboard? A newspaper ad? Other?

FOR EACH CAMPAING MENTIONED ASK:

Who organized the campaign?

How effective was this campaign in motivating smokers quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

In the last two years, has there been a campaign in Simcoe Muskoka that aims to facilitate the adoption of smoke-free homes and vehicles.?

Yes No

Was it a radio ad? A TV ad? A Billboard? A newspaper ad? Other?

FOR EACH CAMPAING MENTIONED ASK:

Who organized the campaign?

How effective was this campaign in motivating smokers quit or reduce their tobacco use?

Ineffective somewhat ineffective somewhat effective effective

For whom do you think it is more effective?

For whom do you think it is less effective?

How effective was the Driven to quit Challenge (the challenge) in motivating smokers in Simcoe Muskoka to quit?

Do you think it was more successful for certain groups? Why?

Do you think something could have been done differently to help other groups? How?

Was the challenge effective in raising smokers' awareness of the services and supports available in Simcoe Muskoka to help them with quit attempts?

Do you think it was more successful for certain groups? Why?

Do you think something could have been done differently to help other groups? How?

POLICIES

Have there been any major events or policy changes in Simcoe Muskoka that have impacted smoking cessation services? (SFOA? Policies regarding NRT/pharmacotherapy?)

What policies do you think would benefit the smoking cessation services in your area?

INFORMATION ABOUT YOUR ORGANIZATION

How does smoking cessation fit with the other activities of your organization? Why? PROBE: Do they complement each other? How? Why?

CAPACITY

Are there enough professionals trained in smoking cessation in Simcoe Muskoka? How many smokers' do you think benefit from talking to a trained professional? Are there any groups that benefit more than others? Why?

Are there enough services to train lay people to qualify them in helping friends/family quit?

PAST EXPERIENCE AND FUTURE DIRECTION

Is there anything else about the smoking cessation system that currently exists for the residents of the PHU that you think is important for evaluators to understand?

What are some of the lessons you have learned through your work with the smoking cessation services in Simcoe Muskoka that you would share with other PHUs interested in having a comprehensive smoking cessation system?

What recommendations can you make to improve the current smoking cessation services?

Please answer the following questions as best as you can. Do NOT put your name or any other identifying information in this form. If you have any questions please let us know. After completing the form, please hand it back to the interviewer. Thank you very much for your participation.

What year were you born in? _____ (year)

Are you: Female? Male?

What certifications do you have?

When did you start working on tobacco-related issues? _____

Do you live in the same community as the one your agency is located?

YES NO

When did you start working for this agency/organization? | |
Month Year

What is your job title?

Appendix C: Phone Survey

Smoking Cessation Survey – Simcoe Muskoka Public Health Unit
Conducted by the University Of Waterloo Survey Research Centre

ADMINISTRATIVE

- A1. [ID NUMBER]
- A2. [INTERVIEW DATE: MMM/DD/YYYY]
- A3. [INTERVIEW START TIME: HH:MM]
- A4. [CALL NUMBER] (documenting A1 – A4 for each attempted call)
- A5. [DISPOSITION CODE]
- A6. [WAVE NUMBER]

RECRUITMENT

Q.Intro

Hello, my name is _____ and I am calling from the University of Waterloo on behalf of the Ontario Tobacco Research Unit, an ACADEMIC research network at the University of Waterloo and University of Toronto. We are conducting a research survey on health issues within the Simcoe Muskoka Health Unit. We are not asking for money or selling anything.

IF CHILD ANSWERS, ASK TO SPEAK TO AN ADULT. (Begin again)

- | | |
|---|--------------------------|
| 1 – Yes | GOTO Q.1(b) |
| 2 – Child-no adult available | GOTO Q.1(b) |
| 3 - No adult in household | Thank, terminate (CS 19) |
| 4 – No/Respondent refuses | GOTO Q.1c |
| 6 – cottage/not in Simcoe Muskoka I am at the cottage | GOTO Q.1g |

Coverage: no previous call to the household or no call where the PMK identified the name of person with the next birthday

I: Actually, I'd like to speak to the person in your household who is 18 years of age or older whose birthday is coming up next. Would that be you?

ADD IF NECESSARY: We need to select somebody at random. With each call we make, we ask to speak to the person whose birthday is coming up next. This helps us to ensure that we have a representative sample.

PROBE (If respondent not sure of next birthday): We need to speak to the person whose birthday is next to the best of your knowledge.

01 – Yes (but says they are a non-smoker)	GOTO Q.NSQ.2
03 – Yes	GO to Q4e.
02 – No	GOTO Q.4b

ELIGIBILITY IF SELF IDENTIFY AS NON-SMOKER AT INTRO

Q.NSQ2

Could I please confirm:

Have you smoked at least one cigarette in the past six months?

01 – Y	GOTO DNSQ2
02 – N	TERMINATE

“Thank you for your time. “This is a survey of recent smokers.Goodbye”

06 – DK	GOTO Q.NSQ2b
09 – R	GOTO Q.NSQ2b

Q.NSQ2b

We ask for this information to determine eligibility for this survey.

[Pause to allow respondent to answer "Have you smoked at least one cigarette in the past six months?"]

[DO NOT READ]

01 - Yes
02 - No
06 - Don't Know
09 - Refused

DNSQ2

If (Q.NSQ2 = 02 | Q.NSQ2b = 02) then

 Thank and terminate: “This is a survey of recent smokers. Thank-you for your time.
 Good-bye.”
end;

ELIGIBILITY IF AT COTTAGE

Q.1c

We appreciate your time as your responses are important to ensure we have good representation of the people in Simcoe Muskoka. We will be reimbursing respondents for their time – could I ask you a few more questions to see if anyone in your household is eligible?

[DO NOT READ]

01 – Yes

GO TO Q.2

02 – No

Thank and terminate

Coverage: PKU refuses participation

If Necessary, See Q.HELP for additional background information.

Q.1g1

Have you lived in the Simcoe Muskoka region for at least 6 months in a row ?

PROBE: [If respondent does not know or refuses] We ask for this information to determine eligibility for this survey. PROBE: {if respondent repeats they are at the cottage} We just need to confirm whether you have lived there for at least 6 months in a row.

01 – Yes GOTO Q.1g2

02 – No Thank and terminate

Q.1g2

Is your primary residence in the Simcoe Muskoka region?

PROBE: [If respondent does not know or refuses] We ask for this information to determine eligibility for this survey.

01 – Yes GOTO Q.1g3

02 – No Thank and terminate

Q.1g3

Given your responses, you may be eligible for this 20 minute survey. Participation is voluntary and you may stop at any time. The answers you provide to the following questions will be kept absolutely confidential. This call may be monitored by my supervisor to assess my performance. Can I ask you a few quick questions to confirm your eligibility?

01 – Yes GOTO Q.7a

02 – No GOTO Q1g4

Q:1g4

We appreciate your time as your responses are important to ensure we have good representation of the people in Simcoe Muskoka. We will be reimbursing you for your time - can we ask you a few questions to see if you are eligible for the study?

[DO NOT READ]

01 – Yes

GOTO Q7a

02 – No

Thank and Terminate:

“Thank you for your time. Goodbye”

RECRUITMENT CONTINUED

Q.4b

May I speak to that person now?

[DO NOT READ]

01 – Yes

GO TO Q.4e

02 - No (refusal)

GO TO Q.4c

03 – Not home/unavailable

GO TO Q.4d

Coverage: respondents where there is only one adult in the HH which is not the person on the phone

Q.4c

We appreciate their time as each response is important to ensure we have good representation of the people in Simcoe Muskoka. We will be reimbursing eligible respondents them for their time. Could we call back to ask them a few questions to see if they are eligible for the study?

[DO NOT READ]

01 – Yes

GOTO 4d

02 – No

Thank and Terminate

Coverage: PKU refuses participation for person eligible for participation (next birthday)

If Necessary, See Q.HELP for additional background information.

Q.4d

When can I call back to speak to that person?

[DO NOT READ]

01 – Make callback. “Could you please tell me their name so that I know who to ask for?”

RECORD CALLBACK INFO AND TERMINATE

02 – Refuse/don't callback

IF (Q.4d=02 & (Q4c=01 | Q4c = 02))

Thank and Terminate

ELSE IF Q.4d=02

GOTO Q.4c

Coverage: respondents where the person eligible is not available

Introduction for Callback

Q.Intro1

Hello, may I please speak with [NAME OF PERSON IDENTIFIED TO HAVE THE NEXT BIRTHDAY]

[DO NOT READ CATEGORIES]

IF CHILD ANSWERS, ASK TO SPEAK TO AN ADULT. (Begin again).

IF RESPONDENT DOES NOT UNDERSTAND, THEN REPEAT.

01 – Yes, “Thank-you” and wait for respondent

GOTO Q.Intro

02 - No, he/she is not available

“When would be a better time to call back to reach them?” GOTO CB1

03 - Respondent answers phone

GOTO Q.Intro

04 – Respondent does not understand/language problem

TERMINATE CALL, PUT

BACK IN QUEUE

09 - No/Respondent refuses OR asks who is calling

GOTO Q.Intro

Coverage: respondents where a previous call to the household where the PMK identified the name of person with the next birthday

MAIN ELIGIBILITY

Q.4e

Hello, my name is _____ and I am calling from the University of Waterloo on behalf of the Ontario Tobacco Research Unit, an ACADEMIC research network at the University of Waterloo and University of Toronto. We are conducting a research survey on health issues within the Simcoe Muskoka Health Unit. We are not asking for money or selling anything. All responses will be kept absolutely confidential. Can I ask you a few questions to see whether you qualify for the survey?

[DO NOT READ]

01 – YES

GO TO Q.5

02 – No time

“When would be a better time to call back?”

Make appointment, Thank and Terminate

03= Refuses

GO TO 4f

Coverage: eligible person in HH comes to the phone

INTERVIEWER NOTE: See Q.HELP for info/answers to questions

Q.4f

We appreciate your time as your responses are important to ensure we have good representation of the people in Simcoe Muskoka. We will be reimbursing eligible respondents \$15.00 for their time. The survey will take 20 minutes. May I ask you a few questions to see if you are eligible for the study?

[DO NOT READ]

01 – YES

GOTO Q.5

02 – NO

Thank and terminate

Coverage: eligible respondent refuses

INTERVIEWER NOTE: See Q.HELP for info/answers to questions

Q.5

Thank-you. Participation is voluntary and you may stop at any time. The answers you provide to the following questions will be kept absolutely confidential.

Coverage: All eligible respondents who agree to participate

Q.7a

Just to confirm:

Are you 18 years of age or older?

01 – Yes GOTO D7d

02 – No GOTO Q.7c

03 – DK GOTO Q.7b

04 – R GOTO Q.7b

Coverage: All eligible respondents who agree to participate

Q.7b

“I’m sorry. We ask for this information to verify that participants in this survey are 18 years of age or older.”

[Pause to allow respondent to confirm age. DO NOT READ]

01 - Respondent confirms age is 18+ GOTO D7d

02 - Respondent confirms age is <18 GOTO Q7c

03 - No confirmation of age Thank and Terminate

Coverage: All eligible respondents who refuse to confirm age

Q.7c

If Q2num = 1

“To participate in this survey respondents must be at least 18 years old.”

THANK AND TERMINATE

If Q2num = 2

“The survey requires that respondents are at least 18 years old if possible, I’d like to speak with someone who is 18 or older.”

GOTO Q.4b

IF Q2num>2

“The survey requires that respondents are at least 18 years old- if possible, I’d like to speak with the person in the household who is 18 or over and whose birthday is next.”

GOTO Q.4b

D7d

IF (Q.NSQ2 = 01 | Q.NSQ2b = 01)

THEN GOTO D8b

q8bnm1 Have you lived at your current address since [date of interview-6 months].?_____

Y-go to Q.8

N- go to q8bnm2

Coverage: All eligible respondents who agree to participate

Q.8

Have you smoked one or more cigarettes in the past six months?

[DO NOT READ]

01 – Y	GOTO D8c
02 – N	TERMINATE
06 – DK	GOTO Q8b
09 – R	GOTO Q8b

Coverage: All eligible respondents who agree to participate

Q.8b

We ask for this information to determine eligibility for this survey.

[Pause to allow respondent to answer "Have you smoked at least one cigarette in the past six months?"]

[DO NOT READ]

01 – Yes-	Go to q.8c
02 – No--	TERMINATE
06 - Don't Know---	TERMINATE
09 – Refused--	TERMINATE

Coverage: All eligible respondents who refuse to confirm smoking behaviour in last 6 months

SB2

Have you smoked at least 100 cigarettes in your life? [CTUMS]

[PROBE: That is approximately 4-5 packs of cigarettes]

PROBE: [If respondent does not know or refuses – “We ask for this information to determine eligibility for this survey.”]

01 – Y	
02 – N	TERMINATE
06 – DK-----	TERMINATE
09 – R	TERMINATE

Coverage: All eligible respondents who agree to participate

q.8c Have you lived in the Simcoe Muskoka region for 6 months or more? .

PROBE: [If respondent does not know or refuses – “We ask for this information to determine eligibility for this survey.”]

01 – Y	
02 – N	TERMINATE
06 – DK-----	TERMINATE
09 – R	TERMINATE

Coverage: All eligible respondents not residing at their current address for the past 6 months

D8b

If (Q.8 = 01 | Q.8b = 01 & Q8C=1 Q.)

then STATUS1 = RECENT SMOKER

ELSE then thank and terminate

CONSENT SECTION

Q. CONSENT1

If STATUS1 = RECENT SMOKER

Thank you. This survey is being conducted by the University of Waterloo Survey Research Centre on behalf of the Ontario Tobacco Research Unit. We are looking for recent smokers who would be willing to answer a survey that would take about 20 minutes. To thank you for your time, we will send you \$15 in the next few days.

We have received ethics clearance from the University Of Waterloo Office of Research and the University of Toronto Office of Ethics. Your answers to this survey will be kept absolutely confidential. All personal information, including your name and address, will be kept strictly confidential and will not be shared with any person or group that is not associated with this survey.

Participation is voluntary and you may stop at any time. You may skip any questions you do not wish to answer. I can provide you with the contact numbers for the ethics office and the researchers if you have any concerns about this survey.

Is now a good time to start the survey?

INTERVIEWER NOTE (if necessary):

If answering the survey right now is inconvenient for you, we could schedule a time next week.

If Concerns Ethics

Please be assured that all data is confidential and names and address information will be removed from the data. All the information will be kept on a secure computer server. If you have any questions about your participation in this survey please contact Dr. Susan Sykes at the University of Waterloo Office of Research Ethics at (519) 888-4567 ext 36005.

If Concerns Research

This survey is being conducted for Robert Schwartz, Associate Director of Evaluation at the Ontario Tobacco Research Unit. You may contact him at (416) 978-3901. The title of this study is "Assessing the Gaps in Ontario's Smoking Cessation System- A model for the Public Health Units."

[DO NOT READ]

01 – YES

GO TO SB_INTRO

02 – NO

GO TO Q.12

09 – REFUSAL

GOTO Q.11a

Q.11a

We appreciate your time as your responses are important to ensure we have good representation of the people in Simcoe Muskoka. It will take about 20 minutes. We will be reimbursing you \$15.00 for your time. Would you be willing to give the survey a try?

[DO NOT READ]

- | | |
|--|---------------------|
| 01 – Yes | GOTO SB_INTRO |
| 02 - If no/refusal | Thank and Terminate |
| 03 – Yes/Maybe (But respondent does not have time) | GOTO Q.13 |

Coverage: eligible respondents who refuse further participation

Q.12

Ok, we will schedule a time to call you back to complete the survey. First, in order for us to send you the \$15 honourarium, I need to confirm your name, address and postal code where you receive your mail.

[MAKE SURE THAT SPELLING IS CORRECT—REPEAT BACK TO RESPONDENT TO CHECK]

- | | |
|--|-------------------------|
| 01 – SPECIFY ADDRESS: _____ | GOTO Q.FNAME – Q.Altnum |
| 02 – NO | GOTO Q.12a |
| 03 – Respondent does not have time – call back | GOTO Q.13 |

Coverage: eligible respondents who schedule callback to complete the survey

Q12a

Without this information, we are unable to send you the \$15 honourarium for participation in this survey.

DO NOT READ

- | | |
|--|--------------|
| 01 - Respondent offers address | GOTO Q.FNAME |
| 02 - Respondent does not offer address | GOTO Q.ID |

Coverage: eligible respondents who schedule callback to complete the survey but do not provide their address information

Q.FNAME – Q.ALTNUM

Q.ID

Can you please provide us with something that uniquely identifies you so that when we call back we will be able to reach you? For example, just your first name, a nickname or your initials? .

- | | |
|--------------------------|--------------|
| 01 – enter name/initials | GOTO Q.Acont |
| 02 – R | GOTO Q.Acont |

Coverage: eligible respondents who schedule callback to complete the survey and refuse to provide their name and mailing address

Q.Acont

We would just like to confirm this phone number as well. [VERIFY THE NUMBER CALLED]

Is there an alternative number that you can also be reached at?

01 – Yes

GOTO Q.ALTNUM

402 – No

GOTO Q.13

Q.ALTNUM

Enter alternative phone number: _____

Q.Alt_ex cl

[added beginning of W2 – Jan '06]

“Extension” – enter [altnum_ext]: ____

Q.13

Thank you. We look forward to talking to you again. When would be a good time for us to call you back to complete the survey?

ENTER CALLBACK INFO _____

NOTE: Participants must schedule an interview within the next 14 days. If they attempt to schedule beyond this time, say: “I'm sorry, but we would like to complete the survey within TWO WEEKS of today's date. Could we schedule the survey for any time after tomorrow, before [today's date + 14 days].”

[In the few cases where respondent will be away for the coming weeks, allow for scheduling outside of the 2 week period.]

[Closing]

“Thank you very much for your help. If you would like any more information about this project, you can phone us at (519) 888-4567 ext. 35071. Good-bye.”

Q.HELP

R: "What is this survey about?"

I: "This is a study that will survey recent smokers in Simcoe Muskoka. We will ask you questions about what you think, what you feel and your experiences relevant to tobacco use."

IF RESPONDENT CONTINUES TO INQUIRE, INTERVIEWER TO RESPOND:

"I HAVE BEEN GIVEN AN EXAMPLE QUESTION TO PROVIDE YOU"

"Are you thinking about quitting in the next 6 months?"

R: "How much" (for reimbursement)

I: "There will be an honorarium of \$15 for an interview of up to 20 minutes"

R: "Is that a tobacco company?" [referring to OTRU]

I: "No, the Ontario Tobacco Research Unit is not a tobacco company." And continue with response below for "WHAT IS OTRU?"

R: "What is OTRU?"

I: "The Ontario Tobacco Research Unit is an academic research network at the University of Toronto and University of Waterloo. The Unit conducts tobacco research on smoking behaviours and second-hand smoke in order to identify factors that might help reduce tobacco-related illness and death in Ontario."

R: "I am not a smoker/recent smoker" [New June 2006]

I: "We are interested in speaking with all eligible respondents who have smoked even just one cigarette in the past 6 months"

SMOKING BEHAVIOUR

SB_INTRO

Thank you very much for agreeing to participate in our survey. First, I would like to ask you some specific questions about your tobacco smoking behaviour

SB1

[CTUMS]

At the present time, do you smoke cigarettes every day, almost every day, occasionally, or not at all?

PROBE: [If respondent does not know or refuses: "We require this information to determine eligibility for this survey."]

01 – Every day

02 – Almost every day

03 – Occasionally

04 – Not at all

05 – I have never smoked a cigarette in my life [DO NOT READ]

GOTO DSB3

06 – DK

GOTO DEintro

09 – R

GOTO DEintro

99 – R (respondent does not have time to complete survey)

GOTO Q.12

Coverage: All respondents

DSB3

IF STATUS1=1 AND (SB1=1 OR SB1=2) THEN GOTO SB4

[everyday or almost e.d. smk]

IF STATUS1=1 AND (SB1=3 OR SB1=4) THEN GOTO SB3a

[occas and not at all smk]

IF STATUS1=1 AND (SB1=05) THEN GOTO SBE1b

[error in reporting]

SBE1b

Earlier you said that you HAD smoked at least one cigarette in the past six months. I would just like to confirm your answer to this question: In the past six months have you smoked AT LEAST ONE cigarette?

PROBE: [If respondent does not know or refuses – "We need this information to determine eligibility for this survey."]

01 - Yes

GOTO SBE2a

02 – No

GOTO DEINTRO

06 - Don't Know

GOTO DEINTRO

09 – Refused

GOTO DEINTRO

Coverage: Respondents who originally responded 'YES' to smoking a cigarette in last 6 months, but then responded they have never smoked a cigarette in their life

SBE2a

Okay then, I would just like to confirm your answers to a couple previous questions.

At the present time, do you smoke cigarettes every day, almost every day, occasionally, or not at all?

PROBE: [If respondent does not know or refuses – “We need this information to determine eligibility for this survey.”]

[DO NOT READ CATEGORIES]

01 - Every day

02 - Almost every day

03 - Occasionally

04 - Not at all

05 - I have never smoked a cigarette in my life

06 - Don't Know

09 - Refused

Coverage: Respondents who originally provided contradictory responses to their smoking behaviour

IF (Status1 = "Recent smoker" & (ANS = 05 | ANS = 06 | ANS = 09))

THEN GOTO DEINTRO

IF (Status1 = "Recent smoker" & (ANS = 01 | ANS = 02 | ANS = 03 | ANS = 04))

THEN GOTO SBE2b

SBE2b

Have you smoked at least 100 cigarettes in your life?

PROBE: That is approximately 4-5 packs of cigarettes

PROBE: [If respondent does not know or refuses – “We need this information to determine eligibility for this survey.”]

[DO NOT READ]

01 - Yes

02 - No

06 - Don't Know

09 - Refused

Coverage: Respondents who originally provided contradictory responses to their smoking behaviour

DSBE3

IF (Status1 = "Recent smoker" & (SBE2a=01 | SBE2a=02))

THEN GOTO SB4INTRO

IF (Status1 = "Recent smoker" & (SBE2a=03 | SBE2a=04))

THEN GOTO SB3a

SB3a

How long ago was it that you last smoked a cigarette: was it

[CAMH]

[READ CATEGORIES 1 – 3]

01 – one week or less

GOTO SB4INTRO

02 – more than one week but less than one month

GOTO SB4INTRO

03 – 1 to 6 months ago

GOTO DSB4a

Coverage: Occasional smokers and those smoking at least ONE cig in past 6 months (Q.8=01)

SB4_INTRO

Now I'm going to ask you a few questions about your tobacco smoking behaviours over the past 30 days

SB4

On how many of the past 30 days did you smoke cigarettes?

INTERVIEWER NOTE: If participant responds "everyday" to this question, enter 30

01 - _____ ENTER NUMBER (SB4num RANGE=0-30) IF SB4num=30 GOTO SB7

06 – DK

09 – R

Coverage: Current smokers (daily and occasional)

SB7

Some people smoke more or less depending on the day of the week.

So, thinking back over the past month, on the WEEKEND DAYS that you did smoke, about how many cigarettes did you usually smoke?

[PROBE: For instance, on your average Saturday, how many cigarettes do you usually smoke?]

01 - ____ Enter number (SB7num RANGE: 0-100)

06 – DK

09 – R

Coverage: Current smokers (daily and occasional)

SB8

On the WEEKDAYS that you did smoke, about how many cigarettes did you usually smoke?

[CTS REVISED FOR WEEKEND DAYS]

[IF ASKED, INTERVIEWER TO REMIND RESPONDENT IN LAST 30 DAYS]

01 - ____ Enter number (SB8num RANGE: 0-100)

06 – DK

09 – R

Coverage: Current smokers (daily and occasional)

PP4

Where do you usually buy your cigarettes?

[CTS REVISED]

Changed after pilot and changed from OTS- added 06-08 and moved up in the questionnaire

[READ CATEGORIES 1 – 6]

[Note: please code Giant Tiger as a discount store]

[Note added beginning of Wave3]

PROBE: "A First Nations or Indian Reserve"

[probe added W3]

- 01 – At convenience stores
- 02 – At gas stations
- 03 – At supermarkets
- 04 – At discount stores such as Costco
- 05 – On a First Nations Reserve
- 06 - Over the internet or through the mail
- 07 - Do not usually buy own cigarettes [DO NOT READ]
- 08 - Buy from family or friends [DO NOT READ]
- 09 - Out of province [DO NOT READ]
- 06 – Other Specify _____
- 07 – DK
- 09 – R

Coverage: Current smokers

DSB9

IF (SB1=1 OR SB1=2) AND SB2=1 [everyday or almost every day smokers and 100+cig]
 THEN GOTO SB10
 IF SB2=2 [not 100+ cig]
 THEN GOTO SB28
 IF (SB1=3 OR SB1=4) AND SB2=1 [occasional and “not at all” smokers and 100+ cig]
 THEN GOTO SB9

SB9

Have you ever smoked cigarettes daily [CTUMS '03]

- 01 – Y GOTO SB10
- 02 – N GOTO SB28
- 06 – DK GOTO SB28
- 09 – R GOTO SB28

Coverage: Occasional and former (1-6mon) smokers who have smoked 100 cigarettes in lifetime

SB10

At what age did you begin to smoke cigarettes daily? [CTUMS '03]

Interviewer Note: If respondent provides age less 8, repeat question and stress DAILY

[Interviewer Note added and SB10num range lowered (from 10 to 8) January 2006]

- 01 - ____ ENTER NUMBER (SB10num RANGE: 8 – 50)
- 06 – DK
- 09 – R

Coverage: All respondents (current, occasional, and 1-6mon former) who have smoked cigarettes daily in their lifetime (100+ cig in lifetime)

DSB11

IF SB1=1 OR SB1=2 OR SB9 = 02

THEN GOTO SB28 [daily smk and those who never smoked daily]

IF SB1=3 AND SB9 = 01

THEN GOTO SB11 [occasional smk who EVER smoked daily]

IF SB1=4 AND SB9=1 [presently smoke "not at all" but have smoked DAILY in lifetime]

THEN GOTO SB11

SB11

How long ago was it that you smoked cigarettes DAILY: was it, [REVISED CAMH]

[READ CATEGORIES 1 – 6]

01 – one week or less

02 – More than one week but less than a month ago

03 – 1 to 6 months ago

04 – 7 to 11 months ago

05 – 1 to 5 years ago OR

06 – More than 5 years ago

08 – DK

09 – R

Coverage: All respondents who ever smoked daily and have now stopped smoking daily (current, occasional, and 1-6mon former; 100+ cig in lifetime)

SB12

What was the main reason you stopped smoking cigarettes daily?

_____ Enter Response

[RF/JC / PM/CTUMS]

[CATEGORY CODES NOT TO BE READ]

01 – Reduce disease risk / improve health

02 – Illness / Disability

03 – As quitting strategy/trying to quit

04 – Too expensive / cost

05 – Smoking restrictions

06 – Reduce others' exposure to second-hand smoke

07 – Pregnancy/breastfeeding

08 – Reduced need/craving

09 – Family pressure

77- Doctor's advice/counselling

78- Pharmacist's advice/counselling

79- Dentists' advice/counselling

80- Nurse's advice/counselling

81- Hospital staff advice/ counselling

10 – Other Specify _____

66 – DK

99 – R

Coverage: All respondents who ever smoked daily and have now stopped smoking daily

SB12NM What methods did you use to help you stop smoking daily?

PROBE: Please count any methods you used, regardless of whether or not it was successful.

PROBE: Did you use any other methods to help you reduce your smoking?

INSTRUCTIONS FOR INTERVIEWER: DO NOT READ LIST. MARK ALL THAT APPLY. (max: 5) (ADAPTED FROM CTUMS- 2001- cycle 2, q.88)

- <01> Self-help program (video, cassette, book, pamphlet, etc)
- <02> Nicotine patch
- <03> Addiction counselling
- <04> Physician counselling
- <05> Switching to Light/Mild cigarettes
- <06> Quit smoking contest (Driven to Quit)
- <07> Reduce daily consumption gradually/cut back
- <08> Group stop-smoking program
- <09> Nicotine chewing gum (such as Nicorette)
- <10> Acupuncture/hypnosis/laser therapy
- <11> Zyban/wellbutrin/ bupropin/Champix/stop smoking pills
- <12> Quit phone line
- <13> Internet
- <14> No method, I just did it
- <15> Other (specify)
- <99> Refused
- <66> Don't know

Coverage: All respondents who ever smoked daily and have now stopped smoking daily

SB28

[Added at beginning of WAVE 2]

Besides cigarettes, have you EVER used any other tobacco products such as chewing tobacco, snuff, cigars or pipes or snus?

NOTE: "snus" is pronounced "snoose" – rhymes with moose/goose

PROBE: Other tobacco products include cigarillos, pinch, bidis, kreteks, shisha

PROBE2: Snus is moist tobacco placed in the mouth. It is not smoked or burned and does not require spitting.

[DO NOT READ CATEGORIES]

01 - Yes

02 - No

06 - Don't Know

09 - Refused

Coverage: All respondents

DAD1

IF SB1 = 04 & (SB2 = 02 | SB2 = 06 | SB2 = 09) GOTO PO1Intro

[currently does not smoke and has not smoked 100+ cig in life, incl DK,R]

IF (SB1 = 05) GOTO PO1Intro [never smoker]

IF (SB1 = 04 & Status1 = "Non-smoker") GOTO PO1intro [currently does not smoke and has not smoked a cig in the past 6 months]

IF (SB1 = 01 | SB1 = 02 | SB1 = 03) GOTO AD1a [everyday/almost everyday, occasional smoker]

IF (SB1 = 04 & Status1 = "Recent smoker") GOTO AD1b [currently does not smoke but has smoked a cig in the past 6 months and 100+ cig]

ADDICTION QUESTIONS

AD1a

Thinking about your own smoking, would you say that you are NOT AT ALL ADDICTED to cigarettes, SOMEWHAT ADDICTED to cigarettes or VERY ADDICTED to cigarettes?

[Q2000 WITH RE-ORDERED RESPONSE CATS (reversed 01 and 03)]

01 – Not at all addicted

02 – Somewhat addicted

03 – Very addicted

06 – DK

09 – R

GOTO DAD2

Coverage: Current smokers (daily and ALL occasional)

AD1b

[Added at beginning of WAVE 2]

At the present time would you say that you are NOT AT ALL ADDICTED to cigarettes, SOMEWHAT ADDICTED to cigarettes or VERY ADDICTED to cigarettes?

[DO NOT READ CATEGORIES]

01 - Not at all addicted

02 - Somewhat addicted

03 - Very addicted

06 - Don't Know

09 - Refused

Coverage: Respondents who currently do not smoke but has smoked a cigarette in the past 6 months [100+ cigarettes in lifetime]

DAD2

IF (SB2= 01 & (SB1 = 01 | SB1 = 02)) GOTO AD2 [e.day or almost e.day smoker, 100+ cig]

IF ((SB2 = 01 & SB1 = 03) | SB2 = 02) GOTO AD3 [occasional 100+ and those who currently smoke but have not smoked 100+cig]

IF (SB1 = 04 & Status1 = "Recent smoker") GOTO QAintro [currently do not smoke but have smoked in the past 6 months]

AD2

How soon after you wake up do you usually smoke your first cigarette?

[PROBE: What I mean is how long in hours or minutes]

[DO NOT READ]

[MODIFIED FROM CAMH/CTUMS]

01 – ENTER NUMBER OF MINUTES _____ [AD2min RANGE: 0 – 240]

02 – ENTER NUMBER OF HOURS _____ [AD2hr RANGE: 0 – 15]

06 – DK

09 – R

Coverage: Daily smokers (100+ cigarettes in lifetime) [everyday or almost everyday]

AD3

Do you find it difficult to refrain from smoking in places where it is NOT ALLOWED?

[IF NECESSARY, READ RESPONSE CATEGORIES]

01 – Yes it is difficult to refrain from smoking OR

02 – No, it is not difficult to refrain from smoking

06 – DK

09 – R

Coverage: Current smokers (daily and occasional)

QUITTING QUESTIONS

QBINTRO

I am now going to ask you some questions about quitting smoking.

QB1

How easy or hard would it be for you to completely quit smoking if you wanted to? Would it be:

[READ CATEGORIES 1 – 4]

[ITS]

01 – Very easy

02 – Somewhat easy

03 – Somewhat hard OR

04 – Very hard

06 – DK

09 – R

Coverage: Current smokers

QB2

You said it would be [QB1 RESPONSE] to quit smoking if you wanted to. How confident are you that you would succeed if you decided to quit COMPLETELY in the next six months?

[ITS]

[READ CATEGORIES 1 – 4]

01 – Not at all confident

02 – Not very confident

03 – Fairly confident OR

04 – Very confident

06 – DK

09 – R

Coverage: Current smokers

QB3

If you decided to quit smoking, do you have at least one person you could count on for support?

01 – Yes

02 – No

06 – DK

09 – R

Coverage: Current smokers

QB4

Is there anyone who might make it more DIFFICULT for you to quit smoking tobacco if you wanted to?

01 – Yes

02 – No

06 – DK

09 – R

Coverage: Current smokers

QB5

In general, would you say your health is:

[CCHS]

[READ CATEGORIES 1 – 5]

01 – Excellent

02 – Very good

03 – Good

04 – Fair OR

05 – Poor

06 – DK

09 – R

Coverage: Current smokers

SAME AS DE3, for Former (30+days) and Non-smokers

QB6

How much do you think you would benefit from health and other gains if you were to quit smoking tobacco permanently in the next 6 months? Would you: [ITS, Revised]

[READ CATEGORIES 1 – 4]

01 – Not benefit at all

02 – Benefit a little

03 – benefit quite a bit OR

04 – benefit a lot

06 – DK

09 - R

Coverage: Current smokers

DQB7

IF SB2=1 [100+ cig]

THEN GOTO QB7

QB7

Are you planning to quit smoking...

[READ CATEGORIES 1 – 4]

01 – Within the next month?

02 – Within the next 6 months?

03 – Sometime in the future, beyond 6 months? Or are you GOTO QB10

04 – Not planning to quit. GOTO QB10

05 – I have already quit [DO NOT READ] GOTO QB10

06 – DK GOTO QB10

09 – R GOTO QB10

Coverage: Current smokers who have smoked 100 cig in lifetime

QB8

What is the main reason you plan to quit smoking?

_____ Enter Response

[CATEGORY CODES – DO NOT READ]

01 – Reduce disease risk / improve health

02 – Illness / Disability

03 – Too expensive / cost

04 – Smoking restrictions

05 – Reduce others' exposure to second hand smoke

06 – Pregnancy/breastfeeding

07 – Reduced need/craving

08 – Family pressure

77- Doctor's advice/counselling

78- Pharmacist's advice/counselling

79- Dentists' advice/counselling

80- Nurse's advice/counselling

81- Hospital staff advice/ counselling

09 – Other (Specify) _____

66 – DK

99 – R

Coverage: Current smokers [100+ cigarettes in lifetime] who plan to quit smoking in the next 6 months

QB9

Have you set a firm quit date?

01 – Y --> go to next question

02 – N--> skip to QB10

09 – R--> skip to QB10

Coverage: Current smokers [100+ cigarettes in lifetime] who plan to quit sometime in the next 6 months

QB9NM What methods do you plan to use to help you quit smoking?

PROBE: Are there any other methods?

DO NOT READ LIST. MARK ALL THAT APPLY. (max: 5) (ADAPTED FROM CTUMS- 2001-cycle 2, q.88)

<01> Cold turkey/no formal assistance

<02> Self-help program (video, cassette, book, pamphlet, etc)

<03> Nicotine patch

<04> Addiction counselling

<05> Talk with a doctor/Physician counselling

<06> Switching to Light/Mild cigarettes

<07> Quit smoking contest (Driven to quit)

<08> Reduce daily consumption gradually/cut back

<09> Group stop-smoking program

<10> Nicotine chewing gum (such as Nicorette)

<11> Acupuncture/hypnosis/laser therapy

<12> Zyban/ wellbutrin/ bupropin/Champix/stop smoking pills

<13> Quit phone line

<14> Internet

<56> Avoid friends

<15> Other (specify)

<99> Refused

<66> Don't know

Coverage: Current smokers [100+ cigarettes in lifetime] who plan to quit sometime in the next 6 months

QB10

How many times have you EVER made a serious attempt to quit smoking? By serious, we mean that you made a conscious attempt to stay off cigarettes for good.

01 - ____ ENTER NUMBER (IF RANGE GIVEN, USE MIDPOINT) GOTO QB10num

990 – R

Coverage: Current smokers who have smoked 100 cig in lifetime

QB10num

[QB10num RANGE: 0 – 50]

IF QB10num >=1 & QB10num<51 GOTO QB10a

ELSE GOTO QAINTRO

QB10a

[Wave 2: added to derive Stages of Change]

When did your last serious quit attempt end? Was it...

Probe: By serious, we mean that you made a conscious attempt to stay off cigarettes for good.

[READ CATEGORIES 1-4]

01 – less than one month ago

02 – 1-6 months ago

03 – 7-12 months ago OR

04 – More than one year ago

05 – Currently in a quit attempt [DO NOT READ] [added at W4]

06 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime and made one or more attempts to quit smoking in their lifetime ($1 < QB10num < 51$).

QB18

[added at W5 – July 2007]

Which of these statements best describes how your most recent quit attempt started:

[READ CATEGORIES 01 – 06]

01 – I did not plan the quit attempt in advance, I just did it;

02 – I planned the quit attempt for later the same day;

03 – I planned the quit attempt the day beforehand;

04 – I planned the quit attempt a few days beforehand;

05 – I planned the quit attempt a few weeks beforehand; OR

06 – I planned the quit attempt a few months beforehand;

07 – Other

08 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime and made one or more attempts to quit smoking in their lifetime ($1 < QB10num < 51$).

QUIT AIDS

QAINTRO

Now I am going to ask you some questions about resources and aids to help people quit smoking...
[revised "you" to "people" in Jan 07 as those who did not want to quit would get defensive/insulted
from question wording]

QA1

Can you NAME 5 aids or resources that help people quit smoking?

[Replaced "NAME" for "think of" at the beginning of Wave 3]

[IF RESPONDENT STRUGGLING INTERVIEWER MAY RESPOND WITH "IT IS OK IF YOU CANNOT" – INTERVIEWER NOT TO AID RESPONDENT]

ENTER RESPONSES

01 – Enter response

QA1a _____

QA1b _____

QA1c _____

QA1d _____

QA1e _____

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers

DQA2

IF SB2=1 [100+ cig]

THEN GOTO QA2INTRO

IF SB2=2 [not 100+ cig in lifetime]

THEN GOTO QA21

QA2INTRO

Now I am going to ask if you have EVER used any of the following to help you quit or reduce smoking. I will also ask you how helpful these aids were.

QA2

Have you EVER used nicotine patches to help you quit or reduce smoking?

01 – Y GO TO NEXT QUESTION

02 – N SKIP TO QUESTION QA3

06 – DK SKIP TO QUESTION QA3

09 – R SKIP TO QUESTION QA3

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA2nmHow useful were the nicotine patches in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED THE PATCH?

[READ CATEGORIES 1-4]

1. very useful
2. somewhat useful
3. not very useful OR
4. not useful at all

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used the nicotine patch to help them quit.

QA3

Have you EVER used nicotine gum or chewing pieces like Nicorette to help you quit or reduce smoking?

01 – Y GO TO NEXT

02 – N SKIP TO QUESTION QA4

06 – DK SKIP TO QUESTION QA4

09 – R SKIP TO QUESTION QA4

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA3Nm How useful was the nicotine gum? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED THE NICOTINE GUM?

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used nicotine gum to help them quit.

QA4

Have you EVER used nicotine inhalers to help you quit or reduce smoking?

01 – Y GO TO NEXT

02 – N SKIP TO QUESTION QA5a

06 – DK SKIP TO QUESTION QA5a

09 – R SKIP TO QUESTION QA5a

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA4nm How useful was the nicotine inhaler? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED NICOTINE INHALER?

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used nicotine inhaler to help them quit.

QA5a

Have you EVER used a pill prescribed by your doctor called Zyban, or bupropion to help you quit or reduce your tobacco smoking?

- 01 – Y GO TO NEXT
- 02 – N SKIP TO QUESTION QA5b
- 06 – DK SKIP TO QUESTION QA5b
- 09 – R SKIP TO QUESTION QA5b

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA5anm How useful was Zyban, or bupropion in helping you quit or reduce your smoking? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED ZYBAN OR BUPROPION?

. [READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used Zyban or bupropion to help them quit.

QA5b Have you EVER used a pill prescribed by your doctor called Wellbutrin to help you quit or reduce your tobacco smoking?

- 01 – Y GO TO NEXT
- 02 – N SKIP TO QUESTION QA55c
- 06 – DK SKIP TO QUESTION QA55c
- 09 – R SKIP TO QUESTION QA55c

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA5bnm How useful was Wellbutrin helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED Wellbutrin?

. [READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used Wellbutrin to help them quit.

QA55c Have you EVER used a pill prescribed by your doctor called champix, or chantix to help you quit or reduce smoking?

[DO NOT READ CATEGORIES]

- 01 – Y GO TO NEXT
- 02 – N SKIP TO QUESTION QA6
- 06 – DK SKIP TO QUESTION QA6
- 09 – R SKIP TO QUESTION QA6

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA55cnm How useful was champix, or chantix in helping you quit or reduce your smoking? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED CHAMPIX?

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used champix to help them quit

QA6

Have you EVER used hypnosis, acupuncture, or laser therapy to help you quit smoking?

- 01 – Y
- 02 – N SKIP TO QUESTION QA7 INTRO
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA6nm How useful was hypnosis, acupuncture, or laser therapy in helping you quit or reduce your smoking? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED HYPNOSIS, ACCUPUNCTURE OR LASER THERAPY?

INSTRUCTIONS TO INTERVIEWER: IF EACH METHOD HAD DIFFERENT RESULTS RECORD THE MOST SUCCESSFUL.

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have used hypnosis, acupuncture or laser therapy to help them quit

QA7 INTRO

Now I am going to ask you about self-help materials that you may have used in the past to help you quit or reduce smoking.

QA7

Have you EVER used a self-help booklet or video, a website or a chat group?

[PROBE: THIS MAY INCLUDE ANY SELF-HELP MATERIAL SUCH AS CDs]

[Probe added at beginning of WAVE 2]

- 01 – Y
- 02 – N SKIP TO QUESTION QA8
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

Qa77nm Do you remember who sponsored the self-help booklet, video, website or chat group? Would that be...

[INTERVIEWER NOTE: Other examples of non-profit organizations:

Leave the Pack Behind, the Lung Association, the Heart association, the PHA, Health Canada]

- 01 A Non profit organization, such as the Canadian Cancer Society,
- 02 A Private company (you had to pay for it)
- 03 A tobacco company (such as Philip Morris) OR
- 04 A Pharmaceutical company (such as Pfizer)
- 05 Other Specify: _____
- 06 Don't know/ don't remember
- 07- R

Coverage: Participants who answered Y to QA7

Qa78nm How useful was the self-help material ? Would you say... (CCHS q.SCA q11A)

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED THE SELF-HELP MATERIAL?

INSTRUCTIONS TO INTERVIEWER: IF PARTICIPANT HAS TRIED DIFFERENT SELF-HELP MATERIALS SPONSORED BY DIFFERENT ORGANIZATIONS AND HAS EXPERIENCED DIFFERENT RESULTS RECORD THE MOST SUCCESSFUL.

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 DK
- 09 R

Coverage: Participants who answered Y to QA7

QA8

Have you EVER been to group counselling or a group support program to help you quit or reduce your tobacco smoking?

01 – Y

02 – N SKIP TO QUESTION QA9

06 – DK SKIP TO QUESTION QA9

09 – R SKIP TO QUESTION QA9

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA8nm Who organized this counselling program? Would that be...

PROBE: PLEASE TELL ME OF THE LAST COUNSELLING PROGRAM YOU TOOK PART

INSTRUCTIONS TO INTERVIEWER: READ CATEGORIES 1-8

- 01 A Local health unit
- 02 Community Health Centers
- 03 A community group (No lead organization that runs it)
- 04 Your work place
- 05 Your school/college/ university
- 06 A Hospital or clinic
- 07 A Church or religious organization OR
- 08 A For profit organization (you had to pay)
- 09 Other Specify _____
- 66 Don't Know
- 99 Refused

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have attended group counselling

QA82nm How useful was the counselling program in helping you quit or reduce your tobacco smoking Would you say... (CCHS q.SCA q11A)

PROBE: PLEASE TELL ME OF THE LAST COUNSELLING PROGRAM YOU TOOK PART
[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 DK
- 09 R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have attended group counselling

QA9

Have you EVER seen a specialized nicotine addiction counsellor to help you quit or reduce smoking?

PROBE: This could be a medical doctor or other health professional trained in nicotine addiction.

- 01 – Y GO TO NEXT
- 02 – N SKIP TO QUESTION QA79
- 06 – DK SKIP TO QUESTION QA79
- 09 – R SKIP TO QUESTION QA79

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA9nm How useful was your counsellor in helping you quit or reduce your

PROBE: PLEASE TELL ME OF THE LAST ADDICTION COUNSELLOR YOU SAW TO HELP
YOU QUIT OR REDUCE YOUR SMOKING
[READ CATEGORIES 1-4]

- 01very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 DK
- 09 R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who have seen a specialized addiction counsellor

QA79Have you EVER made a deal with a friend or family member to quit or reduce your tobacco smoking together? (Modified from CTUMS, 2004 cycle 2, OM_Q030)

PROBE: I MEAN AT THE SAME TIME

- 1 Yes
- 2 No SKIP TO QUESTION QA10intro
- 06 DK
- 09 R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime
QA79nm

How useful was it in helping you quit or reduce your smoking? Would you say... (CCHS q.SCA
q11A)

PROBE: PLEASE TELL ME OF THE LAST TIME YOU MADE A DEAL WITH A FRIEND OR
FAMILY MEMBER TO QUIT OR REDUCE YOUR SMOKING

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 DK
- 09 R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime and who
made a deal with a friend to stop smoking.

QA10INTRO

I am now going to read a list of statements about stop smoking medications such as the nicotine
patch, gum, inhalers or pills from your doctor.

QA35 [revised from QA10 in W5 – July 2007]

Compared to trying to quit on your own, do you feel that stop smoking medications make it:

[READ CATEGORIES 01 – 05]

- 01 - A LOT easier than trying to quit on your own
- 02 - A LITTLE easier
- 03 - About the same
- 04 - A LITTLE Harder than trying to quit on your own, or
- 05 - A LOT harder than trying to quit on your own
- 06 - DK
- 09 - R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA36 [revised from QA11 in W5 – July 2007]

Do you feel that stop smoking medications cost:

[READ CATEGORIES 01 – 03]

01 - Too little

02 - About right

03 - Too much

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA37 [revised from QA12 in W5 – July 2007]

Do you feel that stop smoking medications are:

[READ CATEGORIES 01 – 04]

01 - Very easy to get

02 - Somewhat easy to get

03 - Somewhat difficult to get OR

04 - Very difficult to get

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

QA38 [revised from QA14 in W5 – July 2007]

Do you feel that stop smoking medications have:

[READ CATEGORIES 01 – 03]

01 - A LOT of side effects

02 - A FEW side effects OR

03 - NO side effects that concern you

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

DA15

IF QA7 AND QA8 AND QA9 = 02 [NO previous use of self-help, group counselling, and specialized addiction counsellor]

THEN GOTO QA15intr

IF QA7 OR QA8 OR QA9 = 01 OR (SB1=4 AND SB3a=3) [previous use of self-help, group counselling, or specialized addiction counsellor OR you have already quit]

THEN GOTO QA17INTR

QA15INTR

Now I am going to read a list of statements about telephone and other counselling programs delivered by trained professionals.

QA15

If you were going to quit smoking, would you be willing to participate in counselling to help you quit?

[revised italicised wording and probe added in W4. Was “Would you be willing to participate in counselling to help you quit smoking?”]

PROBE: We are not providing a counselling program. We would just like to determine if these programs are something you would consider if you decided to quit smoking.

01 – Y

GOTO QA16

02 – N

GOTO QA17INTR

06 – DK

GOTO QA16

09 – R

GOTO QA16

Coverage: Current and former (1-6mon) smokers who have never gone to counselling to help them quit smoking (and smoked 100 cig in lifetime)

QA16

If you were going to participate in counselling to help you quit, what type of counselling would you prefer? Would it be...

[revised wording and probe added in W4. Was What type of counselling would you prefer to participate in?]

PROBE: We are not providing a counselling program. We would just like to determine if these programs are something you would consider if you decided to quit smoking.

[READ CATEGORIES 1 – 5]

01 – Group counselling

02 – One-on-one counselling

03 – Telephone-based counselling

04 – Web-based counselling OR

05 – Self-help counselling, for example, reading materials

06 – Other Specify: _____

66 – DK

99 – R

Coverage: Current and former (1-6mon) smokers who have never gone to counselling to help them quit smoking (and smoked 100 cig in lifetime)

QA17INTR

For the following questions please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement...

QA39 [revised from QA17 in W5 – July 2007]

Do you feel that counselling programs would make quitting smoking:

[READ CATEGORIES 01 – 04]

01 - A LOT easier

02 - A LITTLE easier OR

03 - Counselling would NOT make quitting smoking any easier than trying to quit on your own OR

04 - Counselling would make quitting smoking harder than trying to quit on your own

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers (100 cig in lifetime)

QA40 [revised from QA18 in W5 – July 2007]

Do you feel that counselling programs to help people to quit smoking cost:

[READ CATEGORIES 01 – 03]

01 - Too little

02 - About right

03 - Too much

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers (100 cig in lifetime)

QA41 [revised from QA19 in W5 – July 2007]

Do you feel that counselling programs to help people stop smoking are:

[READ CATEGORIES 01 – 04]

01 - Very easy to get

02 - Somewhat easy to get

03 - Somewhat difficult to get OR

04 - Very difficult to get

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers (100 cig in lifetime)

QA21

Can you tell me the name of a free telephone helpline designed to help smokers who want to quit or the organisation that sponsored this helpline?

INTERVIEWER: DO NOT READ - Select all that apply

01 - _____ (Open ended; record response if not 02 or 03 or 04) GOTO QA22

02 – Ontario Smokers' Helpline GOTO DQA23

03 – Canadian Cancer Society GOTO DQA23

04 - One offered by Simcoe Muskoka's Public Health Unit GOTO QA22

06 – DK GOTO QA22

09 – R GOTO QA22

Coverage: Current and former (1-6mon) smokers

QA22

Have you EVER heard of the Ontario Smokers' Helpline sponsored by the Canadian Cancer Society?

01 – Yes

GOTO DQA23

02 – No

GOTO QA24

06 – DK

GOTO QA24

09 – R

GOTO QA24

Coverage: Current and former (1-6mon) smokers who were not aware of the Ontario Smokers' Helpline

DQA23

IF SB2=1 [100+ cig]

THEN GOTO QA23

IF SB2=2 [respondents who have not smoked 100+ cig]

THEN GOTO QA24

QA23

Have you EVER called the Ontario Smokers' Helpline?

01 – Y

02 – N

06 - DK

09 – R

Coverage: Current and former (1-6mon) smokers who were aware (unaided or aided) of the Ontario Smokers' Helpline (and smoked 100 cig in lifetime)

QA23a [added at W5 – July 2007]

Have you EVER accessed the Smokers' Helpline Online sponsored by the Canadian Cancer Society's?

[PROBE: The Smokers' Helpline Online is a web-based counselling service to help smokers quit]

[DO NOT READ]

01 – Y

02 – N

06 - DK

09 – R

Coverage: Current and former (1-6mon) smokers who were aware (unaided or aided) of the Ontario Smokers' Helpline (and smoked 100 cig in lifetime)

QA24

Have you EVER seen or heard of a “quit program” that offers help to smokers who want to quit through workshops, counselling, or printed materials?

01 – Y

GOTO DQA25

02 – N

GOTO DHP1

06 – DK

GOTO DHP1

09 – R

GOTO DHP1

Coverage: Current and former (1-6mon) smokers

DQA25

IF SB2=1 THEN GOTO QA25 [100+ cig]

IF SB2=2 THEN GOTO QA26b [respondents who have not smoked 100+ cig]

QA25

Did you EVER take part in a quit program?

01 – Y GOTO QA26a

02 – N GOTO QA26b

06 – DK GOTO QA26b

09 – R GOTO DHP1

Coverage: Current and former (1-6mon) smokers who are aware of a quit program (and smoked 100 cig in lifetime)

QA26a

Can you tell me the name of this quit program or what organisation sponsored the program?

01 - _____ (Open ended; record response) GOTO DHP1

06 – DK GOTO DHP1

09 – R GOTO DHP1

Coverage: Current and former (1-6mon) smokers who EVER participated in a quit program

QA25nm How useful was it in helping you quit or reduce smoking? (CCHS q.SCA q11A) Would you say...

PROBE: PLEASE TELL ME OF THE LAST QUIT PROGRAM YOU TOOK PART

[READ CATEGORIES 1-4]

01 very useful

02 somewhat useful

03 not very useful OR

04 not useful at all

06 DK

09 R

Coverage: Current and former (1-6mon) smokers who EVER participated in a quit program

QA26b

Can you tell me the name of a quit program or an organisation that sponsors a quit program?

01 - _____ (Open ended; record response)

06 DK

09 R

Coverage: Current and former (1-6mon) smokers aware of a quit program (but have not participated in a program for those who have smoked 100+ cigarettes in their lifetime)

HEALTH PROFESSIONALS

DHP1

IF SB2=1 [100+ cig]
 THEN GOTO RAND1

IF SB2=2 [respondents who have not smoked 100+ cig]
 THEN GOTO PP1INTRO

HPINTRO

Now I'd like to ask you about your visits with health professionals.

[SOFTWARE TO RANDOMISE ORDER OF HP1A HP1B HP1C HP1N TO RESPONDENT, USE SAME A, B, C, D ORDER FOR QUESTIONS HP2A HP2B HP2C HP1N]

[ADMINISTRATIVE VARIABLE:

RAND1 = RANDOMISATION SCHEME OF RESPONDENT]

HP1A

Has a dentist EVER advised you to reduce or quit smoking?

[DO NOT READ]

INTERVIEWER NOTE: If respondent initially replies "never", ask respondent "Have you NEVER been to a dentist or has a dentist never advised you to quit smoking?"

01 – Y

02 – N

03 – I have never seen a dentist [added at W4]

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

HP1Anm How useful was the dentists' advice in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR DENTIST ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4]

01 very useful

02 somewhat useful

03 not very useful OR

04 not useful at all

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who ANSWERED "yes" TO HP1A

HP1B

Has a pharmacist EVER advised you to reduce or quit smoking?

INTERVIEWER NOTE: If respondent initially replies "never", ask respondent "Have you NEVER been to a pharmacist or has a pharmacist never advised you to quit smoking?" [Added note in January 2007]

[DO NOT READ]

01 – Y

02 – N

03 – I have never seen a pharmacist [added at W4]

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

HP1Bnm How useful was the pharmacist's advice in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR pharmacist ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4]

01 Very useful

02 Somewhat useful

03 Not very useful OR

04 Not useful at all

06 DK

09 R

Coverage: Current and former (1-6mon) smokers who ANSWERED "yes" TO HP1B

HP1C

Has a doctor EVER advised you to reduce or quit smoking?

INTERVIEWER NOTE: If respondent initially replies "never", ", ask respondent "Have you NEVER been to a doctor or has a doctor never advised you to quit smoking?" [Added note in January 2007]

[DO NOT READ]

01 – Y

02 – N

03 – I have never seen a doctor [added at W4]

06 – DK

09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

HP1Cnm How useful was the DOCTOR's advice in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR DOCTOR ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 DK
- 09 R

Coverage: Current and former (1-6mon) smokers who ANSWERED "yes" TO HP1C

HP1N

Has a nurse EVER advised you to reduce or quit smoking?

INTERVIEWER NOTE: If respondent initially replies "never, ask respondent "Has a doctor never advised you to quit smoking?"

[Added note in January 2007]

[DO NOT READ]

- 01 – Y
- 02 – N
- 03 – I have never seen a nurse [added at W4]
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who have smoked 100 cig in lifetime

HP1Nm How useful was the NURSE's advice in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR NURSE ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4]

- 01 very useful
- 02 somewhat useful
- 03 not very useful OR
- 04 not useful at all
- 06 – DK
- 09 – R

Coverage: Current and former (1-6mon) smokers who ANSWERED "yes" TO HP1N

HP14NM

Have you ever been hospitalized?

PROBE: By hospitalized we mean that you spent at least a night in the hospital for treatment, care, or observation

01 Y --→ go to next question

02 N --→ go to question HP2A

HP15NM

When you were hospitalized did hospital staff (doctors or nurses) advise you to reduce or quit smoking?

01 Y --→ go to next question

02 N --→ go to question HP2A

HP1Nnm How useful was the advice YOU RECEIVED IN THE HOSPITAL in helping you quit or reduce smoking? Would you say... (CCHS q.SCA q11A)

PROBE: Please tell me of the last time hospital staff advised you to quit smoking

[READ CATEGORIES 1-4]

01 Very useful

02 Somewhat useful

03 Not very useful OR

04 Not useful at all

06 DK

09 R

Coverage: Current and former (1-6mon) smokers who ANSWERED "yes" TO HP1N

DHP2

IF (SB1=1 OR SB1=2 OR SB1=3) [respondents who currently smoke daily or occasionally]
THEN GOTO HP2A

IF SB1=4 [respondents who currently do not smoke]
THEN GOTO POINTRO ESINTRO

HP2A

If you were going to quit smoking, how likely would you be to ask a DENTIST for advice? Would you be ...[READ CATEGORIES 1 – 3]

01 – Very likely

02 – Somewhat likely OR

03 – Not likely at all

06 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime

HP2B

If you were going to quit smoking, how likely would you be to ask a PHARMACIST for advice?

Would you be ...[READ CATEGORIES 1 – 3]

01 – Very likely

02 – Somewhat likely OR

03 – Not likely at all

06 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime

HP2C

If you were going to quit smoking, how likely would you be to ask a DOCTOR for advice? Would you be ... [READ CATEGORIES 1 – 3]

01 – Very likely

02 – Somewhat likely OR

03 – Not likely at all

06 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime

HP2NM

If you were going to quit smoking, how likely would you be to ask a nurse for advice?

01 – Very likely

02 – Somewhat likely OR

03 – Not likely at all

06 – DK

09 – R

Coverage: Current smokers who have smoked 100 cig in lifetime

Reg01 If it was available, would you be interested in participating in a FREE VOLUNTARY smokers' registry which would provide you with the following benefits:

- Provide ongoing contact with smoking cessation professionals
- Get the latest information about smoking cessation services and products
- Information on what is the most appropriate service/product for you to use in order to quit smoking
- Hear about special studies for which you may be eligible

PROBE: Right now there is no registry for smokers in Ontario. We would just like to determine if a registry is something you would consider if you decided to quit smoking.

Y

N

D/K

ADRES

If you were to decide to stop smoking tomorrow, what kind of help would you want available?

INTERVIEWER NOTE: Do not enter any text if respondent says "No", "Nothing", etc.

SECOND-HAND SMOKE

ESINTRO

Now I would like to ask you a few questions about smoking in your home, and your workplace.
(Removed “by the people that live there” after pilot)

ES1

Which of the following best describes the smoking behaviours in your home?
[RF]

[READ CATEGORIES 1 – 5]

- | | |
|---|-----------|
| 01 - No one smokes anywhere on the property | GOTO ES1b |
| 02 - No one smokes indoors at all | GOTO ES1b |
| 03 - People smoke in certain rooms only | GOTO ES2b |
| 04 - People smoke except when young children are present OR | GOTO ES2b |
| 05 - People smoke anywhere in the home | GOTO ES2b |
| 06 - Both response 3 and 4: People smoke in certain rooms except when children present [DO NOT
READ] [response added at W5, July 2007] | GOTO ES2b |
| 07 - DK | GOTO ES2b |
| 08 - R | GOTO ES2b |
| 09 - DK | GOTO ES2b |
| 10 - R | GOTO ES2b |

Coverage: All respondents

[skip logic for 01 and 02 response categories were revised to go to the new question below in Jan 07;
previously went to ES2a]

DTY1

IF (SB1=1 OR SB1=2 OR SB1=3) AND SB2=1 [e.day, almost e.day, occasional smokers, 100+ cig]
THEN GOTO DDTY1 [Jan 07 – modified skip from TY1 to new decision]

IF (SB1=4 AND (SB3a=1 OR SB3a=2)) AND SB2=1
THEN GOTO DDTY1 [Jan 07 – modified skip from TY1 to new decision]

[presently “not at all” smoker who smoked in the last month and 100+ cig]

IF (SB1=4 AND (SB3a=3 OR SB3b<4)) OR SB2=2
THEN GOTO ES3 [presently “not at all” smoker who smoked >1mon ago OR not 100+
cig in lifetime]

IF (SB1=05) [never smoker]

THEN GOTO ES3

DDTY1 [decision added Jan 07 given new question ES1b to reduce respondent frustration]

If (ES1 = 1 or ES1 = 2) and ES1b = 02 THEN GOTO ES3

[current smokers who do not allow residents OR visitors to smoke inside their home]

ELSE GOTO TY1

[current smokers who allow smoking inside their home]

ES11

In the past 30 days, have you been exposed to other people's smoke at work?

Probe: There is a province-wide smoking ban [that came into force on May 31, 2006]; but not all workplaces are covered.

Probe2: For example, outdoor workplaces and some indoor workplaces like hotel rooms

[Probes added at W3 – July 2006]

[DO NOT READ]

01 – Y

02 – N

03 – Do not work

06 – DK

09 – R

Coverage: All respondents who work outside home

MASS MEDIA

MM1Intro

Now I want to ask you about the media:

MM1

First, thinking about news stories related to smoking or tobacco companies that might have been on TV, radio, or in the newspapers. In the past 30 days, that is since [ANCHOR] how often have you seen or heard a news story about smoking?

[READ CATEGORIES 1 – 4]

01 – Never

02 – Sometimes

03 – Often OR

04 – Very often

05 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

[THE FOLLOWING MASS MEDIA QUESTIONS WILL CHANGE IN FUTURE SURVEYS AS THE CURRENT CAMPAIGNS AND SLOGANS CHANGE. THE MINISTRY OF HEALTH IS CURRENTLY IN THE PROCESS OF GENERATING NEW SLOGANS FOR CAMPAIGNS BEING RELEASED IN THE NEW YEAR]

MM2INTRO

The next several questions are about anti-smoking advertisements. In the past 30 days, have you seen any anti-smoking advertisement or campaign taking place in Ontario with the following themes or slogans:

MM2

An ad about stop smoking medications like the patch or gum?

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM7

[Added February 1, 2006]

An ad showing people overcoming life challenges, including throwing away a pack of cigarettes with the message: "you have it in you".

[added Note Jan 2007]

INTERVIEWER NOTE: if necessary, remind respondent "IN THE PAST 30 DAYS..."

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM8

[Added February 1, 2006]

An ad showing different people seeing messages about appointments connected to quitting smoking with the message: "what's your quit date?"

[added Note Jan 2007]

INTERVIEWER NOTE: if necessary, remind respondent "IN THE PAST 30 DAYS..."

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM10_0

[false MM question added at W3 July 2006]

An ad showing a young child using alphabet blocks to spell out the names of health problems associated with smoking?

[added Note Jan 2007]

INTERVIEWER NOTE: if necessary, remind respondent "IN THE PAST 30 DAYS..."

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM15

An ad where a boy passes his dad a CD with a recorded message encouraging his dad to quit smoking?

INTERVIEWER NOTE: if necessary, remind respondent "IN THE PAST 30 DAYS..."

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM12_0

[Added June, 2006]

Have you seen or heard of radio or newspaper ads providing tips and support for quitting? For example, "Quit Tip #6: Change your routine?"

[added Note Jan 2007]

INTERVIEWER NOTE: if necessary, remind respondent "IN THE PAST 30 DAYS..."

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

MM14_0

[Added Jan 23,, 2007]

In the last year, that is since _____ (DATE – month and year),
have you seen or heard of radio or newspaper ads for the 2007 Driven to Quit Challenge, sponsored
by the Canadian Cancer Society?

Probe: The Driven to Quit Challenge is a quit smoking contest for the month of March.

[added Note Jan 2007]

INTERVIEWER NOTE: if necessary, remind respondent “IN THE PAST YEAR...”

DO NOT READ CATEGORIES

01 – Y

02 – N

03 – Do not watch tv/read newspaper [DO NOT READ CATEGORY]

06 – DK

09 – R

Coverage: All respondents

DEMOGRAPHICS

DEINTRO:

Finally, these last questions are for classification purposes only.

Q.6 (moved from screener section)

Note sex – DO NOT ASK UNLESS UNSURE

01 – Female

02 – Male

Coverage: All eligible respondents who agree to participate

DE1

First, in what year were you born?

01 - _____ ENTER YEAR [DE1yr range: 1900-1990]

02 – DK

03 – R

Coverage: All respondents

GOTO DE2

GOTO DE1a

GOTO DE1a

DE1a

Ok, can you tell me to which age group you belong? Are you...

[READ CATEGORIES 1-6]

01 – 18 – 24

02 – 25 – 34

03 – 35 – 44

04 – 45 – 54

05 – 55 – 64 OR

06 – 65 years of age and over

07 – DK

09 – R

Coverage: Respondents who refuse to give year of birth

DE2

What is the highest level of education you have completed?

[DO NOT READ CATEGORIES]

01 – No schooling

02 – Some elementary

03 – Completed elementary

04 – Some secondary

05 – Completed secondary

06 – Some community college, CEGEP or nurse's training

07 – Completed community college, CEGEP or nurse's training

08 – Some university or teacher's college

09 – Completed university or teacher's college

10 – Other education or training

66 – DK

99 – R

Coverage: All respondents

DE9

[added at W5 – July 2007]

How would you describe your sense of belonging to your local community? Would you say:

PROBE: How strongly do you feel that you are part of your local community?

[READ CATEGORIES 01 – 04]

01 – Very strong,

02 – Somewhat strong,

03 – Somewhat weak, OR

04 – Very weak

06 – DK

09 – R

Coverage: All respondents

DDE3

IF Q8 = 1 AND (SB1=1 OR SB1=2 OR SB3a =1 OR SB3a = 2)

[response

to "health" question asked earlier]

THEN GOTO DE4

DE9NM

Which of the following best describes your MAIN activity during the last 12 months? Were you ...

(CTUMS, 2001 cycle 2, q.146)

[READ CATEGORIES 1-5]

<1> working at a job or business?

<2> looking for work?

<3> a student?

<4> retired?

<5> raising a family or running a household?

<6> other?

<r> Refused

<x> Don't know

Coverage: All respondents

DE10NM Is that in the _____(Name) region?

Y

N

Coverage : respondents who answered DE9NM 1-6

DE11 What is your best estimate of your total household income for the last 12 months before taxes and deductions? Please include income from all household members and from all sources. Was it ... (CTUMS, 2001 cycle 2, q.150)

<01> Less than \$15 thousand

<02> \$15 to 29 thousand

<03> \$30 to 44 thousand

<04> \$45 to 59 thousand

<05> \$60 to 79 thousand

<06> \$80 to 99 thousand

<07> \$100 to 119 thousand

<08> \$120 thousand or more

<r> Refused

<x> Don't know

Coverage: All respondents

DE3

In general, would you say your health is:

[READ CATEGORIES 1 – 5]

01 – Excellent

02 – Very good

03 – Good

04 – Fair OR

05 – Poor

06 – DK

09 – R

Coverage: Former (30days +) and non-smokers

SAME AS QB5, FOR CURRENT SMOKERS

DE4

At present are you married, living with a partner, widowed, divorced, separated, or have you never been married?

[READ CATEGORIES IF NECESSARY]

01 – Married or living with a partner

02 – Widowed

03 – Divorced

04 – Separated

05 – Never been married

06 – DK

09 – R

Coverage: All respondents

DDE5

IF (Consents = 01 | (Consents = 02 & (Q12 = 03 | Q12a = 02))) [consented at recruitment where asked address at end of survey or at recruitment did not provide address]

THEN GOTO DE5b

IF (Consents = 02) [scheduled callback – address provided at recruitment]

THEN GOTO DE5a

DE5a [previously provided address]

Finally, how many children under 18 years of age live in your household?

01 - _____ Enter number [DE5bnum range: 0-15] GOTO COMMENTS

02 – DK GOTO COMMENTS

03 – R GOTO COMMENTS

Coverage: All respondents completing the survey at a scheduled call-back time

DE5b [was not asked or did not provide address]

How many children under 18 years of age live in your household?

01 - _____ Enter number [DE5bnum range: 0-15]

02 – DK

03 – R

Coverage: All respondents completing the survey at the time of recruitment

DE6

Finally, in order for us to send you payment for this survey, can you tell me your name, address and postal code where you receive your mail?

PROBE: This is a UNIVERSITY based research study. Your answers to this survey will be kept absolutely confidential. All personal information, including your name and address, will be kept strictly confidential and will not be shared with any person or group that is not associated with this survey.

[MAKE SURE THAT SPELLING IS CORRECT—REPEAT BACK TO RESPONDENT TO CHECK]

01 – SPECIFY ADDRESS: _____

GOTO DEFNAME

02 – NO

GOTO DE7INTRO

Coverage: All respondents

DE7INTRO

Without this information, we are unable to send you the \$15 honourarium for participation in this survey.

01 – Respondent offers FULL address, Enter address GOTO DEFNAME

02 – Respondent does NOT offer FULL address GOTO DE7

removed request for postal code and alt numbers

GOTO COMMENTS

COMMENTS

If respondent would like to provide comments, enter them here. Interviewer - Do not ask respondent if they have any comments.

IF STAT1 = RECENT SMOKER AND HAS LIVED IN _____ (name) PHU FOR AT LEAST 6 MONTHS

THEN GOTO Q_Close1

Q_Close1

Thank you very much for participating in this survey. You should receive your cheque within a few days. If you would like any more information about this project, please contact researcher Robert Schwartz, Associate Director of Evaluation at the Ontario Tobacco Research Unit at (416) 978-8137.

Cont OTRU might be conducting further studies about smokers in Simcoe Muskoka in the near future, would you like us to give them your information so that they can contact you?

Prompt: They may call you in a few months and ask if you would participate in another interview.

Y

N

Thank you again. Goodbye.

THANK AND TERMINATE

A7. [POSTAL CODE]

A8. [INTERVIEW COMPLETION TIME: HH:MM]

A9. [SURVEY LENGTH]

Appendix D: Computation of Weights

Background

The sampling design of the PHU samples households randomly from the Simcoe Muskoka District Health Unit region. When a household is screened, the next birthday adult is interviewed if they are a smoker.

In order to create accurate sampling weights, it is necessary to know the probability of selecting a person in a given household. Due to an error in the questionnaire development of the 2007 phase of the PHU study, this was not determined: therefore accurate sampling weights cannot be calculated. However alternate weights, based on estimating the probability of selection within the household, are presented in addition to weights that do not incorporate the sampling design.

Post-stratification only weight (ps_wt)

PHU study data were calibrated to population counts cross-classified into eight age by sex strata as outlined in Table 13. Population counts of adult smokers (smoked within past 6 months, smoked greater than 100 cigarettes in lifetime, 18 years of age and older) for the Simcoe Muskoka District Health Unit were taken from the 2005 cycle of the *Canadian Community Health Survey* (CCHS).

Table 13: Study Data Population by Age and Sex

Age Group	Male	Female
18 – 24	4,814	5,694
25 – 44	22,694	18,737
45 – 64	13,630	14,959
65+	3,623	4,963
Total	44,761	44,353

This weight is the weight that should be used when deriving population-level point estimates. However, it should be noted that it is possible that the point estimates may be biased towards the responses of participants residing in single person households because of the inability to account for household size.

Estimated sampling weight with post-stratification adjustment (est_ps_wt)

To ascertain the level of bias that MAY be introduced by the post-stratification only weights, a second weight was created. This weight was produced through the traditional sampling weight algorithm:

$$\frac{N}{n} \times a_j \times \frac{1}{c}$$

Where:

- N = estimated number of households for Simcoe Muskoka
- n = the total number of non-refusal households screened in Simcoe Muskoka, where the next birthday person is determined and approached if eligible
- a_j = the number of adults in the household of the respondent (Note: *this is an estimated number for the purposes of this study*)
- c = the completion rate

Estimation of the number of adults in the household of the respondent:

Data on adult smokers from the first four waves of the OTS were used to impute the estimated number of adults in the household.

Multiple imputation with an EM algorithm was used to estimate these values. In brief, respondents from the PHU study (all of whom were missing household size) were compared to respondents from the first 4 waves of the OTS based on key demographic characteristics thought to be related to household size. These were: age, sex, marital status, number of children in the home, and education. Multiple imputation works by 'matching' PHU respondents that were missing household size, to OTS respondents that had similar demographic characteristics. Average household size is computed from the matching OTS respondents and imputed onto the PHU respondent.

Following this estimation, the sampling weight was calculated as above, and post-stratification adjustments were made so that the final weights summed to the totals presented in Table 13.

It is important to note that this weight is not to be used when calculating point estimates. The use of this weight is solely to evaluate the level to which the post-stratification only weight may possibly be biasing estimates. In no way should this weight be considered a more accurate reflection than the post-stratification only weight.

Performance of post-stratification only weights

The potential bias of single-occupied households was examined superficially by comparing the point estimates for some key variables while weighting with the post-stratification only weight, and subsequently with the estimated sampling weight (post-stratification adjusted).

The results of the comparison are presented in Table 14. In general the estimates between the two weights are nearly identical, suggesting that the post-stratification only weights perform well. However, it should be noted that any estimates produced with this data, should be examined for this potential bias.

Table 14: Comparison of Weight

Variable	Post-Stratification Only Weighted Estimate		Point Estimate Derived from Estimated Sampling Weight with Post- Stratification Adjustment		Difference between estimates
	N	(%)	N	(%)	Abs %
SB1: Smoking Status					
Every day	71644.8	80.40	71732.17	80.50	-0.10
Almost every day	3601.568	4.04	3394.408	3.81	+0.23
Occasionally	8641.554	9.70	8575.23	9.62	+0.08
Not at all	5152.445	5.78	5341.798	5.99	-0.21
QA2: Have you ever used nicotine patches to help you quit or reduce smoking					
Yes	35650.93	40.01	35841.75	40.22	-0.21
No	53462.05	59.99	53271.24	59.78	+0.22
QA3: Have you ever used nicotine gum or chewing pieces like Nicorette?					
Yes	36840.97	41.34	36374.3	40.82	+0.52
No	52272.01	58.66	52738.69	59.18	-0.52
QA23: Have you ever called the Ontario Smokers' Helpline?					
Yes	2448.444	2.75	2278.211	2.56	+0.21
No	41862.71	46.98	42401.47	47.58	-0.60
QA25: Did you ever take part in a quit program?					
Yes	3248.604	3.65	3019.561	3.39	+0.26
No	33523.57	37.62	33725.78	37.85	-0.23
QB5: Would you say your health is..					
Excellent	10864.71	12.19	10808.58	12.13	+0.06
Very Good	28110.46	31.54	27570.45	30.94	+0.60
Good	28683.54	32.19	29228.56	32.80	-0.61
Fair	12323.22	13.83	12266.33	13.76	+0.07
Poor	3881.245	4.36	3799.276	4.26	+0.10
QB7: Are you planning to quit smoking...					
Within the next month	13369.52	15.00	13392.8	15.03	-0.03
Within the next 6 months	21759.51	24.42	21388.07	24.00	+0.42
Sometime in the future, beyond 6 months	28184.27	31.63	28274.35	31.73	-0.10
Not Planning to quit	17745.59	19.91	17764.25	19.93	-0.02
I have already quit	414.2565	0.46	418.3843	0.47	-0.01

Appendix E: Comparison of Demographic and Smoking Behaviours of Survey Participants, Intercept Study Participants, and Ontario Smoker Subpopulations

Table 15: Comparison of Blue-collar Workers from the Street Intercept Survey and Other 25+ Simcoe Muskoka Smokers and Recent Smokers with Ontario Blue-collar Workers

	Blue-collar Participants from the Street Intercept	Phone Survey (25+)	CTUMS Blue-collar Workers (25+)
Age	40 (25-63)	47 (25-87)	
Gender			
Female	32	49	12
Male	68	51	88
Income			
0-29,000	8	17	
30,000-44,000	14	15	
45,000-59,000	13	14	
60,000-79,000	13	16	
80,000-99,000	10	9	
100,000-119,000	3	6	
120,000-more	5	9	
Missing	34	15	
Education			
Less than secondary school	21	15	26
Secondary diploma	38	33	38
Some college	12	12	12
College or university degree	28*	39	23
Missing	2		
Marital status			
Married	52	63	73
Never married	27	14	16
Divorced	15*	9	
Separated	6	7	
Widowed	0	6	
Smoking status			
Daily smokers	89	82	40
Smoked almost every day	5	3	9
Occasional	3	10	
Quit in last 6 months	3	6	52
Number of cigarettes smoked day			
0-10	30	34	23
11-20	42	40	43
21-30	21	22	26
31 +	7	5	7

Time to first cigarette			
0–5 min	36*	22	23
6–30 min	31	42	34
31–60 min	4†	5	21
> 1 h	29	31	22
HSI			
HIS<2	21	27	25
HIS=2-4	61	58	61
HIS>4	18	15	13
Self reported addiction			
Very addicted	73	66	
Somewhat addicted	23	23	
Not at all addicted	4	10	
Self report difficult it would be to quit			
Very hard to quit	45	53	
Somewhat hard	32	26	
Somewhat easy	13	12	
Very easy	10	8	
Intention to quit in next 6 months	36	39	54
Planned quit attempt			
Did not plan quit attempt in advance	40†	25	
Planned quit attempt for later the same day;	4	4	
Planned quit attempt the day beforehand;	5	8	
Planned quit attempt a few days beforehand	11	20	
Planned quit attempt a few weeks beforehand	28	29	
Planned quit attempt a few months beforehand	9	12	
Reported belief on benefit from quitting			
Not benefit at all	3	4	
Benefit a little	21	15	
Benefit quite a bit	31	24	
Benefit a lot	45	50	

*significantly different .05 level (Z test for two proportions)

†significantly different .01 level (Z test for two proportions)

Table 16: Comparison of Young Adults from the Street Intercept to Young Adults from the Phone Survey and Ontarian Young Adults from CTUMS

	Young Adults from the Street Intercept	Phone Survey (18-24)	CTUMS (18-24)
Gender			
Female	47.5	62	54
Male	52.5	38	45
Income			
Less than \$15,000	14	8	
15,000-29,000	34	13	
30,000-44,000	17	23	
45,000-59,000	11	13	
60,000-79,000	9	19	
80,000-99,000	0	13	
100,000-119,000	3	8	
120,000-more	11	4	
Education			
Less than secondary diploma	51†	15	19
Secondary diploma	30	48	36
Some college/university	11	11	26
College or university degree	7†	23	20
Marital status			
Married	31	25	20
Never married	66	72	79
Separated	2	3	1
Main activity last 12 months			
Working	50	58	
Looking for work	8	3	
Student	26	22	
Raising a family	12	15	
Other	4	2	
Smokers			
Daily smokers	88†	71	56
Smoked almost every day	7	13	21
Occasional	2*	10	
Quit in last 6 months	3	5	23
Number of cigarettes smoked day			
0-10	35*	53	45
11-20	31	34	43
21-30	23*	7	10
31 +	8	7	1

Time to first cigarette			
0–5 min	25	16	19
6–30 min	28	35	25
31–60 min	2	6	21
> 1 h	45	43	35
HSI			
HSI<2	38	40	47
HSI=2–4	41	45	47
HSI>4	21	15	5
Self reported addiction			
Very addicted	48	57	
Somewhat addicted	47*	30	
Not at all addicted	6	12	
Self report difficult it would be to quit			
Very hard to quit	24	32	
Somewhat hard	52	45	
Somewhat easy	14	5	
Very easy	9	13	
Intention to quit in next 6 months	43	40	
Planned quit attempt			
Did not plan quit attempt in advance	54†	26	
Planned quit attempt for later the same day;	6	5	
Planned quit attempt the day beforehand;	5	12	
Planned quit attempt a few days beforehand	12	16	
Planned quit attempt a few weeks beforehand	17	26	
Planned quit attempt a few months beforehand	6*	16	
Reported belief on benefit from quitting			
Not benefit at all	5	5	
Benefit a little	14	18	
Benefit quite a bit	24	23	
Benefit a lot	57	54	

*significantly different .05 level (Z test for two proportions)

†significantly different .01 level (Z test for two proportions)

Appendix F: Street Intercept Survey

STREET INTERCEPT SURVEY

- Q1. Participants' ID number _____
- Q2. Location _____
- Q3. Group (Choose one)
- | | |
|---|----------------------|
| 1 | Young adults- 18- 24 |
| 2 | Blue-collar worker |
- Q4. At the present time, do you smoke cigarettes every day, almost every day, occasionally, or not at all?
(Choose one)
- | | |
|---|------------------|
| 1 | Everyday |
| 2 | Almost everyday |
| 3 | Occasionally |
| 4 | Not at all |
| 8 | Refuse to Answer |

If Q4 is equal to 1, then skip to Q6.

If Q4 is equal to 4, then skip to instruction before Q8.

- Q5. On how many of the past 30 days did you smoke cigarettes? _____
- | | |
|----|------------------|
| 97 | Don't Know |
| 98 | Refuse to Answer |
- Q6. Some people smoke more or less depending on the day of the week.
So, thinking back over the past month, on the WEEKEND DAYS that you did smoke, about how many cigarettes did you usually smoke?
[PROBE: For instance, on your average Saturday, how many cigarettes do you usually smoke?]
- _____
- | | |
|-----|------------------|
| 997 | Don't Know |
| 998 | Refuse to Answer |
- Q7. On the WEEKDAYS that you did smoke, about how many cigarettes did you usually smoke? [IF
ASKED, INTERVIEWER TO REMIND RESPONDENT IN LAST 30 DAYS] _____
- | | |
|-----|------------------|
| 997 | Don't Know |
| 998 | Refuse to Answer |

If Q4 is equal to 1, then skip to Q12.

If Q4 is less than 3, then skip to Q9.

Q8. How long ago was it that you last smoked a cigarette: was it (Choose one)

- 1 one week or less
- 2 more than one week but less than one month
- 3 1 to 3 months ago
- 4 more than 3 months ago
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q9. Have you ever smoked cigarettes daily

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

If Q4 is greater than 1 and Q9 is equal to 0, then skip to Q12.

Q10. Earlier you mentioned that you are not smoking cigarettes daily anymore, what was the main reason you stopped smoking cigarettes daily? (Choose one)

- 01 Reduce disease risk / improve health
- 02 Illness / Disability
- 03 As quitting strategy/trying to quit
- 04 Too expensive/cost
- 05 Smoking restrictions
- 06 Reduce others' exposure to second-hand smoke
- 07 Pregnancy/breastfeeding
- 08 Reduced need/craving
- 09 family pressure
- 10 Doctor's advice/counselling
- 11 Pharmacist's advice/counselling
- 12 Dentist's advice/counselling
- 13 Nurse's advice/counselling
- 14 Hospital staff advice counselling
- 15 Other
- 97 Don't Know
- 98 Refuse to Answer
- 99 Not Applicable

Q11. What methods did you use to help you stop smoking daily?

PROBE: Please count any methods you used, regardless of whether or not it was successful.

PROBE: Did you use any other methods to help you reduce your smoking? (Check all that apply)

- ☐ Self-help program (video, cassette, book, pamphlet, etc)
- ☐ Nicotine patch
- ☐ Addiction counselling
- ☐ Physician counselling
- ☐ Switching to light/mild cigarettes
- ☐ Quit smoking contest
- ☐ Reduce daily consumption gradually/cut back
- ☐ Group stop-smoking program
- ☐ Nicotine chewing gum (such as Nicorette)
- ☐ Acupuncture/hypnosis/laser therapy
- ☐ Zyban/wellburtin/ bupropin/Champix/stop smoking pills
- ☐ Quit phone line
- ☐ Internet
- ☐ No method, I just did it
- ☐ Other
- ☐ Don't Know
- ☐ Refuse to Answer
- ☐ Not Applicable

Q12. Besides cigarettes, have you EVER used any other tobacco products such as chewing tobacco, snuff, cigars, pipes or snus?

PROBE: Other tobacco products include cigarillos, pinch, bidis, kreteks, shisha, or sunus

[DO NOT READ CATEGORIES]

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

ADDICTION QUESTIONS

- Q13. Thinking about your own smoking, would you say that you are NOT AT ALL ADDICTED to cigarettes, SOMEWHAT ADDICTED to cigarettes or VERY ADDICTED to cigarettes (Choose one)
- | | |
|---|---------------------|
| 1 | Not at all addicted |
| 2 | Somewhat addicted |
| 3 | very addicted |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q4 is greater than 2, then skip to instruction before Q15.

- Q14. How soon after you wake up do you usually smoke your first cigarette?
[PROBE: What I mean is how long in hours or minutes] INTERVIEWER RECORD NUMBER IN MINUTES

— — — —	
9997	Don't Know
9998	Refuse to Answer

If Q4 is equal to 4, then skip to Q16.

- Q15. Do you find it difficult to refrain from smoking in places where it is NOT ALLOWED?
- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

QUITTING QUESTIONS

Q16. How easy or hard would it be for you to completely quit smoking if you wanted to? Would it be:
[READ CATEGORIES 1 - 4] (Choose one)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard
- 7 Don't Know
- 8 Refuse to Answer

Q17. If you decided to quit smoking, do you have at least one person you could count on for support?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q18. Is there anyone who might make it more DIFFICULT for you to quit smoking tobacco if you wanted to?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q19. In general, would you say your health is
[READ CATEGORIES 1-5] (Choose one)

- 1 Excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor
- 7 Don't Know
- 8 Refuse to Answer

Q20. How much do you think you would benefit from health and other gains if you were to quit smoking tobacco permanently in the next 6 months? Would you [READ CATEGORIES 1-4] (Choose one)

- 1 Not benefit at all
- 2 Benefit a little
- 3 benefit quite a bit OR
- 4 benefit a lot
- 7 Don't Know
- 8 Refuse to Answer

Q21. Are you planning to quit smoking...

[READ CATEGORIES 1 - 4] (Choose one)

- | | |
|---|--|
| 1 | Within the next month? |
| 2 | Within the next 6 months |
| 3 | Sometime in the future, beyond 6 months? |
| 4 | Not planning to quit |
| 5 | I have already quit [DO NOT READ] |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q21 is greater than 2, then skip to Q25.

Q22. What is the main reason you plan to quit smoking? (Choose one)

- | | |
|----|--|
| 01 | Reduce disease risk / improve health |
| 02 | Illness / Disability |
| 04 | Too expensive/cost |
| 05 | Smoking restrictions |
| 06 | Reduce others' exposure to second-hand smoke |
| 07 | Pregnancy/breastfeeding |
| 08 | Reduced need/craving |
| 09 | family pressure |
| 10 | Doctor's advice/counselling |
| 11 | Pharmacist's advice/counselling |
| 12 | Dentist's advice/counselling |
| 13 | Nurse's advice/counselling |
| 14 | Hospital staff advice counselling |
| 15 | Other |
| 97 | Don't Know |
| 98 | Refuse to Answer |
| 99 | Not Applicable |

Q23. Have you set a firm quit date?

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q24. What methods do you plan to use to help you quit smoking?

PROBE: Are there any other methods?

DO NOT READ LIST. MARK ALL THAT APPLY. (Check all that apply)

- ☐ Self-help program (video, cassette, book, pamphlet, etc)
- ☐ Nicotine patch
- ☐ Addiction counselling
- ☐ Physician counselling
- ☐ Switching to light/mild cigarettes
- ☐ Quit smoking contest
- ☐ Reduce daily consumption gradually/cut back
- ☐ Group stop-smoking program
- ☐ Nicotine chewing gum (such as Nicorette)
- ☐ Acupuncture/hypnosis/laser therapy
- ☐ Zyban/wellburtin/ bupropin/Champix/stop smoking pills
- ☐ Quit phone line
- ☐ Internet
- ☐ Cold turkey/no formal assistance
- ☐ Other
- ☐ Don't Know
- ☐ Refuse to Answer
- ☐ Not Applicable

Q25. How many times have you EVER made a serious attempt to quit smoking? By serious, we mean that you made a conscious attempt to stay off cigarettes for good.

— — —

998

Refuse to Answer

If Q25 is equal to 0, then skip to instruction before Q28.

Q26. When did your last serious quit attempt end? Was it:

Probe: By serious, we mean that you made a conscious attempt to stay off cigarettes for good (Choose one)

- 1 less than one month ago
- 2 1-6 months ago
- 3 7-12 months ago
- 4 More than one year ago
- 5 Currently in a quit attempt [DO NOT
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

READ]

Q27. Which of these statements best describes how your most recent quit attempt started:

[READ CATEGORIES 01 - 06]

(Choose one)

- | | |
|----|--|
| 01 | I did not plan the quit attempt in advance, I just did it; |
| 02 | I planned the quit attempt for later the same day; |
| 03 | I planned the quit attempt the day beforehand; |
| 04 | I planned the quit attempt a few days beforehand; |
| 05 | I planned the quit attempt a few weeks beforehand OR |
| 06 | I planned the quit attempt a few months beforehand |
| 07 | other [DO NOT READ] |
| 97 | Don't Know |
| 98 | Refuse to Answer |
| 99 | Not Applicable |

QUIT AIDS

QUIT AIDS Now I am going to ask you some questions about resources and aids to help *people* quit smoking...

Q28. Can you NAME 5 aids or resources that help people quit smoking?

Now I am going to ask if you have EVER used any of the following to help you quit or reduce smoking. I will also ask you how helpful these aids were.

Q29. Have you EVER used nicotine patches to help you quit or reduce smoking?

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q29 is equal to 0, then skip to Q31.

Q30. How useful were the nicotine patches in helping you quit or reduce smoking? (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q31. Have you EVER used nicotine gum or chewing pieces like Nicorette to help you quit or reduce smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q31 is equal to 0, then skip to Q33.

Q32. How useful was the nicotine gum?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED THE NICOTINE GUM?

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q33. Have you EVER used nicotine inhalers to help you quit or reduce smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q33 is equal to 0, then skip to Q35.

Q34. How useful was the nicotine inhaler?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED NICOTINE INHALER?

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q35. Have you EVER used a pill prescribed by your doctor called Zyban, or bupropion to help you quit or reduce your tobacco smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q35 is equal to 0, then skip to Q37.

Q36. How useful was Zyban, or bupropion in helping you quit or reduce your tobacco smoking?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED ZYBAN OR BUPROPION?

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q37. Have you EVER used a pill prescribed by your doctor called Wellbutrin to help you quit or reduce your tobacco smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q37 is equal to 0, then skip to Q39.

Q38. How useful was Wellbutrin helping you quit or reduce smoking?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED Wellbutrin?

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q39. Have you EVER used a pill prescribed by your doctor called champix, or chantix to help you quit or reduce smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q39 is equal to 0, then skip to Q41.

Q40. How useful was champix, or chantix in helping you quit or reduce your tobacco smoking?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED CHAMPIX?

[READ CATEGORIES 1-4] (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q41. Have you EVER used hypnosis, acupuncture, or laser therapy to help you quit smoking?

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q41 is equal to 0, then skip to instruction before Q43.

Q42. How useful was hypnosis, acupuncture, or laser therapy in helping you quit or reduce your tobacco smoking?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED HYPNOSIS, ACCUPUNCTURE OR LASER THERAPY?

INSTRUCTIONS TO INTERVIEWER: IF EACH METHOD HAD DIFFERENT RESULTS RECORD THE MOST SUCCESSFUL.

[READ CATEGORIES 1-4] (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Now I am going to ask you about self-help materials that you may have used in the past to help you quit or reduce smoking.

Q43. Have you EVER used a self-help booklet or video, a website or a chat group?

[PROBE: THIS MAY INCLUDE ANY SELF-HELP MATERIAL SUCH AS CDs]

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q43 is equal to 0, then skip to Q46.

Q44. Do you remember who sponsored the self-help booklet, video, website or chat group? (Choose one)

- 1 Non profit organization, such as the Canadian Cancer Society, or the Lung Association
- 2 Private company (you had to pay for it)
- 3 A tobacco company (such as Philip Morris)
- 4 Other
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q45. How useful was the self-help material?

PROBE: HOW USEFUL WAS IT THE LAST TIME YOU USED THE SELF-HELP MATERIAL?
INSTRUCTIONS TO INTERVIEWER: IF PARTICIPANT HAS TRIED DIFFERENT SELF-HELP MATERIALS SPONSORED BY DIFFERENT ORGANIZATIONS AND HAS EXPERIENCED DIFFERENT RESULTS RECORD THE MOST SUCCESSFUL.

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q46. Have you EVER been to group counselling or a group support program to help you quit or reduce your tobacco smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q46 is equal to 0, then skip to Q49.

Q47. Who organized this counselling program?

PROBE: PLEASE TELL ME OF THE LAST COUNSELLING PROGRAM YOU TOOK PART

INSTRUCTIONS TO INTERVIEWER: READ CATEGORIES 1-8 (Choose one)

- | | |
|----|---|
| 01 | Local health unit |
| 02 | Community Health center |
| 03 | A community group (No lead organizations that run it) |
| 04 | Your workplace |
| 05 | your school/college/university |
| 06 | Hospital or clinic |
| 07 | Church or religious organization |
| 08 | For profit organization |
| 97 | Don't Know |
| 98 | Refuse to Answer |
| 99 | Not Applicable |

Q48. How useful was the counselling program in helping you quit or reduce your tobacco smoking

PROBE: PLEASE TELL ME OF THE LAST COUNSELLING PROGRAM YOU TOOK PART [READ CATEGORIES 1-4] (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q49. Have you EVER seen a specialized addiction counsellor to help you quit or reduce smoking?

PROBE: This could be a medical doctor or other health professional trained in nicotine addiction

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q49 is equal to 0, then skip to Q51.

Q50. How useful was your counsellor in helping you quit or reduce your tobacco smoking?
 PROBE: PLEASE TELL ME OF THE LAST ADDICTION COUNSELLOR YOU SAW TO HELP YOU
 QUIT OR REDUCE YOUR TOBACCO SMOKING
 [READ CATEGORIES 1-4] (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q51. Have you EVER made a deal with a friend or family member to quit or reduce your tobacco smoking
 together?
 PROBE: I MEAN AT THE SAME TIME

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 7 | Don't Know |
| 8 | Refuse to Answer |

If Q51 is equal to 0, then skip to Q53.

Q52. How useful was it in helping you quit or reduce your tobacco smoking?
 PROBE: PLEASE TELL ME OF THE LAST TIME YOU MADE A DEAL WITH A FRIEND OR
 FAMILY MEMBER TO QUIT OR REDUCE YOUR TOBACCO SMOKING
 [READ CATEGORIES 1-4 (Choose one)

- | | |
|---|-------------------|
| 1 | very useful |
| 2 | somewhat useful |
| 3 | not very useful |
| 4 | not useful at all |
| 7 | Don't Know |
| 8 | Refuse to Answer |
| 9 | Not Applicable |

Q53. Compared to trying to quit on your own, do you feel that stop smoking medications make it:
 [READ CATEGORIES 01 - 05] (Choose one)

- | | |
|---|--|
| 1 | A lot easier than trying to quit on your own |
| 2 | A little easier |
| 3 | About the same |
| 4 | A little harder than trying to quit on your |
| 5 | A lot harder than trying to quit on your own |
| 7 | Don't Know |
| 8 | Refuse to Answer |

own

Q54. Do you feel that stop smoking medications cost:

[READ CATEGORIES 1-3] (Choose one)

- 1 Too little
- 2 About right
- 3 Too much
- 7 Don't Know
- 8 Refuse to Answer

Q55. Do you feel that stop smoking medications are:

[READ CATEGORIES 01 - 04] (Choose one)

- 1 Very easy to get
- 2 Somewhat easy to get
- 3 Somewhat difficult to get
- 4 Very difficult to get
- 7 Don't Know
- 8 Refuse to Answer

Q56. Do you feel that stop smoking medications have (Choose one)

- 1 A LOT of side effects
- 2 A FEW side effects
- 3 NO side effects that concern you
- 7 Don't Know
- 8 Refuse to Answer

Q57. If you were going to quit smoking, would you be willing to participate in counselling to help you quit?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q58. Do you feel that counselling programs would make quitting smoking:

[READ CATEGORIES 01 - 04] (Choose one)

- 1 A lot easier than trying to quit on your own
- 2 A little easier
- 3 About the same
- 4 A little harder than trying to quit on your own
- 5 A lot harder than trying to quit on your own
- 7 Don't Know
- 8 Refuse to Answer

own

Q59. Do you feel that counselling programs to help people to quit smoking cost:

[READ CATEGORIES 01 - 03] (Choose one)

- 1 too little
- 2 About right
- 3 Too much
- 7 Don't Know
- 8 Refuse to Answer

Q60. Do you feel that counselling programs to help people stop smoking are: (Choose one)

- 1 Very easy to get
- 2 Somewhat easy to get
- 3 Somewhat difficult to get
- 4 Very difficult to get
- 7 Don't Know
- 8 Refuse to Answer

Q61. Can you tell me the name of a free telephone helpline designed to help smokers who want to quit or the organisation that sponsored this helpline? (Check all that apply)

- Ontario Smokers' Helpline
- Canadian Cancer Society
- Health connection- Public Health Agency
- Other
- Don't Know
- Refuse to Answer

If Q61A is equal to 1, then skip to instruction before Q63.

Q62. Have you EVER heard of the Ontario Smokers' Helpline sponsored by the Canadian Cancer Society?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

If Q62 is equal to 0, then skip to Q64.

Q63. Have you EVER called the Ontario Smokers' Helpline?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q64. Have you EVER accessed the Smokers' Helpline Online sponsored by the Canadian Cancer Society's?
[PROBE: The Smokers' Helpline Online is a web-based counselling service to help smokers quit]
[DO NOT READ]

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q65. Have you EVER seen or heard of a "quit program" that offers help to smokers who want to quit through workshops, counselling, or printed materials?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

If Q65 is equal to 0, then skip to instruction before Q69.

Q66. Did you EVER take part in a quit program?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

If Q66 is equal to 0, then skip to instruction before Q69.

Q67. Can you tell me the name of this quit program or what organization sponsored the program?

Q68. How useful was it in helping you quit or reduce smoking?

PROBE: PLEASE TELL ME OF THE LAST QUIT PROGRAM YOU TOOK PART

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Now I'd like to ask you about your visits with health professionals

Q69. Has a dentist EVER advised you to reduce or quit smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q69 is equal to 0, then skip to Q71.

Q70. How useful was the dentists' advice in helping you quit or reduce smoking?

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR DENTIST ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q71. Has a pharmacist EVER advised you to reduce or quit smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q71 is equal to 0, then skip to Q73.

Q72. How useful was the pharmacist's advice in helping you quit or reduce smoking?

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR pharmacist ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q73. Has a doctor EVER advised you to reduce or quit smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q73 is equal to 0, then skip to Q75.

Q74. How useful was the doctor's advice in helping you quit or reduce smoking?

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR DOCTOR ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q75. Has a nurse EVER advised you to reduce or quit smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q75 is equal to 0, then skip to Q77.

Q76. How useful was the nurse's advice in helping you quit or reduce smoking?

PROBE: PLEASE TELL ME OF THE LAST TIME YOUR NURSE ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q77. Have you ever been hospitalized?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q77 is equal to 0, then skip to Q80.

Q78. When you were hospitalized did hospital staff (doctors or nurses) advise you to reduce or quit smoking?,

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

If Q78 is equal to 0, then skip to Q80.

Q79. How useful was the advice you received in the hospital in helping you quit or reduce smoking?
 PROBE: PLEASE TELL ME OF THE LAST TIME HOSPITAL STAFF ADVISED YOU TO QUIT SMOKING

[READ CATEGORIES 1-4] (Choose one)

- 1 very useful
- 2 somewhat useful
- 3 not very useful
- 4 not useful at all
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q80. If you were going to quit smoking, how likely would you be to ask a dentist for advice? Would you be (Choose one)

- 1 Very Likely
- 2 Somewhat likely
- 3 Not at all likely
- 7 Don't Know
- 8 Refuse to Answer

Q81. If you were going to quit smoking, how likely would you be to ask a pharmacist for advice? Would you be ...[READ CATEGORIES 1 - 3] (Choose one)

- 1 Very Likely
- 2 Somewhat likely
- 3 Not at all likely
- 7 Don't Know
- 8 Refuse to Answer

Q82. If you were going to quit smoking, how likely would you be to ask a doctor for advice? Would you be ... [READ CATEGORIES 1 - 3] (Choose one)

- 1 Very Likely
- 2 Somewhat likely
- 3 Not at all likely
- 7 Don't Know
- 8 Refuse to Answer

- Q83. Would you be interested in participating in a VOLUNTARY smokers' registry which would provide you with the following benefits:
- Provide ongoing contact with professionals who help people quit smoking
 - Get the latest information about services and products that can help you quit smoking
 - Information on what is the most appropriate service/product for you to use in order to quit smoking
 - Hear about special studies for which you may be eligible
- | | | |
|--|---|------------------|
| | 1 | Yes |
| | 0 | No |
| | 7 | Don't Know |
| | 8 | Refuse to Answer |

MASS MEDIA

Now I want to ask you about the media more generally.

- Q84. First, thinking about news stories related to smoking or tobacco companies that might have been on TV, radio, or in the newspapers. In the past 30 days, how often have you seen or heard a news story about smoking? (Choose one)
- | | | |
|--|---|--|
| | 1 | Never |
| | 2 | Sometimes |
| | 3 | Often |
| | 4 | Very Often |
| | 5 | Do not watch TV/read the newspaper (DO NOT READ) |
| | 7 | Don't Know |
| | 8 | Refuse to Answer |

The next several questions are about anti-smoking advertisements. In the past 30 days, have you seen any anti-smoking advertisement or campaign taking place in Ontario with the following themes or slogans:

- Q85. An ad about stop smoking medications like the patch or gum?
- | | | |
|--|---|------------------|
| | 1 | Yes |
| | 0 | No |
| | 7 | Don't Know |
| | 8 | Refuse to Answer |
- Q86. An ad showing people overcoming life challenges, including throwing away a pack of cigarettes with the message: "you have it in you".
- | | | |
|--|---|------------------|
| | 1 | Yes |
| | 0 | No |
| | 7 | Don't Know |
| | 8 | Refuse to Answer |

Q87. An ad showing different people seeing messages about appointments connected to quitting smoking with the message: "what's your quit date?"

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q88. An ad showing a young child using alphabet blocks to spell out the names of health problems associated with smoking?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q89. Have you seen or heard of radio or newspaper ads providing tips and support for quitting? For example, Quit Tip #6: Change your routine?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Q90. Have you seen or heard of radio or newspaper ads for the 2007 Driven to Quit Challenge, sponsored by the Canadian Cancer Society?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

Finally, these last questions are for classification purposes only.

Q91. gender- ONLY ASK IF UNSURE

- 1 Male
- 2 Female

Q92. First, in what year were you born?

- — — —
- yyyy
- 2097 Don't Know (Year)
- 2098 Refuse to Answer (Year)
- 2099 Not Applicable (Year)

Q93. What is the highest level of education you have completed? (Choose one)

- 01 No schooling
- 02 Some elementary
- 03 Completed elementary
- 04 Some secondary
- 05 Completed secondary
- 06 Some community college, CEGEP or nurse training
- 07 Completed community college, CEGEP or nurse training
- 08 Some university or teacher's college
- 09 Completed university or teacher's college
- 97 Don't Know
- 98 Refuse to Answer

Q94. How would you describe your sense of belonging to your local community? Would you say (Choose one)

- 1 Very strong
- 2 Somewhat strong
- 3 Somewhat weak
- 4 Very weak
- 7 Don't Know
- 8 Refuse to Answer

Q95. Which of the following best describes your MAIN activity during the last 12 months? Were you (Choose one)

- 1 working at a job or business
- 2 looking for work
- 3 a student
- 4 retired
- 5 raising a family or running a household
- 6 other
- 7 Don't Know
- 8 Refuse to Answer

Q96. Is that in the Simcoe Muskoka region?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer
- 9 Not Applicable

Q97. What is your best estimate of your total household income for the last 12 months before taxes and deductions? Please include income from all household members and from all sources. Was it (Choose one)

- 01 less than 15 thousand
- 02 15 to 29 thousand
- 03 30 to 44 thousand
- 04 45 to 59 thousand
- 05 60 to 79 thousand
- 06 80 to 99 thousand
- 07 100 to 119 thousand
- 08 120 thousand or more
- 97 Don't Know
- 98 Refuse to Answer
- 99 Not Applicable

Q98. At present are you married, living with a partner, widowed, divorced, separated, or have you never been married? (Choose one)

- 1 Married or living with a partner
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never been married
- 7 Don't Know
- 8 Refuse to Answer

Q99. How many children under 18 years of age live in your household?

98 — — Refuse to Answer

THAT WAS MY LAST QUESTION FOR YOU. THANK YOU SO MUCH AGAIN FOR ANSWERING MY QUESTIONS.

DO YOU HAVE ANY QUESTIONS FOR ME?

IF YOU

ARE INTERESTED IN LEARNING ABOUT THE RESULTS OF THIS STUDY YOU CAN CALL NADIA MINIAN AFTER JUNE 2008 AND SHE WILL BE ABLE TO PROVIDE YOU WITH A WRITTEN OR VERBAL REPORT. ONCE AGAIN THANK YOU FOR ALL YOUR HELP.

If Q8 is greater than 4, then skip to end of questionnaire.

If Q21 is greater than 1, then skip to end of questionnaire.

Now that we have completed with the survey, I see that you are also eligible to participate in an interview.

The interviewer will ask you questions regarding smoking cessation services you are aware of, and your experiences with them.

Involvement in this interview is entirely voluntary and there are no known or anticipated risks to participation in this study.

You may decline to answer any of the interview questions you do not wish to answer and may terminate the interview at any time.

With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis.

The interview will last no more than 20 minutes.

You will be compensated with an additional \$15 AMEX points for your participation.

Appendix G: Demographics of Youth Agency Managers and Workplace Managers

Youth Agency Managers

- Three staff working directly with/for young adults
- Working with young parents, unemployed youth, youth who did not finish high school.
- Staff who have worked in the community for an average of 4 years
- Average age: 40-50 years old.

Blue-collar Workplace Managers

- Staff working directly with blue-collar workers
- Staff who have worked in the community for an average of 11.6 years (range 4-17 years)
- A majority was male (60%)
- Average age: 40-60 years old.

Appendix H: Interview Protocol for Youth Agency Managers and Workplace Managers

INTERVIEW WITH YOUTH AGENCY MANAGERS, AND WORKPLACE MANAGERS

The Ontario Tobacco Research Unit (OTRU) is conducting an evaluation of Ontario's tobacco cessation system. The purpose of this part of the evaluation is to describe the availability and reach of cessation services in different parts of the Public Health Unit. The evaluation explores what groups or communities are and are not accessing various existing cessation services and seeks to identify what other services might be needed. We are also interested in learning about the strengths and weaknesses of the existing continuum of services. Before the interview, I will review the informed consent form with you, which explains your rights as a participant in this evaluation. If you decide to consent, we will begin the interview, which will take no more than one hour. If you are participating over the phone, the researcher will read you the informed consent, and ask you to fax it back or mail it back before the interview can be conducted.

If consent has been received: Thank you for sending us back the signed informed consent, do you have any additional questions regarding the study?

1. Before we begin, I would like to know what you think are the two most important questions this evaluation needs to answer or address?

Thank you. Now, let's begin with the interview.

PREVELANCE OF SMOKING IN SIMCOE MUSKOKA

2. According to *Canadian Community Health Survey* there is a 25% prevalence rate of smoking in Simcoe Muskoka. Does this seem correct to you? If not, is it higher? Lower? Why do you think so?

3. CCHS also reports that Simcoe Muskoka having a higher percentage of female smokers than the province (25% vs. 19%)? Does this seem correct to you?
 - a. If so, why do you think Simcoe's female residents are more likely to smoke than "Ontarians"?
 - b. If not, is it higher? Lower? Why do you think so?

4. More Simcoe Muskoka's residents reported they smoked daily than the average Ontario (17% vs. 22%). Does this seem correct to you? Why do you think this is the case?

5. Several studies have found that the prevalence of smoking is higher among the working class than the general population. Would you agree with this?

PROBE: IF SO, why do you think it is higher? What factors contribute to the higher smoking in the working class?

IF Not, why not?

6. Does _____(company) offer any smoking cessation help for its employees?

If so what help does it offer (Self-help materials, time off, group counselling, individual counselling, free/subsidized NRT; referral to other programs- which ones?) who is eligible for this help (all employers? Family of employers?)

If not does it have any plans? What are the obstacles in making this help available?

LOCAL PROGRAMS

7. What do you think about the overall continuum / range smoking cessation services available in the PHU?
- To what extent do they meet the existing needs?
 - What are the strengths of the existing service package?
 - How could it be made stronger?
 - What are the weakness of the existing service package?
8. Are you aware of the availability of any tool to match smokers to the most appropriate treatment? If yes who uses it? Programs? Smokers themselves?

If yes, is it useful? Does it have any limitations?

9. What are some obstacles that smoking cessation services face in general? In Simcoe Muskoka in particular?

10. How well do the smoking cessation services in Simcoe Muskoka work together? Do they refer clients to other services that might be more appropriate for them?

BENEFITS OF SMOKING CESSATION SERVICES

11. What are the strengths of the smoking cessation services in _____ (company), how about Simcoe Muskoka region more generally? How do you think it could be made stronger?

MASS MEDIA

12. How effective was the Driven to quit Challenge (the challenge) in motivating smokers in Simcoe Muskoka to quit? How about workers from _____(company)?
- Do you think it was more successful for certain groups? Why?
 - Do you think something could have been done differently to help other groups? How?

POLICIES

13. Have there been any major events or policy changes in s Simcoe Muskoka that have impacted smoking cessation services? (SFOA? Policies regarding NRT/pharmacotherapy?) What was the impact on the company?

14. What policies do you think would benefit the smoking cessation services in your organization?

INFORMATION ABOUT YOUR ORGANIZATION

15. How does smoking cessation fit with the other activities of your organization? Why? PROBE: Do they complement each other? How? Why?

PAST EXPERIENCE AND FUTURE DIRECTION

16. Is there anything else about the smoking cessation system that currently exists for the employees at _____(company) that you think is important for evaluators to understand?

RECOMMENDATIONS

17. What recommendations can you make to improve the current smoking cessation services?

*Please answer the following questions as best as you can. Do **NOT** put your name or any other identifying information in this form. If you have any questions please let us know. After completing the form, please hand it back to the interviewer. Thank you very much for your participation.*

1. What year were you born in? _____(year)

Are you: Female? Male?

2. Do you live in the same community as the one your agency/organization is located?

YES NO

3. When did you start working for this agency/organization? ____Month ____Year

4. What is your job title? _____

Appendix I: Interview Protocol for Smokers

SEMI STRUCTURED INTERVIEW WITH SMOKERS

INTRODUCTION

Hi, my name is _____, I'm from the Ontario Tobacco Research Unit.

What do you like to be called during this interview? _____

The reason I want to talk to you is that you are a member of _____ (community), smoke and have indicated that you want to quit smoking.

Thank you for participating in this interview. Here is the \$15 to reimburse you for your time, and to thank you for your participation.

I'll be asking you a few questions regarding your smoking cessation needs and experiences with smoking cessation services.

I want to reassure you that everything we talk about is strictly confidential. No one will find out how you answered the questions. The only people who will know about it are research staff at our office at OTRU who have been trained about how to keep information private.

If I ask a question that you don't want to answer you can just say, "I don't want to answer that question" and we'll move on to the next one. We can come back to it later if you want.

Please feel free to speak as openly and as honestly as you can. I'm interested in what you have to say and your point of view on the things we are going to discuss. I'm not looking for any specific answers. Again, the most important thing is that you answer the questions as honestly as you can.

We're going to audiotape this interview so we get things right and so that we can talk freely without me having to write everything down. If you want you can use fake names for yourself on the audiotapes. When it's typed up all names will be removed to protect your privacy.

During the interview you can ask me to stop the tape any time if you don't feel comfortable or if you need to take a break.

Finally since there is a time limit and a number of issues to discuss, I may need to stop you to redirect our discussion. I am interested in your opinions and can take time after the interview to discuss a topic at further length. How does that sound?

I will read you the consent form out loud, but please interrupt me if you have any questions. If you prefer to read it on your own please let me know. I will ask you to sign the informed consent before we begin the interview and I will give you a copy of the informed consent for your records.

I know that was a lot of information. Some of it is real important. I want to make sure we both understand. I am going to ask you a few questions and then I want to check if you have any.

We're working together to keep everything we say in this interview private?

We want your point of view ?

If you feel uncomfortable during the interview you can stop at any time or refuse to answer any question?

INTERVIEW QUESTIONS

1. If you were to decide to stop smoking tomorrow, where could you go for help? What kind of help have you had in the past when trying to stop smoking? What kind of help have friends and family members had in the past when trying to stop smoking? Have you heard about any other help that is available for stopping to smoke?
2. So you mentioned that you knew _____ (name of service). Have you used it?
 - a. PROBE: Why did you use it? Did it help?
 - b. PROBE: Why haven't you used it? Do you think that you might use it in the future?
Why not? Is there anything that could be done to ____ that would make it more likely for you to use it?
 - c. PROBE: What have you heard from other people in your community about this service

[continue with other services mentioned]

3. What do you think would help you quit smoking? Please think of all possibilities, programs, services, pharmacotherapy, social support, policies, etc.
 - a. What do you think would help smokers in your community quit smoking or reduce their tobacco use? Please think of all possibilities, programs, services, pharmacotherapy, social support, policies, etc.
4. What are things that you have done/used that have helped you quit or reduce your tobacco smoking in the past?
 - a. PROBE: How well did they work for you?
5. Why do you want to quit smoking?
6. What are some things that are keeping you from quitting or reducing smoking?
7. Now I would like to ask you if you about a service that does not exist here in Canada and that no one has mentioned. Would you be interested in participating in a VOLUNTARY smokers' registry which would provide you with the following benefits:
 - a. Provide ongoing contact with smoking cessation professionals
 - b. Get the latest information about smoking cessation services and products
 - c. Information on what is the most appropriate service/product for you to use in order to quit smoking
 - d. Hear about special studies for which you may be eligible
 - e. PROBE: What would you like about such a registry? What wouldn't you like about it? Why would you decide to be part of it? Why would you decide not to be part of it?
8. Thinking of all the services that have been mentioned in this discussion, what do you think is a reasonable amount of services that smokers should be entitled to use? Should these services be provided by the government for free? Up to how much? Should there be any limits or restrictions placed?
9. One last question, is there anything else that you would like to say about your experience with the smoking cessation system in your community?

Appendix J: Demographic Characteristics of Smokers who Participated in Semi-Structured Interviews

- **Gender:** 50% males; 50% females
- **Average age:** 40 years old
- **Smoking status:** 100% smoked daily
- **Marital status:** 60% married; 26% single; 13% widowed; separated; 1% widow

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