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Final Report

RECENT QUITTERS' BEHAVIOUR AND MOTIVATION – Quantitative Study –

Prepared for
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LES ÉTUDES DE MARCHÉ CRÉATEC +
206, Avenue des Pins East - Montreal (Québec) H2W 1P1
Tel.: (514) 844-1127 - Fax: (514) 288-3194
Email: info@createc.ca / Web Site: www.createc.ca

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1. EXECUTIVE SUMMARY

BACKGROUND AND OBJECTIVES

- This nationwide survey of recent quitters was conducted over the phone, January 13-18, 2004, with a random total sample of 300 recent quitters.

- The main purpose of the survey was to achieve a better understanding of smoking cessation behaviour and motivation to quit by recent quitters, as a follow-up to a previous series of focus groups on the same topics.

  → Because of the very low incidence of the target group, the overall sample achieved can only be analysed at a national level. Nevertheless, it offers some insights about the relationship between behaviour and motivation to quit and age, degree of addiction, cessation methods used, main reason for quitting, and smoking "again" susceptibility.

- The interviews averaged 28 minutes in length and were conducted in English or French, according to respondents' language preference. Questions in the survey dealt with:

  → Smoking experience and addiction level prior to quitting
  → Benefits from smoking
  → Awareness of the health risks of smoking
  → Beliefs about smoking
  → Health status before quitting
  → The decision to quit
  → Quitting resources/methods
  → Confidence in ability to quit
  → Tactics used to stay away from cigarettes
  → Reasons for relapse/smoking again
  → Abstinence since quitting
  → Problems/obstacles faced with cessation
  → Current exposure to tobacco use
  → Personality traits associated with quitters and smokers

- A copy of the questionnaire in both languages is appended.

- In this report, the term "cold turkey" quitters is used to classify respondents who had quit without any external assistance. The criteria used to place respondents into this "cold turkey" quitters sub-group was respondents' reported usage of cessation methods (behaviour), not on their claims of "cold quitting" (perception).

- The term addiction level/score is used to classify respondents into high or low/moderate addiction, based on their answers to the Fagerstrom scale.

- Smoking "again" susceptibility was calculated using three criteria: a) total abstinence since quitting, b) determination not to smoke in the next 12 months, and c) confidence that they will never smoke again, at any time. A non-susceptible respondent met all three criteria.

- While the overall survey results can be considered accurate within +/- 5.7 points nineteen times out of twenty, sub-group results contain a greater margin of error.

RECENT QUITTERS

- This survey found that 2.2 percent of the Canadian adult population (18+) are recent quitters, i.e. former who had quit smoking in the past 1-12 months.

  → Extrapolated to the overall Canadian population, recent quitters represented nearly 500,000 people.

  → As were current smokers, they tended to be less educated than the general population.

  → However, they tended to be older than current smokers, with an overrepresentation of females.

- An overwhelming majority were daily smokers (96 percent) and had smoked for more than 10 years (78 percent).

  → 71 percent smoked even when sick.
  → 79 percent could not go beyond an hour without smoking, after waking.
  → 28 percent achieved the highest scores (7+/10) on the Fagerstrom scale.

- Most said they used to smoke for "sedative" reasons (to unwind, relax, cope with stress) but some other reasons were also strong motivators:

  → 63 percent smoked to keep from feeling bored.

  → 47 percent smoked to help control weight

    - 18-34 years old: 57 percent
    - used NRT[1]: 56 percent
    - women: 57 percent
    - Note that 43 percent reported having experienced or experiencing difficulty controlling their weight since they had quit, and that weight gain was the biggest fear respondents had, at the time of the survey.

[1] *Nicotine Replacement Treatments*

QUITTING EXPERIENCE

- 25 percent were first time quitters.

  → There was a stronger correlation of first time quitting with a diagnosed disease and higher addiction scores than with age or quitting methods used.

- The average number of previous quitting attempts in the entire sample was 3.6 (1.7 among current smokers in CTUMS[1]) and 4.9 when first time quitters were excluded.

  → Number of previous quitting attempts was correlated with higher smoking "again" susceptibility and the impression of having been close to success in the previous attempts.

  → Few respondents (19 percent) who tried to quit prior to this latest attempt achieved the one-year barrier in their previous attempt(s). Half (48 percent) started to smoke again after 3 months.

  → This correlation between the number of quitting attempts, smoking "again" susceptibility, and perception of having been close to success in their previous attempts, suggests that optimism about the odds of quitting or overconfidence about their ability to quit may in fact be an important obstacle to success. It suggests that smokers have to get serious about quitting or repeated attempts will just keep on getting tougher.

- The main (unprompted) reason to start smoking again (39 percent) was basically the same as the main advantage respondents derived from smoking before they quit: to cope with stress and calm down. Other reasons were mainly related to their inability to cope with frustration, and withdrawal symptoms (34 percent).

  → Note that a sizeable proportion (47 percent) acknowledged they used to smoke to help them control their weight and that a similar proportion (43 percent) currently reported having difficulty controlling their weight since they had quit.

  → These findings indicate that while a "health concern" was the primary motive for quitting, respondents also returned to smoking again for health related reasons (stress and nerves, and body weight).

    – These "health concerns" may be important self-exempting reasons or dissonance reducing beliefs about smoking shared by many of those who have quit smoking. This may have communication implications, as some quitters may perceive there are real health drawbacks to quitting.

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1 *The Canadian Tobacco Use Monitoring Survey, an ongoing twice annual survey. www.gosmokefree.ca/ctums.*

THE DECISION TO QUIT

- Most (67 percent) planned to quit smoking but a sizeable proportion (32 percent) quit on the spur-of-the-moment.
  - → Most (62 percent) linked their attempt to a date or a special event - a lot more of those who planned their attempt (75 percent).
  - → Those least likely to plan to quit were:
    - 18-34 years old (56 percent)
    - "cold turkey" quitters (52 percent)
    - low/moderately addicted (61 percent)
- These findings may reflect overconfidence among younger respondents, "cold turkey" quitters and those less addicted, the sub-groups most inclined to stop smoking on the spur-of-the-moment.
- Again, "health concerns" was the main motive for quitting (57 percent), as it was for smoking and starting to smoke again after an attempt to quit.
  - → The second most important reason for quitting was "cost of smoking" (13 percent).
  - → These findings indicate that the health risks of smoking have registered with the respondents. However, as noted previously, it seems that some respondents also perceived there were health drawbacks associated with quitting. These health drawbacks are likely to be dissonance reducing beliefs about smoking again, and therefore, may be important to address.

SMOKING "AGAIN" SUSCEPTIBILITY

- 43 percent of the sample did not abstain totally from smoking after they quit.
  - → There were fewer highly addicted respondents who indulged in smoking (30 percent) after they quit, but when they did, they smoked much more than their low/moderately addicted counterparts.
- Half (49 percent) of the recent quitters in the survey qualified as being susceptible to smoke again, based on their lack of abstinence since they quit and/or their lack of determination not to smoke again.
  - → Contrary to popular belief, the least susceptible to smoke again were the highly addicted (34 percent).
  - → The most determined not to smoke again, at any time in the future, were:
    - highly addicted (69 percent)
    - used NRT (58 percent)
    - 35 years old or over (54 percent)
    - quit for health reasons (53 percent)

→ These findings confirm that the most determined respondents are probably also those most conscious that they are facing a powerful addiction and the most pressured to quit because of a health problem.

- Smoking "again" susceptibility was significantly correlated with:

  → addiction level – they tended to be low/moderately addicted;

  → quitting methods used – they more often used a cigarette option / controlled smoking[1];

  → tactics to stay away from cigarettes – they missed the ritual of smoking and more often tried to keep their mouths busy and drink water more often, and avoid-smokers and smoking places more frequently;

  → time since quitting – they tended to be the most recent quitters;

  → exposure to tobacco smoke – more were exposed on a daily basis to tobacco use;

  → attempt to quit linked to date / special event – tended less to link their attempt to a date/special event;

  → worried more about not being able to succeed or not having enough willpower;

  → were less convinced of the seriousness of the health effects related to smoking.

QUITTING METHODS USED

<u>"Real" and "self-claimed" "cold turkey" quitters</u>

- One of the key findings is that the term "cold turkey" means different things to different respondents.

- When asked if they quit "cold turkey", 61 percent answered yes.

  → However, a closer look at their reported behaviours revealed that many (44 percent) self-claimed "cold turkey" quitters did not really quit cold turkey and had external assistance.[2]

- Among those who said no to the "cold turkey" question, 17 percent did not use any external assistance, although some turned to a cigarette option or received general information on cessation (not considered forms of external assistance in this survey).

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1 *Gradually cut down the number of cigarettes smoked <u>or</u> switched to a L&M type of cigarette <u>or</u> switched to different tobacco products <u>or</u> inhaled less smoke when smoking.*

2 *Any of: NRT, anti-depressant medication, acupuncture, hypnosis, group session, individual counselling, web support, telephone support.*

- After validation of the cessation methods used and not used that were considered as external assistance in this study, the proportion of respondents who were "real" "cold turkey" quitters was 41 percent (when used in the text, the term "cold turkey" quitters always refers to these "qualified" "cold turkey" quitters).

Most popular methods of quitting

- NRT (45 percent) was the most popular method of quitting, followed by "cold turkey" (41 percent).

  → Other forms of external assistance achieved lower but similar usage rates:

  - Anti-depressant medication: 18 percent
  - Counselling and support: 18 percent
  - Alternative medicine: 14 percent

  → Of all the forms of external aids probed in this survey, the nicotine patch (40 percent) was the quitting aid used most often by all sub-groups.

- Although not regarded as external assistance, it is noteworthy that a sizeable proportion of the sample used a cigarette option / controlled smoking method (39 percent) and also looked for general information on cessation (40 percent).

  → 49 percent of NRT users combined NRT with a cigarette option / controlled smoking technique.

- There seems to be a strong popular belief that some cigarette options / controlled smoking techniques could be helpful as cessation methods (switch to light cigarettes, cutting down gradually, switch to smokeless tobacco, inhaling less).

  → The relatively high proportion of respondents who used cigarette options as quitting aids (39 percent) may indicate that recent quitters do not understand quitting methods and cessation as well as they said.

  → A controlled smoking / cigarette option was a cessation approach more frequently used by younger respondents (44 percent) and those susceptible to smoke again (46 percent).

  - Note that 19 percent of the total sample switched to a light or mild (L&M) brand in the hope it would help them stop smoking.

  → These findings suggest that many smokers believe that they will get some health benefit from smoking cigarettes differently or using other tobacco products. It therefore reminds us that still more education work has to be done.

Perceived effectiveness

- In addition to the "cold turkey" approach, perceived as the most effective method (74 percent very or somewhat effective), results showed that many other forms of external assistance probed in this survey were also perceived as effective quitting methods (see next table).

  → Note that psychological-based forms of external assistance (individual counselling, group session, telephone support, web support) achieved much higher levels of perceived effectiveness than their trial rate (ever tried), which indicated a strong potential for growth in popularity.

  - In fact, these forms of psychological-based external assistance had a much greater potential for popularity growth than medicinal-based forms (NRT or alternative medicine).

- Although NRT was the most popular quitting method, and even showed some potential for future growth, many respondents were unclear about its safety: 41 percent agreed when asked, that *"Nicotine replacement products such as the patch or gum can also cause diseases or make certain diseases worse"*. Even NRT users shared this negative bias about nicotine replacement products.

QUITTING METHODS USED AND PERCEIVED EFFECTIVENESS

(TOTAL SAMPLE: N = 300)	Used this time %	Ever tried %	Effective (very + somewhat) %	Trial gap* %
1. Quit cold turkey or suddenly without using any products, quitting aids, assistance or any other help, whether prescribed or not prescribed	61**	82**	74	8
2. Apply a nicotine patch on your skin	40	53	69	-16
3. Read a book, manual or pamphlet on smoking cessation	34	47	53	-6
4. Gradually cut down the number of cigarettes you were smoking	28	69	39	30
5. Switch to a light/mild type of cigarette	19	46	16	30
6. Chew nicotine gum	18	51	43	8
7. Use Zyban / Wellbutrin / anti-depressant medications	18	35	51	-16
8. Visit a Web site	15	18	46	-28
9. Inhale less smoke when smoking	12	16	17	-1

* *Difference between trial (ever tried) and perceived effectiveness (very + somewhat). A positive gap indicates potential for decline; a negative gap indicates potential for growth.*

** *Measured on a self-claimed basis. Note that after behavioural validation, the proportion of "real" "cold turkey" quitters was 41 percent.*

(TOTAL SAMPLE: N = 300)	Used this time %	Ever tried %	Effective (very + somewhat) %	Trial gap* %
10. Get hypnotised	11	21	42	-21
11. Listen or watch a videotape, audiotape, CD or DVD	9	15	47	-32
12. Receive acupuncture	8	17	44	-27
13. Go to a group session/ program	8	15	62	-47
14. Use a web support service	8	10	47	-37
15. Switch to different tobacco products such as cigar, pipe, chewing tobacco, etc.	7	15	9	6
16. Use a telephone support service	7	9	48	-39
17. Get individual counselling from a health worker or psychologist	6	10	60	-50
18. Use other nicotine replacement therapy (nasal/inhaler)	3	5	35	-30

* *Difference between trial (ever tried) and perceived effectiveness (very + somewhat). A positive gap indicates potential for decline; a negative gap indicates potential for growth.*

TACTICS USED TO STAY AWAY FROM CIGARETTES

- On average, respondents did 3.6 specific things to stay away from cigarettes.
  - → The most frequently used tactics were:
    - telling others they had quit (45 percent)
    - drinking more water (43 percent)
    - changing routines, habits or environment (43 percent)
    - thinking about negative effects (41 percent).
  - → Most popular tactics of "cold turkey" quitters were psychological-based:
    - telling others they had quit (49 percent vs. 42 percent NRT users)
    - thinking about negative effects (45 percent vs. 34 percent NRT users)
  - → Most popular tactics of NRT users were behavioural-based:
    - drinking more water (49 percent vs. 30 percent "cold turkey" quitters);
    - changing routines, habits or environment (46 percent vs. 33 percent "cold turkey" quitters).

CURRENT WORRIES

- Overall, gaining weight was one of the biggest fears acknowledged by respondents (35 percent expressed this fear - a lot or somewhat, and it was the primary fear related to quitting for 18 percent of the total sample).

  → As mentioned previously, weight gain since quitting (prompted) was reported as a difficulty by a sizeable percentage of the sample (43 percent), more frequently by women (48 percent) and older respondents (50 percent), but also by a significant proportion of men (38 percent) and younger respondents (30 percent).

  → There was a strong correlation with age: many more older respondents worried about weight gain (23 percent biggest fear) than their younger counterparts (8 percent biggest fear). Therefore, weight gain issues when quitting were not always limited to women but were also relevant for the older quitters.

- Uncertainty or doubt about their ability to succeed/not having enough willpower could also be considered another big fear (21 percent biggest fear), on par with gaining weight. This indicates that the level of determination of a substantial proportion of recent quitters needs to be supported.

  → This observation is reinforced by the clear correlation of worries / fears (listed in the survey) with smoking "again" susceptibility, as shown in the following table.

RELATIONSHIP OF WORRIES WITH SMOKING "AGAIN" SUSCEPTIBILITY

WORRIES (a lot or somewhat)	TOTAL (300) %	SMOKE "AGAIN" SUSCEPTIBILITY	
		Yes (152) %	No (148) %
Gaining weight	35	38	33
Not having enough willpower	27	40	15
Having unpleasant withdrawal symptoms	24	33	14
Not being able to succeed	21	32	12
What others might think if you don't succeed	22	27	17

DIAGNOSED HEALTH PROBLEMS

- The sample was evenly split between those who reported (self-perception) a good to excellent overall health (49 percent) and those who reported an average to poor overall health before quitting (51 percent).

- A large majority (73 percent) visited a health professional (doctor, nurse, dentist, therapist or pharmacist) in the 12 months before they quit.

- Overall, a majority (56 percent) reported being diagnosed with at least one of the 11 health problems listed, before or when they quit.

  → Three main diagnosed health problems were reported:

    - Heart disease/circulatory problems (12 percent) and high blood pressure (13 percent);

    - Asthma, chronic bronchitis, emphysema or other lung problems (22 percent);

    - Sleep problems (10 percent).

  → There was little or no correlation between the incidence of a diagnosed disease and the quitting method used or smoking "again" susceptibility.

  → Highly addicted respondents and NRT users slightly more often reported a heart /blood pressure problem and lung problems than others.

  → Only lung problems were slightly correlated with lower smoking "again" susceptibility.

- These findings suggest that although a diagnosed health problem seems to motivate some to quit, it does not translate into a greater determination to stay away from tobacco use: even with a diagnosed disease, respondents were generally as susceptible to smoke again (51 percent) as others (48 percent).

- These findings also indicate that an overwhelming majority of recent quitters had the opportunity to receive personalized smoking cessation advice or personalized support /reinforcement, before or after quitting, by health professionals (especially women and older respondents).

  → These findings underscore the importance of health professional advice to recent quitters, not only smokers, because: a) health was the main reason for quitting, b) the general prevalence of a diagnosed disease was quite high, c) weight gain was the biggest fear after quitting, and d) some important dissonance reducing beliefs associated with the smoking "again" susceptibility were determined to be health-related

    - This is noteworthy because those diagnosed with a disease did not have a lower smoking "again" susceptibility.

KNOWLEDGE OF HEALTH RISKS

- Almost the entire sample (90 percent) perceived themselves as adequately informed of the health effects of smoking and nearly half (48 percent) perceived themselves as better informed than most people.

- Should they continue to smoke, 75 percent acknowledged it would kill them (35 percent "definitely" and 40 percent "probably").

- Self-perceived level of information did not correlate with smoking "again" susceptibility, but the perceived seriousness of the effects of smoking did (it would "definitely" kill you):

  → 40 percent of those *non-susceptible* to smoke again acknowledged that if they continued to smoke, it would "definitely" kill them compared to only 29 percent of those *susceptible* to smoke again.

  → Older smokers (31 percent), low/moderately addicted (32 percent) respondents, those not quitting because of health reasons (28 percent), and those quitting cold turkey (27 percent) were significantly less convinced of the seriousness of the health effects of tobacco use than others.

- These findings are sending a key message: recent quitters have registered the health risks of smoking and do not feel they need more information. Therefore, it is unlikely that receiving more "general" information about the health risks to prevent them from starting to smoke again would have a significant effect on their ultimate rate of success.

- In general, respondents (79 percent) were convinced that there is a proven link between smoking and disease. Also, recent quitters were well aware that it is the nicotine in cigarettes that causes addiction (92 percent), that second-hand smoke is harmful (84 percent), that smoking hurts you even if you don't inhale (87 percent), and that smokers will die sooner than non-smokers (77 percent).

  → Interesting to note, a strong majority (74 percent) believed that if you quit you can reverse most of the damage done by years of smoking - even older respondents agreed (no distinct correlation with age). The popular belief that quitting is not worth it for older smokers because the damage caused by smoking is already done and that it is too late to stop was not validated.

  → Only one belief signalled a common lack of knowledge: 41 percent incorrectly believed nicotine in cigarettes caused cancer (it is tar).

- These findings suggest that the appropriate health focus for recent quitters is not to inform them of the range of health effects but to convince them of the extreme seriousness of continuous smoking, especially if older or with a diagnosed health problem.

  → Also, what recent quitters seem to need most is more likely to be related to "specific" information, tools or strategies that strengthen their determination and address dissonance reducing beliefs about smoking again.

EFFECT OF QUITTING ON SELF-IMAGE

- Respondents were asked how accurately each of 14 personality traits depicted a typical quitter and a typical smoker.

- Overall, results showed that quitting is likely to have a strong positive effect on self-image, enhancing the following distinctive traits:

  → Health conscious
  → Disciplined
  → Concern for others
  → In control of his/her destiny

2. INTRODUCTION

- In Canada, smoking is the leading cause of preventable morbidity and mortality, and smokers who stop reduce their risk for premature death.

- Every year, over 45,000 Canadians die prematurely as a result of disease and illness caused by tobacco use. At least 1,000 of them are non-smokers.

  → It is estimated that if current smokers continue to smoke, up to half of them will die prematurely from smoking-related causes.[1]

  → It is estimated that smoking cessation increases life expectancy from 2.6 to 4.4 years among Canadian male smokers and from 2.6 to 3.7 years among Canadian female smokers.[2]

- To support the Tobacco Control Programme's strategy of protection, prevention, cessation and harm reduction / product modification, the Office of Research, Surveillance and Evaluation is responsible for:

  → increasing knowledge of the health effects of tobacco use;

  → monitoring and analysing changes in tobacco consumption patterns, public attitudes, industry practices and products; and,

  → providing relevant and timely information to support decision-making and the development of effective anti-tobacco policies and programs.

- The Tobacco Control Programme had recently commissioned and conducted a qualitative study exploring recent quitters' behaviour and motivation (Health Canada – POR: 03-51/ PWGSC: H4097-03-5004)

- The overall purpose of this follow-up quantitative study is to achieve a better understanding of quitting behaviours of recent quitters, building on the key findings of the earlier cited qualitative study. It provides a detailed statistical description of recent quitters' behaviour and motivation, using the framework generated by the qualitative phase.

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1 *Slade, J. (1998) Nicotine delivery systems. Paper presented at the Addicted to Nicotine: A National Research Forum, Bethosdra, MD.*

2 *Groves, S.A., Gray, D.K., Joseph. L. Abrahamowicz, M. & Coupal L. (1994). Life expectancy following dietary modification or smoking cessation. Estimating the benefits of a prudent lifestyle. Arch. Int. Med., 154, 1697-704. See also Nicotine Replacement Therapies in Smoking Cessation. A review of Evidence and Policy Issues. Canadian Council on Tobacco Control. www.hc-sc.gc.ca/hecs-sesc/tobacco/pdf/report.pdf*

3. OBJECTIVES

- To achieve a better understanding of smoking cessation behaviour and motivation, by recent quitters, the study objectives included:

  - → Smoking experience and addiction level prior to quitting
  - → Benefits from smoking
  - → Awareness of the health risks of smoking
  - → Beliefs about smoking
  - → Health status before quitting
  - → The decision to quit
    - Planners vs. impulsives
    - Timing or tie-in to special event/quit date
    - Triggers of the desire to quit
    - Previous attempts to quit
  - → Quitting resources/methods
    - Awareness
    - Trial rate
    - Used this time
    - Perceived effectiveness
  - → Confidence in ability to quit
  - → Tactics used to stay away from cigarettes
  - → Reasons for relapse/smoking again
  - → Abstinence since quitting
  - → Problems/obstacles faced with cessation
  - → Current exposure to tobacco use
  - → Personality traits associated with quitters and smokers

4. METHODOLOGY

4.1 TARGET POPULATION

- Recent quitters are defined as follows:
  - → Former cigarette smokers who quit smoking within the past 1-12 months.
    - Determined by the question: *"How long ago did you quit smoking cigarettes?"*
    - Those who quit less than one month prior to the survey were excluded.
  - → Former smokers are defined as adult Canadians not smoking cigarettes at the time of the interview and who answered "yes" to the question: *"Have you smoked at least 100 cigarettes in your life?"*

  The incidence of the target population, as estimated by this survey, was 2.2 percent of the Canadian adult population.

- Overall, results indicate that among recent quitters in this study:
  - → Half (52%) had quit within the 6 months prior to the survey and the other half (48%) had quit within the previous 6-12 months;
  - → Almost all (99%) had smoked for at least one year and most (76%) had smoked for more than 10 years.

4.2 SAMPLE DESIGN

- The sample was designed to complete N = 300 random interviews with the target group nationally, from a representative sample (probabilistic) of Canadian households, proportionally stratified by region.
  - → For the few households who were randomly selected as part of the sample and that contained more than one eligible respondent, selection for interviewing was made according to the "last birthday technique".
- Due to low incidence and limited sample size, only pooled results were analyzed at the national level.

- However, the following sub-groups were examined and their results discussed when large differences were observed:

  → Age (2 sub-groups)
  → Diagnosed disease prior to quitting (2)
  → Addiction level prior to quitting (2) [1]
  → Main reason for quitting (2)
  → Quitting method used this time (3) [2]
  → Smoking "again" susceptibility (2) [3]

- The completed sample, as distributed by region, is shown in the table below.

REGIONAL DISTRIBUTION OF THE COMPLETED SAMPLE

	Recent quitters		Current smokers*
	N	%	%
BC	30	10	16
Alberta	17	6	23
Saskatchewan	15	5	21
Manitoba	16	5	21
Ontario	76	25	20
Quebec	88	29	26
New Brunswick	14	5	21
Nova Scotia	14	5	25
PEI	16	5	23
Newfoundland	14	5	24
CANADA	**300**	**100**	**21**

* *Smoking prevalence reported by the 2002 Canadian Tobacco Use Monitoring Survey (CTUMS). Population 15+.*

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1 *Measured by Fagerstrom items.*

2 *Note that some self-claimed "cold turkey" quitters who reported using external assistance were excluded from the base of "cold turkey" quitters. Also, some not-self-claimed "cold turkey" quitters who did not use external assistance (they mainly used a cigarette option, such as switching to a L&M brand or inhaling less, etc.) were included in the base of "cold turkey" quitters. Therefore, when the term "cold turkey" quitters is used, it refers to "real" "cold turkey" quitters, qualified after validation of their reported behaviours.*

3 *Classification based on three criteria: a) abstinence since quitting, b) determination not to smoke in next 12 months, and c) confidence to never smoke again at any time.*

4.3 MARGIN OF ERROR

- Results of any survey are likely to contain some sampling error. In this survey, ninety-five percent of the time, error due to the random selection process is no more than plus or minus 5.7 points.

- Error for smaller sub-groups is likely to be somewhat larger. Other sources of error include people refusing to participate in the interview, and the inability to connect with a particular household or phone number.

- Every feasible effort was made to obtain a response and reduce the error.

4.4 QUESTIONNAIRE

- Créatec designed the questionnaire, in both languages, in close consultation with the client. Average duration of the questionnaire was 28 minutes (see Appendix 1).

- Questions were regrouped into 12 main sections and asked in the following order:

1. Quitting experience
2. Reasons for quitting
3. Smoking experience and Fagerstrom addiction scale
4. Abstinence
5. Current exposure to tobacco use
6. Quitting methods (awareness, trial and perception)
7. Deterrents to quitting
8. Health status when quit
9. Awareness of health risks
10. Beliefs about smoking
11. Image of smoker / quitter
12. Basic data

Pre-test

- The draft questionnaire was pre-tested in both English and French on a small sample (10 in each language) to ensure that:

  → Wording of questions was clear
  → Sequence of questions was appropriate
  → Response categories were appropriate
  → English and French versions were comparable

- Pre-test interviews were not included in the final sample.

4.5 DATA COLLECTION

- The survey was administered by telephone using computer-assisted-telephone-interviewing (CATI) technology, through Créatec's central facility.

- All interviewing was continuously monitored by Créatec's full-time supervisors with at least 10 percent of interviews monitored on-line to ensure consistency and that correct interviewing techniques were used.

4.6 RESPONSE RATE

- An overall response rate of 17 percent was achieved, according to AIRMS standards (see table at the end of this section). Note that low-incidence target populations tend to lower the calculated response rates.

- Up to 8 call-backs or attempts were made before abandoning a selected number, without replacement.

4.7 DATA PROCESSING

- The first step in analyzing the results was a thorough validation of the data bank, followed by weighting. Weighting ensures that the distribution of the sample is representative of the target group. To achieve this, we first estimated (from the field screening process) the incidence rate of recent quitters in each of the 5 regions of the country.

- Secondly, we compounded the weight of each region - based on the overall population - with the observed incidence rate of recent quitters to obtain regional weights of recent quitters (see table below).

WEIGHTS - RECENT QUITTERS PER REGION

Region	Observed incidence of recent quitters %	Weight of region (general population) %	Weight of region (Recent quitters) %
BC	1.9*	13.3**	11.9***
Prairies	3.4	16.8	26.0
Ontario	2.2	38.5	39.1
Quebec	1.4	23.9	16.0
Atlantic	2.0	7.5	7.0
CANADA	2.2	100	100

* ***Read:*** *1.9 percent of BC respondents reported to be recent quitters.*
** ***Read:*** *13.3 percent of Canadian population live in BC.*
*** ***Read:*** *11.9 percent of Canadian recent quitters live in BC.*

- This report contains only summary tables. Detailed results were produced in tabular form, for the overall sample as well as across a range of sub-groups. These detailed tables have been presented under separate cover.

ADMINISTRATIVE REPORT OF CONTACTS AND RESPONSE RATE*

		Frequency	Total
Numbers generated			48,830
A.	**Invalid numbers**		9,487
	- Out of service	8,503	
	- Non-residential	984	
B.	**Numbers not in sample**		28,493
	- Language problem	587	
	- Age, sickness	430	
	- Duplicate	16	
	- Not eligible	27,457	
	- Quota reached	3	
C.	**Numbers in sample for which eligibility could not be established**		9,509
	- No answer**	5,976	
	- Refused prior to establishing eligibility	3,533	
D.	**Eligible numbers in sample for which an interview could not be completed**		1,041
	- Absent for a long period	162	
	- Incomplete questionnaire	19	
	- Call-back not completed	137	
	- Refused after establishing eligibility	723	
E.	**Completed interviews**		300

RESPONSE RATE :

$$\frac{E}{C \times (E.R.)^{***} + D + E} = 17\%$$

* *Presented as per AIRMS standards.*

** *For a number to be considered "No answer", there must be no answer at the number throughout the period of data collection. Thus, for example, an appointment for which there is no answer when called back must be considered "Call-back not completed" and not "No answer".*

*** *Eligibility rate* $= \frac{D + E}{B + D + E} = 4\%$

5. DETAILED RESULTS

NOTE TO THE READER

- *In this report, the term "cold turkey" quitters is used to qualify respondents who quit without any external assistance. Counselling and support (in-person, web or telephone) were considered external assistance, as were nicotine replacement treatments (NRT) and alternative medicine treatments (hypnosis, acupuncture). Self-exposure to general information on cessation (ex. reading a book) and use of a cigarette option (such as cutting down gradually or switching to a L&M brand, etc.) in the quitting process were not considered external assistance.*

- *Note that some self-claimed "cold turkey" quitters were re-classified into other sub-groups of quitters because they had reported using external assistance. Conversely, some not-self-claimed "cold turkey" quitters were re-classified into the "cold turkey" quitters sub-group because they had not received external assistance (they mainly used a cigarette option).*

- *Overall:*

  → *61 percent of the entire sample self-claimed to be "cold turkey" quitters.*

  → *44 percent of self-claimed "cold turkey" quitters had received external assistance.*

  → *17 percent of not-self-claimed "cold turkey" quitters had not received external assistance.*

  → *41 percent of the entire sample was qualified as "cold turkey" quitters after validation of their reported behaviour/usage of quitting methods.*

- *Throughout this report, when the term "cold turkey" quitters is used, it refers to "qualified" or "validated" "cold turkey" quitters (41 percent).*

5.1 DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

- On the basis of this random survey, it is estimated that 2.2 percent of the Canadian adult population (18 +) are recent quitters, i.e. former cigarette smokers who have quit smoking within the past 1-12 months.

  → Highest in the Prairies (3.4 percent)
  → Lowest in Quebec (1.4 percent)

  → Note that Quebec also has the highest prevalence of smoking (27 percent CTUMS[1]).

  → Extrapolated to the estimated population, the observed incidence of recent quitters corresponds to nearly 500,000 people *across Canada.*

- As shown in **Table 1** in the Summary Tables section, the overall sample of recent quitters (N = 300) was:

  → Almost evenly split between those who quit less than 6 months ago and those who quit in the 6-12 months prior to the survey;

  → Somewhat close to population figures in terms of gender (with only a slight over representation of females – 56 percent);

  → Somewhat different in terms of education. There were more respondents in the lower levels of education than in the general adult population. Only 12 percent of the sample reported to have completed university (vs. 23 percent for the general population).

    – Note that a lower than average education level is also a distinct characteristic of current smokers (CTUMS: 13 percent of current smokers have completed university vs. 63 percent of those who never smoked).

  → In terms of age, the difference from the general population was minimal: recent quitters in the sample were only slightly younger – 24 percent were aged 55+ vs. 30 percent in the general population.

    – Compared to current smokers (13 percent in the 55+ group – CTUMS), recent quitters in the survey were significantly older.

    – This observation confirms that older adults are more likely to be successful at quitting (CTUMS). Other results of this survey (young quitters are more susceptible to smoke again) reinforces the CTUMS finding.

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1 *The Canadian Tobacco Use Monitoring Survey, an ongoing, twice annual survey. www.gosmokefree.ca/ctums.*

→ Because Quebec had the lowest incidence of recent quitters, this province (16 percent) and French speaking respondents (17 percent) were much less represented in the sample than in the general population (24 percent).

- The sample included 25 percent who were first time quitters (never tried before).

→ First time quitting incidence was not correlated with age or the quitting method used. A slight correlation was observed between those who had been diagnosed with a disease before or when they decided to give up cigarettes (29 percent) and those who did not report such a health condition (21 percent).

– However, as will be examined later, the average number of previous quitting attempts was significantly higher among those who used a nicotine replacement therapy (NRT) and among recent quitters who were more susceptible to starting smoking again.

- Characteristics of recent quitters, in terms of smoking experience, nicotine dependence, and reasons for smoking before quitting, are examined in the next section.

5.2 SMOKING EXPERIENCE AND NICOTINE DEPENDENCE

Tobacco is unique among legal drugs in society, in that the vast majority of its regular users are addicted to the nicotine attained from tobacco use.

- *It is estimated that only 14 percent of current cigarette smokers limit themselves to intermittent or occasional smoking (CTUMS).*

- *Only 4 percent of recent quitters in this survey were occasional smokers before quitting.*

One means of assessing the degree to which a smoker is dependent on nicotine is by using a Fagerstrom questionnaire[1] (see Appendix 2). These questions and detailed results are presented in ***Table 2*** *in the Summary Tables section.*

LENGTH OF TIME SMOKING PRIOR TO QUITTING

- Nearly 8 out of 10 (78 percent) respondents reported smoking cigarettes for more than 10 years before quitting.

  → Only 9 percent reported starting during the past 5 years.

- Length of time smoking was, not surprisingly, strongly correlated with age: almost all (93 percent) of the respondents aged 35 years or older smoked for 10 years or more.

  → However, note that half (49 percent) of those between the ages of 18 and 34 also smoked for 10 years or more.

- Other correlations with length of time smoking (see next table) confirmed findings of other studies – the longer you smoke the more likely you are:

  → to become dependent on nicotine;
  → to quit because of health reasons;
  → to use NRT to help you quit and cope with withdrawal symptoms.

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[1] *Developed in 1978, the questionnaire used 8 items as a short self-report measure of dependency. The test was further refined and the modified version uses 6 items. Tate JC; Schmitz JM. A proposed revision of the Fagerstrom Tolerance questionnaire. Addict Behav 1993. Mar-Apr; 18 (2): 135-43. (ADAJjl)*

MAIN CORRELATIONS WITH LENGTH OF TIME SMOKING

	More than 10 years (227) %	10 years or less (73) %
➢ Achieved highest scores of nicotine dependence at Fagerstrom test (7+/10)	33	11
➢ Health was main reason for quitting	60	52
➢ A disease was diagnosed before or when quitting	59	39
➢ Used NRT to quit	50	27

DAILY SMOKING PRIOR TO QUITTING

- Almost all respondents (96 percent) used to smoke every day before they quit.
  - → This was even higher than what current smokers report (CTUMS – 86 percent).
  - → The highest incidence of daily smoking was observed for respondents with higher addiction scores and those who had used NRT to quit.
- Nearly half (46 percent) of the entire sample smoked more than 20 cigarettes per day, for an estimated average number of 18.9 cigarettes (CTUMS – 16.4 among current daily smokers).

FAGERSTROM NICOTINE DEPENDENCE SCORE

- Using the 6 items of the modified Fagerstrom questionnaire and its recommended scoring scheme (see Appendix 2), nearly 3 out of 10 respondents (28 percent) achieved an addiction score of 7 or higher, which means they were highly dependent on nicotine before they quit.
- Answers to the Fagerstrom's items clearly reflect that nicotine builds a powerful addiction.
  - → Most respondents (79 percent) could not go beyond an hour without having a cigarette during waking hours (86 percent of recent quitters who used NRT). This is consistent with what was observed among all current daily smokers in the CTUMS (78 percent).
  - → 71 percent used to smoke even when they were sick (79 percent of NRT users).
  - → The cigarette of the day the most difficult to give up was the first one in the morning (36 percent – 41 percent of NRT users).
  - → 37 percent had difficulty refraining from smoking in places where it was forbidden (39 percent of NRT users).

- Nicotine dependence was strongly correlated with age, main reason for quitting, quitting method used, and smoking "again" susceptibility.

  → Note that these 3 variables were also inter-correlated.

  → As mentioned previously, the highest scores of nicotine dependence were also correlated with length of time smoking.

Age

- Many more (34 percent) older respondents (35 years +) achieved a high dependence score threshold (7 on 10-point scale) than younger respondents (16 percent).

Main reason for quitting

- 33 percent of those quitting because of health reasons were highly dependent, compared to 22 percent of those quitting for reasons other than health.

Quitting method used

- 38 percent of those who used NRT were highly addicted before quitting, compared to 16 percent of those who had quit cold turkey. This finding suggests that highly addicted recent quitters may experience more serious withdrawal symptoms, so they are more receptive to medications such as NRT, which can ease cravings to smoke. Or, it could mean that highly addicted recent quitters, who tried more frequently to quit, are less optimistic about the effectiveness of quitting cold turkey and turned to NRT.

Smoking susceptibility[1]

- Interesting to note: the more addicted you previously were, the less susceptible you are to smoking again when you decide to quit.

  → This negative correlation suggests that highly addicted recent quitters clearly know they are dealing with a serious addiction. They are likely to be more serious or determined about quitting and total abstinence than less addicted recent quitters.

  → It also suggests that while most smokers accept the general proposition that quitting is not an easy thing, less addicted smokers and younger smokers may be overconfident about their ability to quit and diminish their chances by not following total abstinence when trying to quit.

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1 *Two categories of smoking susceptibility were created. To be non-susceptible to smoke again, three criteria had to be met: a) total abstinence since quitting, b) determined not to smoke in next 12 months and c) confident they would never smoke again, at any time.*

PERCEIVED OWN ADDICTION LEVEL

- Most respondents (70 percent) reported feeling "very" addicted to cigarettes, and another 19 percent "somewhat" addicted (see **Table 2**).

  → These findings indicate that more recent quitters classify themselves as highly addicted than what the Fagerstrom test suggests (28 percent). For example, 61 percent of those who achieved only moderate to low addiction scores on the Fagerstrom scale reported feeling "very addicted" when they quit.

  → This "over" self-perception of addiction may be caused by the withdrawal symptoms or cravings to smoke that recent quitters experienced, especially when one knows that more than half the sample (55 percent) did not use NRT as an aid to cope with these symptoms. Or/and it could mean that recent quitters registered the message that dependence created by nicotine compares with hard drugs and tended to admit a high level of addiction.

  → Again, those who perceived themselves as being highly addicted were less susceptible to smoke than others.

5.3 REASONS FOR SMOKING

*Respondents were asked a series of 13 reasons why some people smoke and for each one they were invited to reveal if it applied to them or not before they quit (see **Table 3**).*

SEDATIVE SMOKING

- On a prompted basis, an overwhelming majority of respondents acknowledged three reasons, all related to the same benefit sought: "sedative smoking".

  → There was little difference across the various sub-groups of recent quitters, i.e. little or no correlation with age, main reason for quitting, addiction level, quitting method used, or smoking "again" susceptibility.

Main reasons for smoking	Total (300) %
Smoking helped me unwind and relax	89
Smoking helped me deal with unpleasant stressful situations	86
Smoking provided me with a pleasant and enjoyable break	85

- Some other reasons were acknowledged quite frequently by a majority or by almost half the sample, but each one showed important differences across some sub-groups.

SMOKING KEPT ME FROM FEELING BORED

- Reported by 63 percent of the entire sample.
- Reported by many more (70 percent) younger (18-34 years old) than older respondents (59 percent), and respondents who had been diagnosed with a disease before or when they quit (68 percent) than those who had not (58 percent).

  → This finding may have implications for communication: this reason could be considered one of the main reasons why younger recent quitters and older recent quitters who had health problems used to smoke.

SMOKING HELPED ME FEEL MORE COMFORTABLE IN SOCIAL SITUATIONS

- Reported by 56 percent of the entire sample.
- Respondents who had been diagnosed with a disease before or when they quit (61 percent) and those who quit cold turkey (65 percent) tended to be more inclined to acknowledge this reason.

  → The increasing and already high social pressure against tobacco use is likely to shed this kind of attitude or need. Therefore, implication of this finding in relation to communications appears to be low.

Smoking Increased my Enjoyment of Pleasant Situations

- Reported by 58 percent of the entire sample.
- Reported by many more (67 percent) respondents who quit mainly for reasons not related to health.
- Also, those who quit using NRT (64 percent) tended more frequently to acknowledge this reason for smoking.

  → This somewhat commonly sought benefit, which associates pleasant situations with smoking, is probably seen by these respondents as an important drawback of quitting. It may be a contributing reason for using NRT, and may have implications for the marketing of NRT products.

Smoking Provided a Taste or Smell I Like

- Reported by 48 percent of the entire sample.
- The only variable strongly correlated with this reason for smoking was the addiction score: more highly-addicted former smokers (59 percent) acknowledged this reason than their lower/moderately addicted counterparts (44 percent).
- Note that there was no correlation between this sensory benefit of smoking and smoking "again" susceptibility.

  → This lack of correlation suggests that this reason may not be important to address for supporting recent quitters.

Smoking Helped Me Control my Weight

- 47 percent of the entire sample appreciated smoking as a means to help them control their weight. It was also the case in:

  → a clear majority (57 percent) of older respondents (35 years *or older*) but only a minority of younger respondents (27 percent);

  → a clear majority (60 percent) of highly addicted former smokers but fewer (24 percent) of low/moderately addicted;

  → a clear majority (56 percent) of recent quitters who used NRT, but a minority of those who quit cold turkey (33 percent).

- These strong correlations indicate that this reason for smoking is an important one for older and highly addicted recent quitters.

  → These findings also suggest that weight control may be a self-exempting health reason, a cognitive dissonance reducing belief about the health risks of smoking (especially among the highly addicted).

→ These findings may also indicate that several of those using NRT (strongly correlated with high addiction) are more inclined to choose this method because it helps reduce overeating by compensating for the missing hand-to-mouth ritual or the need to keep their mouths busy. (Results in **Table 11** on the tactics used to stay away from cigarettes tend to confirm this assumption.)

→ Importance of this reason for smoking, when planning cessation-supporting strategies, is reinforced by another finding (see **Table 12**).

- 43 percent of the overall sample reported experiencing difficulty controlling their weight once they stopped smoking;
- The same sub-groups who believed that smoking helped them control their weight reported such a difficulty significantly more often than average;
- Note that smoking and being overweight are currently considered and publicized as the two major causes of preventable death in our society. However, findings of this survey suggest that some consumers may see these causes as the two sides of a trade-off they have to make.

5.4 CURRENT EXPOSURE TO TOBACCO SMOKE

Because smoking is a powerful addictive behaviour, there are reasons to believe that exposure to tobacco use, i.e. being in the presence of smokers, is likely to make things harder for quitters, especially recent quitters.

- *In fact (as we will see later), 33 percent reported avoiding smokers and smoking places as a tactic to stay away from cigarettes.*

*This section examines to what extent recent quitters are exposed to tobacco use after quitting and its relationship with their smoking "again" susceptibility (see **Table 4**).*

INCIDENCE OF SMOKERS PRESENCE

- Only 7 percent of the entire sample reported never having been with someone who smoked cigarettes, whether in the same room, place or car, since the time they quit.
  - → Although nearly half of the sample were infrequently exposed to someone smoking (49 percent every week or less), a sizeable proportion (43 percent) were in contact with smokers every day.
  - → In addition, 31 percent reported living with someone who smoked cigarettes.
  - → When these two sources of exposure to tobacco use are combined, results indicate that most recent quitters (52 percent) had daily exposure to tobacco smoke.
- There was a strong correlation between daily exposure to tobacco smoke and smoking "again" susceptibility, which confirmed that exposure to tobacco use is a threat to successful quitting.
  - → 57 percent of those more susceptible to smoke again were exposed daily to tobacco smoke vs. 48 percent of the less susceptible.
  - → This threat was particularly important for younger recent quitters, who were exposed a lot more to tobacco use (61 percent every day) but also for less addicted respondents (50 percent) who had a greater susceptibility to resume/begin/start smoking again.

AVOIDING SMOKERS

- On average, 36 percent said they asked others to stop smoking since they gave up cigarettes.

  → There was a correlation with smoking "again" susceptibility: those susceptible to smoke again (28 percent) asked others to stop smoking much less frequently than did those not susceptible to smoke again (42 percent).

- On average, 33 percent said they avoided smokers and smoking places as a tactic to stay away from cigarettes after they quit (see **Table 11**).

  → Again, younger respondents (39 percent) and those more susceptible to smoke again (37 percent) reported this tactic.

- Overall, 20 percent said they moved elsewhere because someone was smoking, since they gave up cigarettes (see **Table 4**).

  → Highly addicted respondents reported this behaviour more frequently (26 percent), which is consistent with their stronger determination not to smoke again.

- These findings indicate that the presence of smokers and exposure to tobacco use is disturbing and a real threat to recent quitters' success: it was linked to smoking "again" susceptibility and recent quitters made efforts to avoid this exposure.

  → Because incidence of daily exposure to tobacco use was so high among recent quitters, this may have implications for communications or cessation-supporting strategies.

5.5 QUITTING EXPERIENCE

Even if they know that smoking is harmful to their health, many smokers have great difficulty quitting. Tobacco Control Programme (TCP) research shows that, on average, smokers believe that they should quit smoking, mainly for health reasons, and smokers are most often positioned in the "contemplation" stages than in any other stage on the road to cessation:

- *46 percent of current smokers have never attempted to quit smoking;*
- *60 percent of current smokers are seriously considering quitting in the next 6 months;*
- *1.7 is the average number of quit attempts among current smokers.*

This section examines some of the characteristics of the quit attempts of the recent quitters in the survey (see **Table 5**).

PREVIOUS ATTEMPTS

- On average, 25 percent reported to be first time quitters.
  - → Incidence of first time quitters was higher among respondents who were diagnosed with a disease before or when they quit (29 percent), those highly addicted when smoking (28 percent), and those who quit mainly for health reasons (28 percent). There was no correlation with age, quitting methods used, or smoking "again" susceptibility.
  - → These findings indicate that first time quitters tend to be former smokers who needed to stop smoking most often for health reasons (more of an obligation than a choice).
  - → The average number of quit attempts (not including this time) was 3.6 in the entire sample and 4.9 when first time quitters were excluded.
    - This average number (including first time quitters) was much higher when compared with current smokers (1.7).
    - This average number (excluding first time quitters) was highest among those susceptible to smoke again (6.4) and NRT users (6.0). It was low among cold turkey users (3.6).
  - Note that those susceptible to smoke again were also more convinced (73 percent) than others (64 percent) that they were close to success in their previous attempts.

- This correlation between the number of quit attempts, smoking "again" susceptibility, and perception of having been close to success in previous attempts, suggests that optimism about the odds of quitting or overconfidence about their ability to quit may in fact be an important obstacle to success. It suggests that smokers have to get serious about quitting completely and definitely or repeated attempts will just keep on getting tougher.

Duration of Last Quit Attempt

- Among those who had tried to quit before this time, only a minority (19 percent) stopped smoking for more than a year.

  → Nearly half (48 percent) started smoking again after 3 months. Those who lasted longer during their last quit attempt (more than a year) were:

  - Moderately / low addicted (25 percent more than 1 year);
  - Quit cold turkey (31 percent).

  → These findings and other correlations (see **Table 5**) suggest that few quitters achieve the one-year barrier, mainly because of the strength of their addiction, even when they are using NRT and even when they are diagnosed with a disease before or when quitting.

Impression of Success

- Despite having only a minority achieve the one-year barrier in their last quit attempt, most (68 percent) respondents had the impression that they were close to success.

  → Those quitting cold turkey (76 percent) and those susceptible to smoke again (73 percent) had a significantly more optimistic evaluation of their past attempts to quit.

  → Again, these findings suggest that many recent quitters are too optimistic or over confident, which may be an important barrier to success.

Reason to Start Smoking Again - Unprompted

- 39 percent of the entire sample mentioned that they started smoking again to cope with stress and calm down - the main reason cited by respondents.

  → This main reason is consistent with the main benefit respondents were seeking from smoking before they quit ("sedative smoking").

  → Another 16 percent mentioned their "addiction", 10 percent "their habit" and 8 percent their "lack of determination". All these reasons may in fact be other ways to express the same main reason: inability to cope with frustration and withdrawal symptoms associated with quitting.

- These findings indicate that while "health concerns" was their main motive for quitting, respondents went back to smoking again mainly because of "nerves and stress", another kind of health concern.

  - Note that 41 percent of those who quit mainly for health concerns cited "stress and nerves" as a primary reason to start smoking again, compared to 35 percent of those who quit for other reasons.

- Weight gain / control of body weight was cited (unprompted) by only 3 percent of the entire sample as a reason for smoking again.

  - As noted previously, on a prompted basis, a sizeable proportion (47 percent) acknowledged they smoked to help them control their weight and a similar proportion (43 percent) reported currently having difficulty controlling their weight, since they stopped smoking. Therefore, one should not underestimate weight-related issues when considering factors that may inhibit the quitting process or its success, especially for women.

- Again, these findings suggest that some important self-exempting reasons or cognitive dissonance reducing beliefs about smoking again may also be related to "health" in the minds of the respondents (nerves, stress and weight control). This may have implications for communication, as some quitters may perceive real health drawbacks to quitting.

5.6 THE DECISION TO QUIT

Studies indicate that most smokers are positioned in the contemplation stages of the cessation process.

*This section gives some insights about the length of time it takes between the decision to quit and the action to quit, and how and why the decision to quit was made (see **Table 6**).*

TIME BETWEEN DECISION AND ACTION

- Nearly half (47 percent) of the entire sample quit less than a month after their decision was made.
  - → 25 percent delayed their action for more than 6 months.
  - → Those most likely to delay their action once the decision was made were those with a diagnosed disease (29 percent) or those who quit for health reasons (28 percent), and those who used NRT for quitting (33 percent).
  - → The most likely to quit quickly (no later than a month) after their decision was made were those who did not plan their decision to quit (44 percent of those who did not plan acted quickly vs. 20 percent of those who took more time to act).
    - However, they were also more susceptible to smoke again in the next 12 months (25 percent vs. 15 percent for those who took more time to act).
- These findings suggest that rapid action after the decision to quit is made is <u>not</u> a predictor of success.

PLANS TO QUIT

- Most (67 percent) recent quitters in the survey said that they <u>planned</u> to stop smoking.
  - → However, a sizeable proportion quit smoking on the spur-of-the-moment (32 percent spontaneous quitters).
- There was a strong correlation between planning to quit smoking and:
  - → age
  - → diagnosed disease when quitting
  - → addiction level
  - → quitting methods used.

<u>Age</u>

- → 73 percent of older respondents (35 years +) planned their smoking cessation compared to 56 percent of their younger counterparts.

Method used

→ 75 percent of NRT users planned to quit smoking, compared to 52 percent of those who quit cold turkey.

Disease

→ 71 percent of those with a diagnosed disease planned to quit smoking, compared to 63 percent of others.

Addiction

→ 82 percent of those with high addiction scores planned to quit smoking, compared to 61 percent of those with low/moderate scores.

- Most (62 percent) linked their attempt to a date (50 percent) or a special event (35 percent).

  → Not surprising, there was a strong correlation between those who planned to quit smoking and the setting of a particular date or event for quitting.

- These findings may reflect overconfidence among younger respondents, "cold turkey" quitters, and those less addicted, the sub-groups most inclined to stop on the spur-of-the-moment.

REASONS FOR QUITTING - UNPROMPTED

- Overall, most (57 percent) cited a main (first) reason for quitting smoking related to health concerns:

  - Own health – 48 percent
  - Concern about health of family – 6 percent
  - Smoking related illness or death of family member or friend – 3 percent

  - Overall, these proportions of first mentions are the same as those observed in the CTUMS among current smokers who want to quit.

  → Own health was cited, in total, by 68 percent of the entire sample, more so by older (73 percent) than by younger respondents (59 percent).

- Next main (first reason) cited was the cost of smoking (13 percent – 32 percent in total).

  → Cost seemed to be a more important factor for those who did not quit for health reasons, but also played a role (second main reason) for all respondents.

- These findings indicate that the health risks of smoking have registered with the respondents. However, as noted previously, it seems that some respondents also perceived there were health drawbacks related to quitting. These health drawbacks are likely to be cognitive dissonance reducing beliefs about smoking again, and therefore, may be important to address.

5.7 DETERMINATION TO QUIT

As noted previously, there were correlations in the findings which suggest that some respondents were too optimistic when evaluating their previous attempts to quit smoking and overconfident in their ability to succeed.

*In this section, respondents were asked directly how confident they were in their ability to not smoke again (see **Table 7**).*

SMOKING "AGAIN" SUSCEPTIBILITY

- Based on their abstinence behaviour since they quit, their determination not to smoke in the next 12 months, and their confidence in their ability to never smoke again at any time, two categories of recent quitters were created:

  → Those susceptible to smoke again
  → Those non-susceptible to smoke again

  → Non-susceptibles are total abstainers who also do not think they will have a cigarette, even part of one, in the next 12 months and are confident that they will never smoke again at any time.

- Overall, half (49 percent) of the recent quitters in the survey were susceptible to smoking again.

  → As stated previously, and contrary to popular belief, the least susceptible were the highly addicted (34 percent).

  → There was little or no correlation with quitting method.

CONFIDENCE IN ABILITY TO NEVER BE A SMOKER AGAIN

- 81 percent were so determined that they said they will "definitely" (50 percent) or "probably" (31 percent) never be smokers again.

  → This finding should not be confused with the likely rate of success among recent quitters: some respondents who showed even the highest level of determination ("definitely" never again) did not abstain totally after they quit and therefore increased the likelihood of failure (abstinence is discussed in the next section).

  → It is nonetheless interesting to note that the most confident or determined respondents (as reflected by the proportion of those who said they "definitely" will never smoke again) were observed among those who were:

  - older (54 percent)
  - highly addicted (69 percent)
  - quitting for health reasons (53 percent)
  - NRT users (58 percent)

- These findings confirm that the most determined respondents are probably also those who are most conscious that they are facing a powerful addiction and the most pressured to quit because of a health problem.

SMOKING "AGAIN" SUSCEPTIBILITY IN NEXT 12 MONTHS

- Answers to this question closely resembled responses obtained to the "never again" question.

  → 76 percent said it was unlikely that they will smoke a cigarette or a part of a cigarette at any time in the next 12 months (47 percent "definitely" no and 29 percent "probably" no).

5.8 SMOKING ABSTINENCE

Questions on smoking abstinence helped identify respondents who were susceptible to smoking again. They were classified as those who (either or):

- *had at least part of a cigarette since they quit;*
- *used tobacco products other than cigarettes since they quit;*
- *thought they would smoke at least part of a cigarette at some point in the next 12 months;*
- *were not confident that they would never be a smoker again.*

*This section examines the magnitude of abstinence and "cheating" since quitting, and its relationship to addiction (see **Table 8**).*

ABSTINENCE

- 57 percent of the entire sample were total abstainers – had not even had part of a cigarette since they quit and did not use any tobacco product other than cigarettes (pipe, cigars, smokeless tobacco, etc.); 43 percent were partial abstainers.
  - → 34 percent had smoked at least part of a cigarette since they quit.
  - → 9 percent had used tobacco products other than cigarettes, mostly cigars (3 percent) and marijuana (3 percent).
  - → Total abstinence was more the rule among NRT users (60 percent) than among "cold turkey" quitters (52 percent).

ABSTINENCE AND ADDICTION

- Total abstinence from tobacco was correlated with self-perceived addiction and those who achieved the highest addiction score on the Fagerstrom scale.
  - → The highly addicted respondents did not use any tobacco products at all (70 percent), since they quit, compared to 51 percent of the less addicted.
  - → Those who perceived themselves as being very addicted did not smoke a cigarette at all (71 percent) since they quit, compared to others (59 percent).
- On average, those who indulged in smoking since quitting reported having smoked 9.9 cigarettes.
  - → The highest average was reported by highly addicted respondents (17.1), which means that, although they were less inclined to cheat, when they did they smoked more than others.

- In the last 30 days prior to completing the survey, those who had cheated reported smoking cigarettes during an average of 5.6 days, which is slightly more than once a week.

  → Highly addicted respondents who cheated reported smoking for the highest average number of days (7.6).

5.9 QUITTING METHODS

Studies report that the majority of smokers wish to quit and when they try, they mostly choose to do it "cold turkey".

This section examines awareness, usage, trial rate *and perceived efficiency of quitting methods in relationship to some key sub-groups of recent quitters.*

*Quitting methods included NRT, alternative medicine treatments (acupuncture, hypnosis), counselling and support, exposure to information products on smoking cessation, and cigarette options / controlled smoking (see **Tables 9 and 10**).*

AWARENESS

- The overwhelming majority (see **Table 10**) were aware of the availability of NRT (99 percent), alternative medicine techniques (93 percent), counselling and support services (85 percent), and information products on smoking cessation (85 percent).

- In spite of the large variety of methods and treatments respondents had heard about, only a minority (21 percent) of recent quitters said they were confused and would have difficulty choosing one method that best suits their needs (see **Table 9**).

  → They were a minority, even among "cold turkey" quitters (27 percent).

- The table below presents the specific treatments / techniques which achieved the lowest and the highest levels of awareness as smoking cessation methods.

AWARENESS OF QUITTING METHODS

Highest awareness	Total (300) %	Lowest awareness	Total (300) %
Cold turkey	98	Inhale less when smoking	30
Nicotine patch	98	Nicotine aerosols	33
Nicotine gum	94	Web support service	34
Gradually cutting down cigarettes	95	Telephone support service	45
Hypnosis	83	Switch to other tobacco products	51
Acupuncture	81	Individual counselling	56
Switch to L&M type of cigarette	81		

USAGE

- A large majority (61 percent) said (self-claimed) they had quit "cold turkey", suddenly, without using any products, quitting aids, assistance or any other help, whether prescribed or not prescribed.

  → This figure seems consistent with what is reported by other studies.

  → However, a closer look at the reported behaviours of these respondents revealed that many self-claimed "cold turkey" quitters did not really quit cold turkey, but had external assistance.

- The table below shows the results of the behavioural (use of external assistance) validation of self-claimed "cold turkey" quitters.

EXTERNAL ASSISTANCE USED BY SELF-CLAIMED "COLD TURKEY" QUITTERS

USED THIS TIME	Self-claimed cold turkey quitters (177) %
NRT	33
Anti-depressant	17
Acupuncture	10
Hypnosis	15
Group session	10
Individual counselling	5
Web support service	11
Telephone support service	8
Any of the above	44

- Findings indicate that nearly half self-claimed "cold turkey" quitters (44 percent) in fact used external assistance, but still considered they had quit without assistance or aid. It may be because they did not use the treatment completely or long enough, or that they perceived there was no effect from the treatment, or that they thought they could have quit without it, even if it helped. Whatever the possible explanation, the validation of their reported behaviours clearly indicates that about half of the self-claimed "cold turkey" quitters did not meet the definition of quitters who did not use "external assistance".

- We also verified the methods reported by those who had said no when asked if they had quit "cold turkey".

  → Some of these respondents (17 percent) quit with no external assistance, although several turned to a cigarette option or controlled smoking.

- After this behavioural validation, the proportion of "cold turkey" quitters, those who had quit without any external assistance, was reduced from 61 percent (self-claimed) to 41 percent (validated).

  → Note that our analysis and interpretation always refers to "real" "cold turkey" quitters, when the term "cold turkey" quitters is used in the text.

  → The behavioural validation of self-claimed "cold turkey" quitters clearly indicates that various meanings are given to this term by respondents. Because of this, great caution should be exercised when reading reported incidence of "cold turkey" quitters in other published studies.

- Overall, cold turkey quitting (41 percent), after validation of the reported methods used, did not emerge as the method most used: NRT was the most popular method of quitting (45 percent).

  → "Cold turkey" was the most popular method only among recent quitters aged 18-34 years old (51 percent vs. 36 percent among those 35 +).

  → The next table summarizes the methods used this time, regrouped by large categories.

CATEGORIES OF CESSATION METHODS USED

USED THIS TIME	TOTAL (300) %
NRT	45
Cold turkey	41
Controlled smoking / cigarette options	39
Anti-depressant medications	18
Counselling and support	18
Alternative medicine	14
General information on cessation	40

  → On average, those who said they had not quit cold turkey used 1.3 methods, excluding general information products and controlled smoking.

  → NRT (45 percent) was the most popular method used and was used significantly more by those who were:

  - highly addicted (61 percent)
  - older (51 percent)
  - quitting primarily for health reasons (51 percent)

  → Half (49 percent) of NRT users also used a controlled smoking technique such as gradually cutting down cigarettes (35 percent) or switching to a L&M brand (27 percent); many also used an alternative medicine treatment (23 percent), anti-depressant medication (23 percent), or counselling and support (26 percent).

→ Most NRT users (59 percent) looked for information on cessation, compared to only 17 percent of "cold turkey" quitters.

→ The form of NRT used the most, by far, was the nicotine patch (40 percent vs. 18 percent for the gum and 3 percent for the aerosols).

– Of all the forms of external aids probed in this survey, the nicotine patch was the quitting aid most used by all sub-groups.

- Those who did not consider quitting cold turkey were asked if the quitting aids they used were prescribed or recommended by a health professional. A large majority (65 percent) of these respondents reported that at least one of the quitting aids they used was prescribed (49 percent) or recommended (16 percent).

- Some differences in the methods used are worth mentioning:

→ Slightly more young respondents used counselling and support services (23 percent – mainly web support) than older respondents (16 percent).

→ Respondents who used a controlled smoking / cigarette option technique tended to be younger (44 percent) and were more susceptible to smoke again (46 percent) than were those less susceptible (32 percent).

→ NRT users were the heaviest users of alternative medicine (23 percent) and anti-depressant medications (23 percent).

→ Only NRT and anti-depressant medication were associated with low smoking "again" susceptibility. Other forms of aid were either associated with high smoking "again" susceptibility or had no link at all with smoking "again" susceptibility.

- There seems to be a strong popular belief that some cigarette options / controlled smoking techniques could be helpful as cessation methods (switch to light cigarettes, cutting down gradually, switch to smokeless tobacco, inhaling less).

→ 99 percent said they had heard of these cigarette options/tactics as methods of quitting.

→ 78 percent reported trying one of these methods in their past or current attempts to quit (39 percent this time).

→ 23 percent perceived at least one of them as "very" effective.

→ 19 percent had switched to a L&M brand this time, hoping they would get some health benefit or it would facilitate their cessation efforts.

- The relatively high proportion of the sample who used cigarette options as an aid to quitting (39 percent) may indicate that recent quitters do not understand quitting methods and smoking cessation as well as they said. In fact, these findings suggest that many smokers believe that they will get some health benefit from smoking or using tobacco products differently. It reminds us that still more education work has to be done.

PERCEIVED EFFECTIVENESS OF QUITTING METHODS

- "Cold turkey" was perceived as the most effective method of quitting (55 percent "very" effective and 74 percent "very" + "somewhat" effective).

- However, a majority of respondents perceived at least one other treatment/technique as being effective ("very" or "somewhat").

  → A majority of respondents perceived five other treatments/techniques as effective:

  - Nicotine patch (69 percent)
  - Group session / program (62 percent)
  - Individual counselling (60 percent)
  - Reading about smoking cessation (53 percent)
  - Anti-depressant medication (51 percent)

  → The table below summarizes the results of the perceived effectiveness of the quitting methods probed in this survey.

QUITTING METHODS PERCEIVED AS EFFECTIVE

TOTAL SAMPLE (N = 300)	Effective "Very" or "Somewhat" %
Cold turkey	74
Nicotine patch	69
Group session / program	62
Individual counselling	60
Reading on smoking cessation	53
Anti-depressant medication	51
Telephone support service	48
Web support service	47
Watching on smoking cessation	47
Visiting a web site on smoking cessation	46
Nicotine gum	43
Acupuncture	44
Hypnosis	42
Cutting down gradually	39
Nicotine aerosols	35
Inhale less when smoking	17
Switch to a L&M brand	16
Switch to different tobacco products	9

- Note that, for some methods on the list, significantly more respondents perceived them as effective than the total percentage of respondents who had tried them.

  → Trial gaps (difference between trial and perceived effectiveness) may indicate trends in popularity, if these perceptions are shared by current smokers who intend to quit.

  → Methods that emerged with the most potential for growth in popularity were psychologically-based:

  - Individual counselling
  - Group session / program
  - Telephone support service
  - Web support service

  → The table below summarizes the trial gaps associated with each quitting method.

  - The trial gap is the difference between trial (ever used) and perceived effectiveness ("very" + "somewhat"). A positive gap indicates a likely decline in popularity. A negative gap indicates a likely growth in popularity.

TRIAL GAPS OF CESSATION METHODS

Likely Decline	Gap (300) Points
Switch to L&M brand	30
Cutting down gradually	30
No clear trend	
Cold turkey	8
Nicotine gum	8
Switch to other tobacco products	6
Reading on cessation	-6
Inhaling less when smoking	-1

Likely Growth	Gap (300) Points
Individual counselling	-50
Group session / program	-47
Telephone support service	-39
Web support service	-37
Watching information on cessation	-32
Nicotine aerosols	-30
Visit to a web site on cessation	-28
Acupuncture	-27
Hypnosis	-21
Nicotine patch	-16
Anti-depressant medication	-16

5.10 Tactics Used to Stay Away from Cigarettes

*Recent quitters who participated in previously conducted focus groups mentioned frequently that they missed the rituals of smoking, and found themselves looking for something to put in their hands or mouth to recapture the comfort cigarettes used to provide. Many reported their own tactics for staying away from cigarettes. This section offers a glimpse into the behaviours that help recent quitters stay away from cigarettes. For each of 10 specific behaviours, respondents were asked if they had engaged in the behaviour after they had stopped smoking (see **Table 11**).*

Efforts Made to Stay Away From Smoking

- Overall, respondents did an average of 3.6 specific things to stay away from cigarettes, with little variation across the sub-groups analyzed. Almost all (95 percent) did at least one of the 10 things listed on the survey.

  → These findings confirm that, whatever the cessation method used, quitting smoking sparks a whole new range of behaviours and emotions to cope with the withdrawal symptoms and missing rituals.

Most Popular Tactics

- Each tactic was used by at least one third of the sample except:

  → stress relaxation techniques (9 percent)
  → keeping a visual reminder in sight (17 percent).

- The most frequently used tactics were:

  → telling others they had quit (45 percent)
  → drinking more water (43 percent)
  → changing routines, habits or environment (43 percent)
  → thinking about the negative effects of smoking (41 percent).

- Those who quit using NRT tended to use more tactics on the list than those who quit cold turkey, except for two:

  → a lot more "cold turkey" quitters used the following two psychologically-based tactics, the most popular in this group:

    - telling others they had quit (49 percent vs. 42 NRT users)
    - thinking about the negative effects of smoking (45 percent vs. 34 percent NRT users)

- Most popular tactics of NRT users were behavioural-based:

  → drinking more water (49 percent vs. 30 percent "cold turkey" quitters);
  → changing routines, habits or environment (46 percent vs. 33 percent "cold turkey" quitters).

5.11 OBSTACLES TO QUITTING

*Respondents were asked how difficult it was to stay away from cigarettes, what difficulties they had experienced (unprompted), and current concerns or reservations they have (prompted) that may become barriers to achieving success (see **Table 12**).*

CURRENT WORRIES

- Respondents were presented a list of 5 possible fears and asked for each one if it was "a lot", "somewhat", "a little" or "not at all" a current source of worry.

- Overall, gaining weight was one of the biggest fears acknowledged by respondents (35 percent experienced this fear "a lot" or "somewhat", and it was the main fear for 18 percent of the sample).

  → This finding reinforces previous observations and suggests that weight gain / weight control is a real issue to address in cessation-supporting strategies, and especially for women (27 percent worried "a lot" – biggest fear for 26 percent) more than men (10 percent worried "a lot" – 7 percent biggest fear).

  → There was a strong correlation with age: many older respondents (23 percent biggest fear) worried more about weight gain than their younger counterparts (8 percent biggest fear). Therefore, weight gain issues when quitting were also relevant for older quitters.

  → Other correlations worth noting were with addiction (highly addicted respondents were more concerned with weight gain), and quitting methods used (more concerned with gaining weight if used NRT).

- Other worries achieved significant levels, as shown in the table below.

CURRENT MAIN WORRIES

TOTAL SAMPLE (N = 300)	Worries-"a lot" or "somewhat" %	Biggest fear %
Gaining weight	35	18
Not having enough willpower	27	9
Having unpleasant withdrawal symptoms	24	9
Not being able to succeed	21	12
What others might think if you don't succeed	22	1

- Uncertainty or doubt about their ability to succeed / not having enough willpower could be considered a main biggest fear (27 and 21 percent) on par with gaining weight. This indicates that the determination level of a substantial proportion of recent quitters needs to be supported.

  → This observation was reinforced by the clear correlation between the worries / fears listed on the survey and the smoking "again" susceptibility, as shown in the table below.

RELATIONSHIP BETWEEN WORRIES AND SMOKING "AGAIN" SUSCEPTIBILITY

WORRIES ("a lot" or "somewhat")	Smoking "again" susceptibility	
	Yes (152) %	No (148) %
Gaining weight	38	33
Not having enough willpower	40	15
Having unpleasant withdrawal symptoms	33	14
Not being able to succeed	32	12
What others might think if you don't succeed	27	17

- Note that, except for gaining weight, older respondents seemed to share with their younger counterparts the same worries and reservations about succeeding (not enough willpower, not able to succeed, etc.). However, despite older respondents demonstrating more determination to not smoke again, the facts that they smoked many more years, were more dependent on nicotine, and experienced many more failed attempts, may heighten these anxieties considerably, reducing self-confidence in their ability to quit successfully.

  → Therefore, even if at the time of the survey they were less susceptible to smoke than younger recent quitters, older respondents may nonetheless still need strong support and encouragement.

Reported Difficulty Staying Away from Cigarettes

- Despite respondents' high level of addiction to nicotine when they quit[1], only 14 percent reported it was "very" difficult to stay away from cigarettes (only 33 percent when the "very" and "somewhat" difficult categories are combined).

  → Overall, this contrast may be another indication that several recent quitters are overconfident.

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1 *70 percent said they were very addicted to cigarettes when they quit and 28 percent achieved the highest scores of addiction on the Fagerstrom scale.*

- Contrary to popular belief:

  → Those who used NRT did not experience less difficulty quitting (33 percent) than those who quit cold turkey (28 percent);

  → Highly addicted respondents (33 percent) did not experience more difficulty quitting than low/moderately addicted recent quitters (31 percent).

- The main factors involved in difficulty staying away from cigarettes were associated with:

  → Main reason for quitting – those who quit mainly for a health related reason (29 percent) reported less difficulty, compared to those who quit for other reasons (37 percent);

  → Smoking "again" susceptibility – the more-susceptible (40 percent) had clearly more difficulty than the less-susceptible (15 percent).

- As mentioned previously, weight gain after quitting (prompted) was reported as a difficulty by a sizeable 43 percent of the sample, more frequently by women (48 percent) and older respondents (50 percent), but also by a significant proportion of men (38 percent) and younger respondents (30 percent).

5.12 Health Condition When Quitting

The major reason respondents gave for quitting smoking was related to health concerns. Questions in this section provide a better understanding of this motive by asking respondents about their overall health when they quit, if they were diagnosed before or when they quit with any of 11 health problems possibly related to smoking, and if they noticed a change in their overall health after they quit. In addition, respondents were asked if they visited a health professional in the preceding 12 months before they quit (see ***Table 13****).*

Overall Health

- The sample was evenly split between those who reported (self-perception) being in good to excellent overall health (49 percent) and those who reported being in average to poor overall health before quitting (51 percent).

  → There was no correlation with the quitting methods used or smoking "again" susceptibility.

  → There was, however, an obvious strong correlation with the main reason for quitting (health) and being diagnosed with a health problem before or when they quit.

  → There was also a correlation with addiction – highly addicted respondents reported being in poorer health when they quit than others.

- Older respondents (52 percent) had a more positive evaluation of their health than younger respondents (45 percent). However, as will be seen next, older respondents were more frequently diagnosed with a health problem when they quit. These findings may indicate that some older recent quitters have an optimistic assessment of their own health condition despite the presence of some serious health problems, perhaps because they believe that, having survived so far, their health problems are not that serious, or because they are more likely to visit a health professional and feel reassured.

Diagnosed Health Problems

For each of 11 health problems that may be caused or aggravated by smoking, respondents were asked if they had been diagnosed with it before or when they had decided to quit.

- Overall, a majority (56 percent) of the entire sample reported being diagnosed with at least one of the 11 health problems on the list.

  → There was a strong correlation with age: 63 percent of older respondents compared to 41 percent of younger respondents. Correlation with age was strong mainly because many more older respondents said they had been diagnosed with a heart disease (18 percent vs. 1 percent for the *younger* group) or high blood pressure (20 percent vs. 1 percent for the younger group).

- For the remaining health problems asked, prevalence was comparable between the 18-34 year-old group and the 35 +.

→ There was an obvious correlation with the incidence of a diagnosed disease and the main reason for quitting. Those who quit to improve their health (62 percent) were more frequently diagnosed with a health problem on the list than other respondents (47 percent). There was no correlation with the quitting methods used, and little with smoking "again" susceptibility.

- Only lung problems were slightly correlated with lower smoking "again" susceptibility.

- Highly addicted respondents and NRT users reported slightly more frequently being diagnosed with a heart or blood pressure problem and lung problems than others.

- These findings suggest that although a diagnosed health problem seems to motivate smokers to quit, it does not translate into more determination to stay away from tobacco use: even with a diagnosed disease, respondents were as susceptible to smoke again (51 percent) as were others (48 percent – see **Tables 8 and 13**).

- Three main diagnosed health problems were reported:

→ Heart disease/circulatory problems (12 percent) and high blood pressure (13 percent);

→ Asthma, chronic bronchitis, emphysema or other lung problems (22 percent);

→ Sleep problems (10 percent).

VISITS TO HEALTH PROFESSIONALS

- A large majority (73 percent) reported visiting a health professional (doctor, nurse, dentist, therapist or pharmacist) in the 12 months before they quit, and important differences between some sub-groups were observed:

→ More frequently reported by older respondents (78 percent vs. 64 percent for the younger ages);

→ A lot more frequently mentioned by women (80 percent vs. 64 percent men).

- There were also some obvious correlations in the data between incidence of visiting a health professional and:

→ being diagnosed with a disease;
→ main reason (health) for quitting; and
→ using NRT.

- There was no correlation with smoking "again" susceptibility.

These findings indicate that an overwhelming majority of recent quitters had the opportunity to receive personalized smoking cessation advice or personalized support / reinforcement by health professionals before or after quitting (especially women and older respondents).

- These findings underscore the importance of health professionals' advice to their recent quitter clients, not only smokers, because: a) health was the main reason for quitting, b) the prevalence of a diagnosed disease was quite high, c) weight gain was the biggest fear after quitting, and d) some important dissonance reducing beliefs associated with smoking "again" susceptibility were health-related.

  - This is worthy of note because those with a diagnosed disease did not have a lower degree of smoking "again" susceptibility.

5.13 Awareness and Knowledge of Health Risks

*These questions identified how informed respondents were on the health effects of smoking, and explored their beliefs and knowledge with respect to health risks associated with tobacco use (see **Tables 14 and 15**).*

Self-perception of How Well Informed Respondents Feel

- Almost the entire sample (90 percent) perceived themselves as being adequately informed of the health effects of smoking and nearly half (48 percent) perceived themselves as even better informed than most people (see **Table 14**).

- Should they continue to smoke, 75 percent acknowledged it would kill them (35 percent "definitely" and 40 percent "probably").

  → These findings are sending a key message: recent quitters have registered the health risks of smoking and do not feel they need any more information in this regard. This also suggests that providing more "general" information about the health risks of starting smoking again is unlikely to have a significant effect on their ultimate rate of success. What recent quitters seem to need most is more likely related to "specific" information, tools or strategies that strengthen determination and address cognitive dissonance reducing beliefs about smoking again.

- Self-perceived level of information did not correlate with smoking "again" susceptibility, but perception of the seriousness of the effects of smoking did (it would "definitely" kill you):

  → 40 percent of the non-susceptible to smoke acknowledged that if they continued to smoke, it would "definitely" kill them, compared to only 29 percent for those susceptible to smoke.

  → Older smokers (31 percent), low/moderately addicted (32 percent) respondents, those not quitting because of health reasons (28 percent), and those quitting cold turkey (27 percent) were significantly less convinced of the seriousness of the health effects of tobacco use than others.

- These findings suggest that the appropriate health focus for recent quitters is not to inform them of the range of health effects but to convince them of the extreme seriousness of continuous smoking, especially if older not "with" health problems.

BELIEFS ABOUT SMOKING

Respondents were asked to answer a series of 17 statements about the effects of smoking and cigarettes, on a Likert scale ranging from "strongly agree" to "strongly disagree". There were four possible responses. Respondents were also allowed to refuse to answer the questions or say they "just didn't know" (see ***Table 15****).*

- In general, respondents showed a high level of knowledge about the health risks of smoking, probably higher than among current smokers.

  → This finding reinforces the suggestion that recent quitters do not need more "general" information on the range or type of the health effects of smoking to support them after quitting.

  → This finding suggests that it is not a question of knowing the dangers of cigarettes but being convinced of the seriousness of these dangers.

Highest levels of knowledge

- The next table shows that recent quitters were well informed about the dangers of smoking.

- In general, respondents (79 percent) were convinced that there is a proven link between smoking and disease. Also, recent quitters were well aware that it is the nicotine in cigarettes that causes addiction (92 percent), that second-hand smoke is harmful (84 percent), that smoking hurts you even if you don't inhale (87 percent), and that smokers will die sooner than non-smokers (77 percent).

  → Interesting to note, a strong majority (74 percent) believed that if you quit, most of the damage done by years of smoking can be reversed - even older respondents agreed (no correlation with age). The popular belief that quitting is not worth it for older smokers because the damage is already done and that it is too late to stop, was not validated.

    – However, older respondents were much less convinced (67 percent) of the health risks of second-hand smoke than younger respondents (82 percent).

  → Also interesting to note, a strong majority (84 percent) believed that tobacco meets the same criteria as hard drugs with respect to addiction.

    – This belief was shared with little difference by all sub-groups, whatever their level of addiction.

HIGHEST CONSENSUS

BELIEFS (A= agreement, D= disagreement)	Total (300) %
➢ It is the nicotine in cigarettes that causes addiction	92 (A)
➢ Cigarettes will not hurt you if you don't inhale smoke	87 (D)
➢ Light or ultra light cigarettes are safer than regular cigarettes	86 (D)
➢ Inhaling someone else's smoke can cause lung cancer in non-smokers	84 (A)
➢ Tobacco is as addictive as drugs like heroin or cocaine	84 (A)
➢ There is no doubt that cigarette smokers are more likely to contract lung cancer than non-smokers	80 (A)
➢ There is no proven link between smoking and any disease; otherwise smoking would have been banned	79 (D)
➢ The life expectancy of a smoker is less than that of a non-smoker	77 (A)
➢ If you quit, you can reverse most of the damage done by years of smoking	74 (A)
➢ Inhaling other people's smoke is as dangerous as smoking yourself	72 (A)
➢ Using nicotine replacement products such as the patch or gum, doubles your chances of successfully quitting	70 (A)
➢ There is too much fuss being made about smoking and health	69 (A)

- Only one belief signalled a common lack of knowledge: 41 percent incorrectly believed nicotine in cigarettes causes cancer (it is tar).

  → Older (45 percent) and highly addicted respondents (50 percent) shared the highest degree of agreement.

- Generally, the relationship or correlation with smoking "again" susceptibility was very low or non-existent. These findings reinforce the observation that, for recent quitters, increasing the knowledge of the range of health effects has little to do with the likelihood of a successful attempt, after quitting.

Relationship with quitting methods used

- Two beliefs were linked to the quitting methods used. The first was related to the efficiency of NRT products:

  → Perceived effectiveness of NRT products among NRT users and users of other methods was much higher than among "cold turkey" quitters.

  → Perceived effectiveness of NRT products among NRT users and users of other methods was higher than the number of those who actually tried them.

  → The next table presents the proportion of the sub-groups who agreed to the statement: *using nicotine replacement products, such as the patch or gum, doubles your chances of successfully quitting.*

"USING NICOTINE REPLACEMENT PRODUCTS, SUCH AS THE PATCH OR GUM, DOUBLES YOUR CHANCES OF SUCCESSFULLY QUITTING"

	Strongly agree %	Somewhat agree %	Total agree %
Total sample (300)	34	36	70
"cold turkey" quitters (120)	8	42	50
NRT users (140)	55	29	84
Other method users (40)	34	42	76

→ However, many respondents were unclear about the safety of NRT products: 41 percent agreed when asked if *"Nicotine replacement products such as the patch or gum can also cause diseases or make certain diseases worse"*. Even NRT users shared this negative bias about nicotine replacement products.

→ These findings suggest that while nicotine patches and gum still have the potential for growth in popularity, some concerns about their effectiveness and safety may reduce this potential, if not addressed.

- The second difference in belief between quitting methods used was the strength of agreement when asked if *"tobacco is as addictive as drugs like heroin or cocaine"*.

→ 80 percent of NRT users "strongly" agreed that the criteria used to assess the addictiveness of hard drugs can apply to tobacco, compared to 55 percent of "cold turkey" quitters and 64 percent of users of other quitting methods.

5.14 IMAGE OF QUITTERS VS. SMOKERS

Personality traits have long been of interest to marketers in general, and to the tobacco industry in particular, for their role in consumer behaviour.

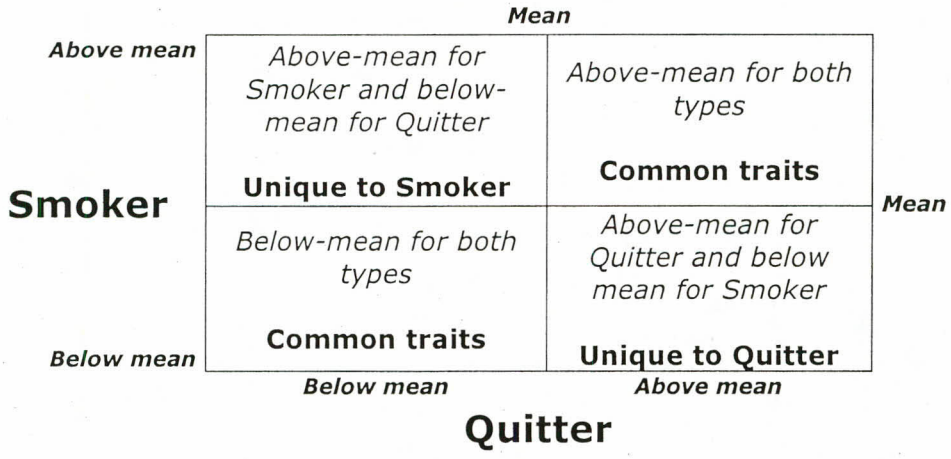
*In this study, respondents were asked to depict a typical person who has quit smoking and a typical person who continues to smoke, using 14 personality traits (see **Table 16**). These traits were selected from past TCP studies on brand image and on the relationship between attitudes / values and prevalence of smoking.*

Respondents were asked to rate how accurately these traits reflected a "Quitter" and a "Smoker", on a scale from 0 (not at all accurately) to 10 (very accurately).

- Overall, the perceptual profile of the Smoker was much less pronounced than that of a Quitter, on all traits (except one). The "flatness" of the Smoker's profile when compared to a Quitter's profile should not be confused with respondents' lack of opinion about smokers. It could be the result of a much less attractive overall image and/or because respondents were embarrassed to think of themselves negatively and as others perceive them, before they quit.

- In order to factor out "generic" difference in the profiles, which were blurring the image of the Smoker, and let the distinctive traits emerge more clearly, we calculated, for each trait, its deviations from the mean (14 traits) obtained by the "typical" person depicted (see **Table 16**).

- A simple quadrant analysis was used to relate the deviations from the mean for both of the "typical" persons depicted, as shown in the figure below.



UNIQUE TRAITS OF QUITTERS

- Four personality traits were above the mean for the Quitter and below the mean for the Smoker. This indicates that these traits are unique to quitters and all four can be considered as distinctive strengths of the Quitter's image:

  → *Health conscious*
  → *Disciplined*
  → *Concern for others*
  → *In control of his/her destiny*

UNIQUE TRAITS OF SMOKERS

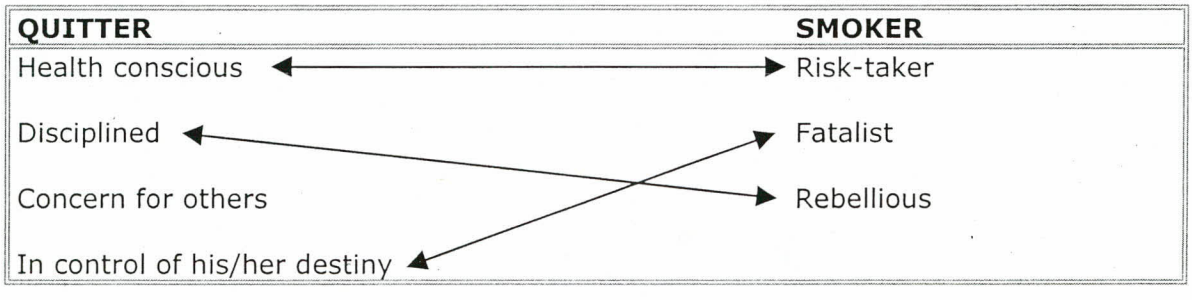
- Three traits were above the mean for the Smoker and below the mean for the Quitter. This indicates that these traits are unique to smokers.

- Moreover, these unique traits may be perceived as strengths by some and as weaknesses by others:

  → *Risk-taker*
  → *Fatalist*
  → *Rebellious*

- The table below summarizes, side by side, the unique traits that emerged, by order of distinctiveness.

UNIQUE PERSONALITY TRAITS



- As can be seen, there is a sharp contrast between the perceived characteristics of a Quitter and a Smoker. Overall, the Quitter has the more desirable image:

  1. Health conscious vs. risk-taker
  2. In control of own destiny vs. fatalist
  3. Disciplined vs. rebellious
  4. Concern for others

  These findings may have implications for communications aimed at smokers in general, but also at recent quitters in particular. The issue is to determine which of these unique traits or combination of traits would be most effective.

6. SUMMARY TABLES

TABLE 1 **CHARACTERISTICS OF THE SAMPLE**

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
When quit														
• Less than 6 months ago	54	51	55	56	51	47	57	52	56	56	53	53	62	46
• 6-12 months ago	46	49	45	44	49	53	43	48	44	47	47	47	38	54
Experience in quitting														
• First time quitter	25	24	26	29	21	28	24	28	22	27	23	28	25	25
• Repeat quitter	75	76	74	71	79	72	76	72	79	73	77	72	75	75
Gender														
• Male	44	40	46	42	46	48	42	45	42	45	39	55	46	42
• Female	56	60	54	58	54	52	58	55	58	55	61	45	54	58
Age														
• 18-34	34	100	0	25	44	20	39	28	42	42	25	38	35	33
• 35-54	42	0	64	41	44	56	36	45	38	34	50	42	40	44
• 55 +	24	0	36	34	12	24	24	27	19	24	25	20	25	23
Education														
• High school or less	49	42	53	54	44	60	45	44	56	50	48	52	49	50
• Some or completed college	38	46	34	35	43	34	40	42	33	41	37	37	37	40
• Some or completed university	12	11	13	11	13	6	15	13	10	9	15	11	14	10
Region														
• West (BC and Prairies)	38	33	40	41	34	45	35	42	33	38	37	42	40	36
• Ontario	39	43	37	41	37	33	42	36	43	42	36	41	34	44
• Quebec	16	17	15	13	19	17	16	16	16	14	20	9	19	13
• Atlantic	7	7	7	5	10	6	7	6	9	7	6	9	6	8
Language														
• English	83	81	83	85	80	82	83	82	84	86	77	92	81	85
• French	17	19	17	15	20	18	17	18	16	14	23	8	19	15

TABLE 2 SMOKING EXPERIENCE AND NICOTINE DEPENDENCE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q8 How long had you been a cigarette smoker? Was it...?														
• Less than 5 years ago	9	16	5	6	11	2	11	8	9	10	6	14	10	7
• 5-10 years	13	34	2	9	18	7	16	11	16	19	7	15	13	13
• More than 10 years ago	78	49	93	84	71	92	73	80	75	71	87	70	76	80
• Dk/Na	0	1	0	0	0	0	0	0	0	0	0	1	0	0
Q9 Did you smoke every day or on some occasions only?														
• Every day	96	96	96	96	96	100	94	97	95	95	98	90	94	98
Q10 How soon after waking did you smoke your first cigarette? *														
• After 60 minutes	21	25	19	16	26	0	29	21	20	28	14	20	28	14
• 31-60 minutes	18	21	16	22	13	1	25	16	20	19	17	18	21	15
• 6-30 minutes	35	37	34	33	38	31	37	36	34	40	28	45	31	39
• Within 5 minutes	25	16	30	27	22	69	8	26	24	11	41	15	18	32
• Dk/Na	1	2	1	2	0	0	2	1	2	2	0	1	2	1
Q11 Did you find it difficult refraining from smoking in places where it was forbidden?														
• Yes	37	41	35	39	34	64	26	38	36	34	39	38	32	42
Q12 Which cigarette of the day was the most difficult to give up? *														
• The first in the morning	36	32	38	34	38	67	23	38	33	31	41	31	24	48
• After meals	28	26	29	29	27	13	34	27	29	26	29	30	34	22
• With coffee	4	0	6	4	5	4	4	5	4	5	3	5	8	1
• With alcohol	4	4	4	6	2	1	5	4	4	6	3	1	6	2
• Break during work	3	5	2	1	5	1	4	5	0	2	3	4	4	1
• Evening after supper	14	20	11	16	12	4	18	14	14	18	9	18	13	15
• Other	2	2	2	1	3	4	1	1	3	0	3	4	1	2
• Dk/Na	9	10	9	9	9	6	10	6	13	10	8	8	10	8
Q13 Before you quit, how many cigarettes did you smoke per day? *														
• 1-10	17	22	15	20	15	0	24	16	20	25	10	18	23	12
• 11-20	36	46	32	30	44	12	46	31	43	37	37	30	36	37
• 21-30	34	28	38	37	31	55	26	37	31	31	36	38	33	36
• 31 or more	12	5	15	13	10	34	3	16	5	6	16	14	8	15
• Dk/Na	0	0	0	0	0	0	0	0	0	0	0	0	0	0

* *Fagerstrom Test for Nicotine Dependence. See Appendix 2 for scoring interpretation.*

TABLE 2 SMOKING EXPERIENCE AND NICOTINE DEPENDENCE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q14 Did you smoke more often in the first hours after waking than during the rest of the day? *														
• Yes	27	18	31	23	31	55	16	27	27	13	37	33	22	31
Q15 Did you smoke even when you were sick? *														
• Yes	71	69	73	76	66	98	61	71	72	64	79	68	64	78
Nicotine dependence score *														
• 0	4	4	4	2	7	0	6	5	4	6	1	8	7	1
• 1-6	67	79	61	68	66	0	94	63	74	77	60	61	73	62
• > 6	28	16	34	30	27	100	0	33	22	16	38	32	19	37
Q16 To what extent do you think that you were addicted to cigarettes, hooked on smoking, when you decided to quit [AGO]? Would you say you were...?														
• Very addicted	70	64	73	73	66	92	61	73	66	54	82	78	64	76
• Somewhat addicted	19	24	17	19	20	3	26	18	21	27	12	20	25	14
• Slightly addicted	7	5	8	6	9	4	8	7	7	13	4	1	8	6
• Not at all addicted	3	6	2	1	5	1	4	2	5	5	2	1	1	4
• Dk/Na	1	1	1	1	0	0	1	0	1	1	0	0	1	0

* *Fagerstrom Test for Nicotine Dependence. See Appendix 2 for scoring interpretation.*

TABLE 3

REASONS FOR SMOKING

PCT. APPLY	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q17 I am going to read you a list of reasons why some people smoke. For each one, tell me if it applies or not to you, before you quit.														
Smoking helped me deal with unpleasant stressful situations	86	89	85	90	82	91	85	85	88	82	90	86	81	91
Smoking provided me with a pleasant and enjoyable break	85	83	87	82	89	87	85	84	88	87	86	79	86	85
Smoking helped me unwind and relax	89	84	91	90	87	87	89	87	91	93	87	81	87	91
I could not deal with unpleasant withdrawal symptoms when trying to quit	50	54	48	49	51	59	46	48	52	37	62	47	52	48
Smoking helped me deal with an overly stimulating environment	46	45	46	49	43	51	44	45	47	41	49	48	45	47
Smoking kept me from feeling bored	63	70	59	68	58	58	65	59	69	65	65	52	62	65
Smoking increased my enjoyment of pleasant situations	58	55	59	54	63	60	57	51	67	53	64	53	58	58
Smoking gave me energy	20	8	26	22	18	26	18	20	20	13	27	18	11	29
Smoking helped me feel more comfortable in social situations	56	61	54	61	51	59	55	49	66	62	52	54	61	52
Smoking helped me concentrate	40	40	40	39	41	41	40	38	43	35	42	49	32	48
Smoking provided a taste or smell I liked	48	46	49	48	49	59	44	47	51	48	50	43	49	48
Smoking provided me with a "high"	28	23	30	21	36	27	28	26	30	21	29	43	26	29
Smoking helped me control my weight	47	27	57	49	44	60	42	47	46	33	56	58	48	45
Average number of reasons	**7.2**	**6.9**	**7.3**	**7.2**	**7.1**	**7.7**	**7.0**	**6.9**	**7.6**	**6.7**	**7.6**	**7.1**	**7.0**	**7.4**

TABLE 4

EXPOSURE TO TOBACCO USE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q25 Since the time you quit [AGO], on how many occasions were you in the same room, place or car with someone who was smoking cigarettes? (If everyday, ask: about how many times a day?)														
• Never	7	2	10	10	4	6	8	8	5	8	4	14	5	9
• Every day	43	53	38	38	49	52	40	43	44	40	47	40	44	42
• Every week	35	37	34	37	33	30	37	35	36	38	33	34	33	38
• Every month	7	6	8	8	7	4	9	7	8	7	8	7	10	5
• Sometimes	6	2	8	7	6	7	6	7	6	7	6	4	8	5
• Dk/Na	1	1	10	2	1	1	1	1	1	1	1	1	0	1
Q26 How many of your four closest friends currently smoke cigarettes?														
• None	24	16	28	23	25	18	26	26	21	22	26	24	20	27
• One	19	13	23	22	16	28	16	18	21	12	26	22	17	21
• Two	22	28	19	24	20	14	25	21	23	27	21	11	25	19
• Three	10	12	9	11	9	9	10	9	11	9	10	13	9	11
• Four	25	31	21	21	29	30	22	25	24	31	18	30	28	21
• Not sure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q27 How many people living with you currently smoke cigarettes?														
• None	69	61	73	67	72	68	70	70	68	75	67	60	65	74
• One	23	26	22	24	21	23	23	23	23	16	24	39	25	21
• Two	5	10	3	6	5	7	5	3	8	6	6	1	7	3
• Three	1	2	1	0	2	0	1	1	1	1	1	0	2	0
• Four	1	2	0	1	0	0	1	1	0	1	0	0	0	1
• Five or more	1	0	1	1	0	2	0	1	0	0	1	0	0	1
• Not sure	0	0	1	1	0	0	1	1	0	0	1	0	1	0
Daily exposure to tobacco use *	52	61	48	51	54	59	50	53	52	45	58	55	57	48
Q29 Since you gave up cigarettes, have you asked others to stop smoking?														
• Yes	36	33	37	39	32	44	32	41	27	35	35	39	28	42
Q30 Since you gave up cigarettes, have you moved elsewhere because someone was smoking?														
• Yes	20	22	20	25	14	26	18	21	20	14	27	18	20	20

* *Every day with someone who smokes and/or living with people who smoke.*

TABLE 5 QUITTING EXPERIENCE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q2 Is this the first time you have quit smoking?														
• Yes	25	24	26	29	21	28	24	28	22	27	23	28	25	25
Q3 Average number of previous attempts (Based on all respondents)														
• Average number of previous attempts	3.6	3.5	3.7	3.2	4.1	3.4	3.7	3.6	3.6	26	4.6	3.3	4.7	2.5
Q3 About how many times before this last time did you quit smoking for at least 24 hours because you were trying to quit smoking?														
	(224)*	(76)	(148)	(106)	(118)	(62)	(162)	(124)	(100)	(99)	(108)	(26)	(113)	(111)
• Average number of previous attempts	4.9	4.6	5.0	4.6	5.2	4.9	4.9	5.1	4.7	3.6	6.0	4.8	6.4	3.4
Q4 The last time you quit smoking, how long did you last?														
• Less than 1 month	26	31	23	22	29	24	26	27	24	21	23	48	26	25
• 1-3 months	22	19	24	20	25	29	20	22	23	18	27	20	23	22
• Over 3 months – 1 year	32	27	35	36	29	41	29	32	32	30	38	18	34	31
• More than 1 year	19	23	18	21	18	6	25	18	21	31	11	14	16	22
• Dk/Na	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Q5 How close to success have you been in your previous attempts to quit? Would you say you have been ...?														
• Very close	30	35	28	27	34	20	34	31	30	36	28	21	34	27
• Somewhat close	38	39	37	35	41	33	40	42	33	40	37	34	39	37
• Total close	68	74	65	62	75	53	74	73	63	76	65	55	73	64
Q6 What was it that made you start smoking again?														
9. Because of stress, need to relax or to calm down	39	39	38	40	37	44	36	41	35	30	43	46	41	36
8. Addiction	16	14	17	17	15	21	15	15	18	15	15	25	15	18
6. Family or friends smoke	12	12	12	14	10	5	15	11	13	9	15	7	14	10
4. Going out (bars, parties)	9	14	7	4	15	6	11	10	9	14	6	11	13	6
7. Habit	10	11	9	9	10	10	9	9	10	10	7	18	7	12
5. No reason / felt like it	8	2	11	10	6	16	5	6	11	9	9	1	7	9
10. Tempted by other smokers	8	5	9	9	6	7	8	5	10	6	6	16	9	6
11. Tempted by sensory triggers – alcohol, drugs, coffee...	8	11	7	7	10	8	9	5	13	11	9	0	9	8
12. Lack of willpower	8	6	8	10	5	6	8	9	6	9	6	9	8	7
3. To control boredom	4	2	5	5	3	3	5	5	3	7	3	0	1	7
2. To control body weight	3	0	4	3	3	3	3	3	2	3	3	0	5	0
1. Increased availability (product)	1	2	0	1	0	0	1	1	0	0	1	0	1	0

* *Based on those who tried to quit before.*

TABLE 6

DECISION TO QUIT

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q1 About how long did it take between the time you decided to quit smoking and the time you actually quit?														
• Less than 1 month	47	48	47	40	56	43	49	54	39	54	42	48	44	50
• 1-6 months	24	28	21	26	20	25	23	18	32	25	23	22	28	19
• More than 6 months	25	20	28	29	21	29	24	28	22	17	33	23	25	26
• Dk/Na	4	4	4	4	3	4	4	1	8	4	2	7	3	5
Q31 When you quit smoking [AGO], was it a spur-of-the-moment decision or did you plan to quit?														
• Spur-of-the-moment	32	42	27	28	37	18	38	30	36	48	24	12	32	32
• Planned	67	56	73	71	63	82	61	70	63	52	75	88	67	68
• Dk/Na	1	2	0	1	0	0	1	0	1	0	1	0	1	0
Q39 When you quit smoking this time, did you set a particular quit date?														
• Yes	50	42	53	47	53	61	45	51	48	35	56	73	44	45
Q40 When you quit smoking this time, did you link your quit attempt to a special event?														
• Yes	35	29	38	41	28	42	32	36	33	35	34	38	31	38
Quitting attempt linked to a date or special event														
• Yes	62	57	65	65	59	69	60	64	61	51	66	85	59	66
Q7 What was it that made you decide to give up cigarettes – what prompted you to quit smoking [AGO]?														
1. Own health														
• First mention	48	38	53	52	43	51	46	82	0	48	52	35	48	48
• All mentions	68	59	73	70	66	70	67	89	39	66	71	65	69	67
2. Pregnancy / had a baby														
• First mention	5	11	1	3	6	4	5	0	11	6	3	4	4	5
• All mentions	5	11	1	3	6	4	5	0	11	6	3	4	4	5
3. Concern about health of family														
• First mention	6	8	6	6	6	12	4	11	0	3	9	8	6	7
• All mentions	14	15	13	15	13	23	10	20	5	7	18	19	11	16
4. Got tired of smoking / bad smell / disgusting														
• First mention	5	9	3	3	7	3	6	0	13	6	4	6	6	5
• All mentions	10	13	9	7	14	7	11	6	16	9	11	10	10	10
5. Less stress in life, different job														
• First mention	0	0	0	0	0	0	0	0	0	0	0	1	0	0
• All mentions	1	2	0	0	1	0	1	1	0	1	0	1	0	1
6. Smoking related illness or death of family member or friend														
• First mention	3	2	3	5	1	2	3	5	0	3	4	0	4	2
• All mentions	6	2	8	7	5	7	6	11	0	5	8	3	7	6

TABLE 6

DECISION TO QUIT

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
7. Pressure from family or friends														
• First mention	4	5	3	3	4	2	4	0	9	5	2	5	4	4
• All mentions	11	12	10	12	10	9	12	7	16	14	8	11	10	12
8. Cost / Smoking was too expensive														
• First mention	13	13	13	10	17	7	16	0	32	15	12	10	15	11
• All mentions	32	33	32	26	40	35	32	27	39	32	33	31	31	34
9. Restrictions on where can smoke														
• First mention	1	0	1	1	0	0	1	0	2	0	1	1	0	2
• All mentions	6	4	8	7	5	8	6	6	6	3	9	7	3	9
10. Just wanted to quit, no reason														
• First mention	4	3	4	4	4	2	5	0	9	2	3	11	2	5
• All mentions	4	3	5	4	5	4	5	0	10	2	4	11	2	6
11. Doctor or health professional advice														
• First mention	1	0	2	2	0	2	1	2	0	0	0	8	1	1
• All mentions	2	0	3	4	0	2	2	3	0	0	2	8	2	2
12. Article or information seen or read about														
• First mention	0	0	0	0	0	0	0	0	0	0	0	0	0	0
• All mentions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Health warnings on cigarette packs														
• First mention	0	0	0	0	0	0	0	0	0	0	0	0	0	0
• All mentions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Anti-smoking advertising campaigns														
• First mention	0	0	0	0	0	0	0	0	0	0	0	0	0	0
• All mentions	1	2	0	1	0	1	1	0	1	1	0	0	1	0
Average number of reasons	**1.6**	**1.6**	**1.6**	**1.5**	**1.7**	**1.7**	**1.6**	**1.7**	**1.4**	**1.5**	**1.7**	**1.7**	**1.5**	**1.7**

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TABLE 7

CONFIDENCE IN ABILITY TO QUIT

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q23 Do you think you will smoke a cigarette or a part of a cigarette at any time in the next 12 months?														
• Definitely yes	7	8	6	6	9	5	8	9	5	6	6	14	14	0
• Probably yes	13	9	15	13	13	5	16	15	10	16	11	10	26	0
• Probably no	29	39	25	29	30	24	32	26	34	32	29	22	31	28
• Definitely no	47	41	50	47	46	65	39	48	45	44	46	55	21	72
• Dk/Na	4	4	4	5	2	0	5	2	6	1	7	0	8	0
Q24 How confident are you that you will <u>never</u> be a smoker again, by that I mean, this time you have given up cigarettes for good. Would you say...?														
• Definitely yes	50	44	54	50	51	69	43	53	46	43	58	47	30	70
• Probably yes	31	41	26	28	34	17	36	27	37	38	29	18	32	30
• Probably no	7	5	8	7	6	7	6	6	7	8	5	6	14	0
• Definitely no	9	8	10	10	8	4	11	10	8	9	7	17	19	0
• Dk/Na	3	2	3	4	1	2	3	3	2	1	1	11	6	0
Susceptibility to smoking														
• Non-susceptible*	51	49	51	49	52	66	44	51	50	47	54	52	0	100
• Susceptible	49	51	49	51	48	34	56	49	50	53	46	48	100	0
Q5 How close to success have you been in your previous attempts to quit? Would you say you have been ...?														
	(224)**	**(76)**	**(148)**	**(106)**	**(118)**	**(62)**	**(162)**	**(124)**	**(100)**	**(90)**	**(108)**	**(26)**	**(113)**	**(111)**
• Very close	30	35	28	27	34	20	34	31	30	36	28	21	34	27
• Somewhat close	38	39	37	35	41	33	40	42	33	40	37	34	39	37
• Somewhat far	15	16	15	15	16	22	13	14	17	11	17	24	17	14
• Very far	13	11	15	19	7	23	9	11	16	8	17	16	6	20
• Dk/Na	3	0	5	5	2	1	4	3	4	5	1	5	4	2

* *Respondents who did not smoke any cigarettes (or part of a cigarette), any other tobacco products since quitting, <u>and</u> who did not think of smoking at any time in the next 12 months (probably or definitely) <u>and</u> who were confident to never smoke again (probably or definitely).*

** *Based on those who tried to quit before.*

TABLE 8 SMOKING ABSTINENCE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q19 Since the time you quit, [AGO], have you had any cigarettes or a part of a cigarette? (If yes, ask: How many?)														
• No	67	65	68	67	67	78	63	68	66	69	66	66	35	99
• At least one cigarette	25	28	24	24	27	19	27	25	24	24	28	16	50	0
• Dk/Na	7	8	7	9	5	3	9	6	10	7	4	18	15	0
• Average number of cigarettes	4.4	5.4	3.9	5.1	3.6	3.4	4.8	4.6	4.1	5.8	4.0	1.5	9.7	0
Q19 Since the time you quit, [AGO], have you had any cigarettes or a part of a cigarette? (If yes, ask: How many?)														
	(100)*	**(37)**	**(63)**	**(50)**	**(50)**	**(21)**	**(79)**	**(59)**	**(41)**	**(38)**	**(48)**	**(14)**	**(100)**	
• Average number of cigarettes	9.9	9.5	10.0	10.9	8.8	17.1	7.6	8.3	12.0	9.3	10.6	7.8	9.9	
Q20 During the last 30 days, on how many days did you smoke cigarettes or a part of a cigarette?														
	(100)*	**(37)**	**(63)**	**(50)**	**(50)**	**(21)**	**(79)**	**(59)**	**(41)**	**(38)**	**(48)**	**(14)**	**(100)**	
• Average number of days	5.6	5.1	6.0	5.0	6.4	7.6	5.1	6.7	4.4	4.2	6.0	8.7	5.6	
Q21 Since you quit smoking, [AGO], have you used tobacco products other than cigarettes? (If yes, ask: Which one(s)?)														
• No	92	90	93	93	91	91	93	93	92	91	93	93	84	100
• Pipe tobacco	1	1	1	2	0	2	1	2	0	0	1	5	2	0
• Cigarillos / little cigars	1	1	1	0	1	1	1	1	0	0	1	0	1	0
• Cigars	3	4	2	2	3	3	3	3	2	5	2	0	5	0
• Smokeless tobacco (snuff, chewing, etc.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
• Marijuana	3	5	1	2	4	3	2	2	4	3	3	2	5	0
• Dk/Na	1	0	2	1	2	1	1	1	2	1	2	0	3	0
Q22 During the last 30 days, on how many days have you used tobacco products?														
	(24)**	**(10)**	**(14)**	**(12)**	**(12)**	**(8)**	**(16)**	**(14)**	**(10)**	**(10)**	**(10)**	**(4)**	**(24)**	
• Average number of days	6.8	8.1	5.7	11.0	4.2	7.7	6.3	7.9	5.1	10.0	5.6	1.0	6.8	

* *Based on those who smoked at least part of a cigarette.*
** *Based on those who used other tobacco products.*

TABLE 8

SMOKING ABSTINENCE

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Segments*														
1. Addicted total abstainers	42	34	45	47	35	63	33	45	36	30	51	43	7	76
2. Addicted partial abstainers	28	30	27	26	32	29	28	27	30	24	31	35	57	0
3. Non-addicted total abstainers	15	19	13	11	20	7	18	12	19	22	8	14	5	24
4. Non-addicted partial abstainers	15	17	15	17	14	1	21	16	15	24	9	9	31	0
• Addicted	70	64	73	73	66	92	61	73	66	54	82	78	64	76
• Non-addicted	30	36	27	27	34	8	39	27	34	46	18	22	36	24
• Total abstainers	57	53	58	58	55	70	51	57	55	52	60	57	12	100
• Partial abstainers	43	47	42	42	45	30	49	43	45	48	40	43	88	0

* ***[Addicted]*** *Think they were very addicted to cigarettes when they decided to quit.*

[Non-addicted] *Think they were somewhat, slightly addicted or not at all addicted when they decided to quit.*

[Total abstainers] *Since the time they quit, they did not have any cigarettes nor did they use any other tobacco products and did not think they would smoke at any time in the next 12 months (probably or definitely).*

[Partial abstainers] *Had at least one cigarette or used another tobacco product since they quit, or thought they would smoke in the next 12 months (probably or definitely).*

TABLE 9

QUITTING METHODS USED THIS TIME

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
CONTROLLED SMOKING														
1. Gradually cut down the number of cigarettes you were smoking	28	36	25	28	29	23	31	25	33	20	35	32	36	21
2. Switch to a light/mild type of cigarette	19	20	18	17	20	30	14	18	19	6	27	27	18	19
3. Switch to different tobacco products such as cigar, pipe, chewing tobacco, etc.	7	11	5	5	10	6	7	7	7	2	13	4	7	7
4. Inhale less smoke when smoking	12	13	11	11	12	11	12	13	10	6	18	7	17	6
• Any of the above	39	44	36	39	40	41	38	37	42	26	49	45	46	32
NRT														
5. Apply a nicotine patch on your skin	40	31	44	40	40	53	35	45	33	0	88	0	39	41
6. Chew nicotine gum	18	15	20	19	17	21	17	21	13	0	40	0	16	21
7. Use other nicotine replacement therapy (nasal/inhaler)	3	4	3	3	3	2	4	4	2	0	7	0	3	3
• Any of the above	45	34	51	46	44	61	39	51	38	0	100	0	42	48
8. Use Zyban / Wellbutrin / **anti-depressant medications**	18	11	22	18	18	18	18	18	18	0	23	58	16	20
ALTERNATIVE MEDICINE0														
9. Receive acupuncture	8	10	7	6	9	11	6	10	4	0	17	1	7	8
10. Get hypnotised	11	12	11	11	12	14	10	13	9	0	17	26	14	9
• Any of the above	14	17	13	14	14	19	12	17	10	0	23	26	15	13

TABLE 9

QUITTING METHODS USED THIS TIME

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
COUNSELLING AND SUPPORT														
11. Go to a group session/ program	8	11	7	6	10	10	7	8	8	0	15	8	7	9
12. Get individual counselling from a health worker or psychologist	6	5	7	7	6	8	6	7	5	0	10	14	6	6
16. Use a web support service	8	15	5	6	11	9	8	10	6	0	11	24	7	10
17. Use a telephone support service	7	10	5	6	8	6	7	7	6	0	14	4	7	7
• Any of the above	18	23	16	19	17	22	17	22	14	0	26	47	19	18
INFORMATION														
13. Read a book, manual or pamphlet on smoking cessation	34	36	32	26	42	33	34	30	39	13	51	36	35	32
14. Listen or watch a videotape, audiotape, CD or DVD	9	10	9	8	10	10	9	11	6	2	15	9	10	8
15. Visit a Web site	15	19	13	13	18	14	16	15	16	4	24	21	16	14
• Any of the above	40	41	40	33	49	40	41	38	44	17	59	49	43	38
COLD TURKEY														
18. **Quit cold turkey** or suddenly without using any products, quitting aids, assistance or any other help, whether prescribed or not prescribed **(self-claimed)**	61	69	57	61	61	56	63	58	65	84	45	47	60	62
Quit cold turkey – after behavioural validation	41	51	36	41	40	24	47	38	46	100	0	0	44	38

TABLE 9

QUITTING METHODS USED THIS TIME

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Base: sub-sample excluding "cold turkey" quitters	**(180)**	**(54)**	**(126)**	**(92)**	**(88)**	**(61)**	**(119)**	**(107)**	**(73)**		**(140)**	**(40)**	**(90)**	**(90)**
• Average number of methods used (including general information and controlled smoking)	2.2	2.5	2.0	2.1	2.2	2.0	2.2	2.3	1.9		2.4	1.3	2.2	2.1
• **Average number of methods used** (except cold turkey, general information and controlled smoking)	**1.3**	**1.2**	**1.3**	**1.2**	**1.3**	**1.5**	**1.2**	**1.4**	**1.5**		**2.4**	**1.3**	**1.2**	**1.3**
Q36 Were any of the quitting aids you used prescribed or recommended by a health professional such as a doctor, dentist, nurse, therapist or pharmacist?														
	(123)*	**(34)**	**(89)**	**(62)**	**(61)**	**(39)**	**(84)**	**(75)**	**(48)**	**(20)**	**(81)**	**(22)**	**(64)**	**(59)**
• Yes prescribed	49	40	52	45	53	45	50	53	42	22	51	67	53	45
• Yes recommended	16	15	16	21	9	17	15	18	11	8	16	22	9	23
• No	36	45	32	34	38	38	35	29	46	70	34	11	39	33
• Dk/Na	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q37 Considering all the available products, medications, and assistance for quitting smoking, would you say that...?														
1. You are somewhat confused and would have difficulty choosing one method that best suits your needs	21	28	18	22	19	17	23	17	27	27	16	20	22	20
2. You feel confident enough to make an informed choice about whether or not one method could really help you	76	72	78	75	77	76	76	81	69	73	78	78	77	76
• Dk/Na	3	1	4	3	3	7	2	2	4	0	5	2	1	5

* *Based on respondents who did not mention "cold turkey".*

TABLE 10 AWARENESS, USAGE AND PERCEIVED EFFECTIVENESS OF QUITTING METHODS

	Aware (300) %	Used this time (300) %	Ever tried (300) %	Very effective (300) %	Very or somewhat effective (300) %	Trial gap* (300) %
CONTROLLED SMOKING						
1. Gradually cut down the number of cigarettes you were smoking	95	28	69	16	39	30
2. Switch to a light/mild type of cigarette	81	19	46	5	16	30
3. Switch to different tobacco products such as cigar, pipe, chewing tobacco, etc.	51	7	15	2	9	6
4. Inhale less smoke when smoking	30	12	16	6	17	-1
• Any of the above	99	39	78			
NRT						
5. Apply a nicotine patch on your skin	98	40	53	36	69	-16
6. Chew nicotine gum	94	18	51	6	43	8
7. Use other nicotine replacement therapy (nasal/inhaler)	33	3	5	5	35	-30
• Any of the above	99	45	68			
8. Use Zyban / Wellbutrin / anti-depressant medications	81	18	35	22	51	-16
ALTERNATIVE MEDICINE						
9. Receive acupuncture	77	8	17	11	44	-27
10. Get hypnotised	83	11	21	12	42	-21
• Any of the above	93	14	29			

* *Difference between trial and perceived effectiveness (very or somewhat).*

TABLE 10 AWARENESS, USAGE AND PERCEIVED EFFECTIVENESS OF QUITTING METHODS

	Aware (300) %	Used this time (300) %	Ever tried (300) %	Very effective (300) %	Very or somewhat effective (300) %	Trial gap* (300) %
COUNSELLING AND SUPPORT						
11. Go to a group session/ program	70	8	15	13	62	-47
12. Get individual counselling from a health worker or psychologist	56	6	10	8	60	-50
16. Use a web support service	34	8	10	8	47	-37
17. Use a telephone support service	45	7	9	6	48	-39
• Any of the above	85	18	28			
INFORMATION						
13. Read a book, manual or pamphlet on smoking cessation	77	34	47	13	53	-6
14. Listen or watch a videotape, audiotape, CD or DVD	49	9	15	8	47	-32
15. Visit a Web site	44	15	18	9	46	-28
• Any of the above	85	40	56			
COLD TURKEY						
18. Quit cold turkey or suddenly without using any products, quitting aids, assistance or any other help, whether prescribed or not prescribed	98	61	82	55	74	8

* *Difference between trial and perceived effectiveness (very or somewhat).*

TABLE 11

TACTICS TO STAY AWAY FROM CIGARETTES

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q38 Some people do specific things to stay away from cigarettes, once they have decided to quit smoking. For each of the following tactics, which one(s) did you use when you stopped smoking [AGO]?														
1. Avoiding smokers and smoking places	33	39	30	33	33	28	35	36	29	32	34	35	37	29
2. Changing routines, habits or environment	43	48	41	44	42	49	41	45	41	37	46	53	46	40
3. Keeping your mouth busy	38	40	37	39	36	44	35	41	33	31	38	58	43	33
4. Drinking more water	43	29	50	47	38	56	38	42	44	32	49	55	50	37
5. Keeping your hands busy	37	40	35	47	25	41	35	36	39	34	40	34	41	33
6. Telling others you had quit	45	52	42	48	43	38	48	49	40	49	42	45	46	45
7. Engaging in more exercise	36	38	35	35	38	29	39	40	31	39	37	27	39	33
8. Using stress relaxation techniques	9	7	9	11	5	8	9	7	11	6	12	8	9	8
9. Thinking about negative effects	41	47	38	34	50	40	41	38	45	45	34	51	39	43
10. Keeping a visual reminder in sight	17	19	16	16	18	17	17	16	19	17	14	27	18	16
• Self-determination	13	10	14	16	9	11	14	13	13	18	12	4	16	10
• Any of the above	95	95	95	96	93	97	94	95	94	94	94	100	98	92
• Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
• Dk/Na	5	5	5	4	7	3	6	5	6	6	6	0	2	8
Average number of specific things	**3.6**	**3.8**	**3.5**	**3.7**	**3.4**	**3.6**	**3.6**	**3.7**	**3.5**	**3.5**	**3.6**	**4.0**	**3.9**	**3.4**

TABLE 12

OBSTACLES TO QUITTING

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q42 Now, are you worried about...? **Q43 What is your biggest fear about quitting smoking?**														
1. *Not being able to succeed*														
• A lot	11	7	12	8	14	11	10	10	12	5	15	13	17	4
• Somewhat	10	11	10	13	7	9	11	8	13	8	11	14	15	6
• Total	21	18	22	21	21	20	21	18	25	13	26	27	32	10
• Biggest fear	12	13	11	14	9	12	12	11	12	13	13	3	12	12
2. *What others might think if you don' t succeed*														
• A lot	11	8	13	9	13	14	10	12	10	8	14	11	15	7
• Somewhat	11	13	10	12	10	7	13	7	16	11	9	21	12	10
• Total	22	21	23	21	23	21	23	19	26	19	23	32	27	17
• Biggest fear	1	0	1	1	0	0	1	1	0	0	1	3	2	0
3. *Having unpleasant withdrawal symptoms*														
• A lot	9	10	8	7	11	10	9	10	7	3	14	10	13	5
• Somewhat	15	14	15	18	10	13	15	12	19	13	12	28	20	9
• Total	24	24	23	25	21	23	24	22	26	16	26	38	33	14
• Biggest fear	9	10	9	10	8	10	9	10	8	8	8	15	9	9
4. *Gaining weight*														
• A lot	20	15	22	21	19	26	17	20	20	11	29	18	23	17
• Somewhat	15	10	18	15	16	18	14	17	14	11	18	20	15	16
• Total	35	25	40	36	35	44	31	37	34	22	47	38	38	33
• Biggest fear	18	8	23	17	19	24	15	20	15	11	25	16	16	20
5. *Not having enough willpower*														
• A lot	13	11	14	11	15	17	11	13	13	7	19	10	18	8
• Somewhat	14	16	14	17	11	9	17	12	18	11	13	32	22	7
• Total	27	27	28	28	26	26	28	25	31	18	32	42	40	15
• Biggest fear	9	9	8	9	8	7	9	10	7	10	7	8	10	7
Q44 How difficult or easy is it to stay away from cigarettes since you quit [AGO]? Would you say it is ...?														
• Very difficult	14	17	12	14	13	17	12	15	12	10	16	17	15	12
• Somewhat difficult	19	22	17	19	18	14	21	14	25	18	17	25	27	10
• Total	33	39	29	33	31	31	33	29	37	28	33	42	42	22
Q46 Did you have difficulty controlling your weight once you stopped smoking?														
• Yes	43	30	50	44	43	51	40	43	44	30	51	56	37	50

TABLE 13 **HEALTH CONDITION WHEN QUITTING**

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q47 How would you rate your overall health when you quit [AGO]? Were you in (Read)... health?														
• Poor	17	12	19	26	5	21	15	21	10	20	13	18	16	17
• Average	34	43	29	35	32	39	32	34	33	29	36	42	35	32
• Good	38	32	42	31	47	33	41	35	43	38	41	32	37	40
• Excellent	11	13	10	8	15	7	13	9	14	13	11	8	12	11
• Dk/Na	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q48 Did you notice a change in your overall health after you quit smoking? (IF YES, ASK: Positive or negative?)														
• Positive	70	77	66	68	78	70	70	73	65	72	66	72	75	65
• No change	27	23	29	27	28	25	28	25	30	25	29	28	23	32
• Negative	2	0	4	4	0	4	2	2	4	1	4	0	2	3
• Dk/Na	1	0	1	1	0	0	1	1	0	1	1	0	0	1
Q49 In the preceding 12 months before you quit smoking, did you see (visit) a health professional such as a doctor, dentist, nurse, therapist or pharmacist?														
• Yes	73	64	78	82	62	70	74	78	66	67	79	74	72	74
• No	26	34	22	18	36	30	25	22	33	32	21	26	27	26
• Dk/Na	1	2	0	0	1	0	1	0	1	1	0	0	1	0
Q50 Have you been diagnosed with any of the following conditions before or when you decided to give up cigarettes?														
1. Heart disease, stroke or circulatory problems	12	1	18	23	0	15	11	14	10	12	14	10	10	14
2. High blood pressure	13	1	20	24	0	20	11	14	12	10	18	8	13	14
3. Cancer (any)	5	5	5	9	0	0	7	7	2	6	6	0	6	4
4. Asthma, chronic bronchitis, emphysema or other lung problems	22	24	21	40	0	26	20	29	13	19	22	32	19	25
5. Dental, gum disease or other mouth problems	4	7	3	8	0	7	4	5	4	5	4	6	3	6
6. Stomach disease or other stomach problems	6	2	8	12	0	7	6	7	5	2	10	8	6	7
7. Sleep problems	10	11	9	18	0	6	11	11	8	12	11	0	11	9
8. Osteoporosis ("brittle bones")	4	2	5	7	0	4	4	4	3	3	4	5	4	4
9. Menstrual problems (women only)	3	5	2	6	0	4	3	1	6	3	4	0	4	2
10. Infertility	2	1	2	3	0	0	2	2	2	3	1	0	3	0
11. Cataracts	3	0	5	6	0	1	4	3	4	3	4	4	3	4
• At least one of the above	56	41	63	100	3	61	54	62	47	56	58	50	57	54

TABLE 14 AWARENESS OF HEALTH RELATED SMOKING RISKS

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
Q51 When you decided to quit smoking [AGO], did you feel you were adequately informed of the health effects of smoking or not that well-informed?														
• Adequately informed	90	93	89	89	92	93	89	92	88	90	90	92	89	92
• Not well informed	8	7	9	9	7	7	9	7	10	6	10	8	8	8
• Dk/Na	.1	0	2	2	1	0	2	1	2	4	0	0	3	0
Q52 With regard to the possible health effects of smoking, do you consider yourself better informed, as informed as or less informed than most people?														
• Better informed	48	31	56	52	42	53	46	49	46	39	51	59	45	50
• As informed	48	62	41	44	54	46	50	49	48	56	45	39	50	47
• Less informed	3	7	2	3	4	2	4	2	5	4	4	1	5	2
• Dk/Na	1	0	1	1	0	0	1	0	1	1	0	0	1	0
Q53 If you continued to smoke, would it kill you?														
• Definitely yes	35	44	31	39	30	43	32	40	28	27	40	40	29	40
• Probably yes	40	39	41	34	47	39	41	41	39	44	36	43	44	37
• Probably no	15	9	18	16	13	11	17	13	17	16	16	8	18	12
• Definitely no	4	5	3	4	3	0	5	2	6	7	2	0	5	3
• Can't say	6	4	8	6	6	7	6	3	10	7	5	9	5	8

TABLE 15

BELIEFS ABOUT SMOKING

Q54 I am going to read you a series of statements that have been made about smoking. Some people believe them, others do not. For each of them, tell me if you personally agree or disagree or if you just don't know.

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
1. Cigarettes will not hurt you if you don't inhale smoke														
• Strongly agree	5	3	6	5	6	8	4	5	6	3	7	6	5	5
• Somewhat agree	8	4	11	10	7	4	10	9	8	12	5	9	9	8
• Total agreement	13	7	17	15	13	12	14	14	14	15	12	15	14	13
2. There is no doubt that cigarette smokers are more likely to contract lung cancer than non-smokers														
• Strongly agree	55	54	56	56	54	55	55	58	52	52	56	61	57	53
• Somewhat agree	25	19	28	24	26	27	24	24	27	29	26	13	23	27
• Total agreement	80	73	84	80	80	82	79	82	79	81	82	74	80	80
3. Nicotine replacement products such as the patch or gum can also cause diseases or make certain diseases worse														
• Strongly agree	12	14	11	14	9	10	12	12	15	11	11	17	10	14
• Somewhat agree	29	31	27	28	30	29	28	30	27	31	28	25	30	27
• Total agreement	41	45	38	42	39	39	40	42	42	42	39	42	40	41
4. Nowadays, there are many other things that are worse for you than cigarettes														
• Strongly agree	27	22	30	32	23	29	27	27	28	27	28	27	33	22
• Somewhat agree	37	42	34	35	39	34	38	34	40	41	32	38	33	40
• Total agreement	64	64	64	67	62	63	65	61	68	68	60	65	66	62
5. There is too much fuss being made about smoking and health														
• Strongly agree	14	6	18	17	9	14	14	13	14	14	14	9	11	16
• Somewhat agree	17	12	19	19	14	18	16	16	17	14	17	24	22	11
• Total agreement	31	18	37	36	23	32	30	29	31	28	31	33	33	27
6. Inhaling other people's smoke is as dangerous as smoking yourself														
• Strongly agree	45	55	40	43	47	41	47	47	43	36	50	55	42	48
• Somewhat agree	27	27	27	24	32	31	26	24	33	34	23	24	30	25
• Total agreement	72	82	67	67	79	72	73	71	76	70	73	79	72	73
7. There is no proven link between smoking and any disease; otherwise smoking would have been banned														
• Strongly agree	7	7	7	6	8	10	6	7	8	5	9	9	8	7
• Somewhat agree	14	6	18	14	15	18	12	14	14	13	16	10	16	13
• Total agreement	21	13	25	20	23	28	18	21	22	18	25	19	24	20

TABLE 15

BELIEFS ABOUT SMOKING

Q54 I am going to read you a series of statements that have been made about smoking. Some people believe them, others do not. For each of them, tell me if you personally agree or disagree or if you just don't know.

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
8. The life expectancy of a smoker is less than that of a non-smoker														
• Strongly agree	55	53	56	55	55	63	52	61	47	49	55	71	55	55
• Somewhat agree	22	30	18	18	27	19	23	21	23	21	24	16	21	22
• Total agreement	77	83	74	73	82	82	75	82	70	70	79	87	76	77
9. If you quit, you can reverse most of the damage done by years of smoking														
• Strongly agree	23	21	24	23	22	25	22	23	23	22	24	20	24	21
• Somewhat agree	51	53	51	48	56	47	53	47	58	48	52	58	49	53
• Total agreement	74	74	75	71	78	72	75	70	81	70	76	78	73	74
10. Light or ultra light cigarettes are safer than regular cigarettes														
• Strongly agree	4	5	3	5	3	6	3	4	4	2	6	2	4	4
• Somewhat agree	10	9	11	10	11	11	10	10	11	14	7	9	9	12
• Total agreement	14	14	14	15	14	17	13	14	15	16	13	11	13	16
11. I don't see why smokers should give up cigarettes just because some people do not like smoking														
• Strongly agree	19	11	23	21	17	18	19	15	24	17	23	12	20	18
• Somewhat agree	27	30	26	28	27	34	25	27	28	26	29	25	29	26
• Total agreement	46	41	49	49	44	52	44	42	52	43	52	37	49	44
12. Non-smokers should be more tolerant of smokers														
• Strongly agree	16	11	19	15	17	20	14	14	18	13	20	12	16	17
• Somewhat agree	35	23	40	38	31	32	35	36	32	40	32	28	40	29
• Total agreement	51	34	59	53	48	52	49	50	50	53	52	40	56	46
13. It is the nicotine in cigarettes that causes cancer														
• Strongly agree	20	12	24	20	19	26	17	23	15	11	23	34	15	24
• Somewhat agree	21	20	21	20	21	24	19	18	24	25	18	16	23	18
• Total agreement	41	32	45	40	40	50	36	41	39	36	41	50	38	42
14. It is the nicotine in cigarettes that causes addiction														
• Strongly agree	70	60	75	74	65	82	65	76	62	64	77	68	65	76
• Somewhat agree	22	28	19	17	28	11	26	21	24	27	16	26	26	18
• Total agreement	92	88	94	91	93	93	91	97	86	91	93	94	91	94

TABLE 15

BELIEFS ABOUT SMOKING

Q54 I am going to read you a series of statements that have been made about smoking. Some people believe them, others do not. For each of them, tell me if you personally agree or disagree or if you just don't know.

	TOTAL (300) %	AGE		DIAGNOSED DISEASE		ADDICTION SCORE		QUITTING TRIGGER		QUITTING METHOD USED			SMOKING SUSCEPTIBILITY	
		18-34 (102) %	35 + (198) %	Yes (150) %	No (150) %	High (84) %	Mod./ Low (216) %	Health (171) %	Other (129) %	Cold T. (120) %	NRT (140) %	Other (40) %	Suscept. (152) %	Non-suscept. (148) %
15. Inhaling someone else's smoke can cause lung cancer in non-smokers														
• Strongly agree	56	64	51	50	62	54	56	57	53	46	61	67	51	61
• Somewhat agree	28	33	25	26	30	26	29	27	29	34	22	27	31	25
• Total agreement	84	97	76	76	92	80	85	84	82	80	83	94	82	86
16. Tobacco is as addictive as drugs like heroin or cocaine														
• Strongly agree	68	70	66	65	71	71	66	70	65	55	80	64	68	67
• Somewhat agree	16	16	17	16	17	14	18	12	22	22	9	25	16	17
• Total agreement	84	86	83	81	88	85	84	82	87	77	89	89	84	84
17. Using nicotine replacement products such as the patch or gum, doubles your chances of successfully quitting														
• Strongly agree	34	25	39	36	33	40	32	40	27	13	55	31	40	29
• Somewhat agree	36	38	35	35	37	41	35	31	43	43	29	39	31	41
• Total agreement	70	63	74	71	70	81	67	71	70	56	84	70	71	70

TABLE 16 **IMAGE OF SMOKER VS. QUITTER**

ACCURATELY REFLECTS PERSONALITY (8-10 on 10 point scale)	Has quit smoking (300)		Continues to smoke (300)		Difference	
	%	Deviation from mean	%	Deviation from mean	%	Deviation from mean
Q55 I am going to read you a list of personality traits. I would like you to tell me how <u>accurately</u> these traits reflect a typical person who <u>has quit smoking</u> and one who <u>continues to smoke</u> and not thinking quitting. Please use a scale from 0 (not at all accurately) to 10 (very accurately). How about...						
1. Health conscious	**62**	25	**10**	-5	**52**	30
2. Skeptical of government	**21**	-16	**15**	0	**6**	-16
3. Concerned by his/her image	**31**	-6	**12**	-3	**19**	-3
4. Cool	**36**	-1	**10**	-5	**26**	4
5. Leader	**44**	7	**10**	-5	**34**	12
6. Disciplined	**56**	19	**7**	-8	**49**	27
7. Rebellious	**14**	-23	**31**	16	**-17**	-39
8. Well-educated	**39**	2	**14**	-1	**25**	3
9. In control of his/her destiny	**60**	23	**20**	5	**40**	18
10. Fatalist	**14**	-23	**28**	13	**-14**	-36
11. Risk-taker	**18**	-19	**47**	32	**-29**	-51
12. Concern for others	**56**	19	**14**	-1	**42**	20
13. Financially secure	**29**	-8	**16**	1	**13**	-9
14. Afraid of death	**42**	5	**15**	0	**27**	5
Mean (rounded)	**37**	14	**15**	5	**28**	19

APPENDIX 1

QUESTIONNAIRE

CRÉATEC+
recherche - marketing

206 avenue des Pins Est
Montréal (Québec) H2W 1P1
*Tél.: **(514) 844-1127***
Fax : (514) 288-3194
Courriel : info@createc.ca

RECENT QUITTERS

Project: 574-047

December, 2003

Final version

Good afternoon / good evening, my name is _____ with Créatec. We are conducting a survey on behalf of Health Canada and we would like to interview people who have quit smoking cigarettes in the past 12 months.

Qa. In the past 12 months, have you or has anyone in your household who is 18 years of age or older quit smoking cigarettes?

• Yes	( )	**Ask to speak to that person. Repeat introduction if necessary.**
• No	( )	**Thank and conclude.**
• Refused	( )	**Thank and conclude.**

Qb. **[AGO]** How long ago did you quit smoking cigarettes?

• Less than one month.....	( )	**Thank and conclude**
• 1-2 months.....	( )	**Primary target group**
• Over 2-3 months	( )	
• Over 3-4 months	( )	
• Over 4-5 months	( )	
• Over 5-6 months	( )	
• Over 6-12 months.....	( )	**Secondary target group**
• More than 12 months	( )	**Thank and conclude**

Qc. You are eligible to participate in this survey. Do you have about 18 minutes to respond to some interesting questions about your views on smoking and your experience with quitting?

• Yes	( )	**Continue**
• No	( )	**Schedule a call-back**
• Refused	( )	**Thank and conclude**

Qd. Do you or does anyone in your household work for any of the following organizations: an advertising or market research firm, tobacco company, Health Canada, your provincial health department, the media or an elected official?

• Yes	( )	**Thank and conclude**
• No	( )	**Continue**

Qe. Note gender (**Do not ask**)

- MALE ..... ( )
- FEMALE ..... ( )

QUITTING EXPERIENCE

Q1 About how long did it take between the time you decided to quit smoking and the time you actually quit?

- LESS THAN 1 MONTH ..... ( )1
- 1-2 MONTHS ..... ( )2
- OVER 2-3 MONTHS ..... ( )3
- OVER 3-6 MONTHS ..... ( )4
- OVER 6 MONTHS – 1 YEAR..... ( )5
- OVER 1-2 YEARS ..... ( )6
- OVER 2 YEARS ..... ( )7
- Dk/Na ..... ( )9

Q2 Is this the first time you have quit smoking?

- YES..... ( )1 **SKIP TO Q7**
- NO..... ( )2
- Dk/Na ..... ( )9

Q3 About how many times before this last time did you quit smoking for at least 24 hours because you were trying to quit smoking?

- This is my first time ..... ( )00
  ☐☐ **times**
- Dk/Na ..... ( )99

Q4 The last time you quit smoking, how long did you last?

- LESS THAN 1 MONTH ..... ( )01
- 1-2 MONTHS ..... ( )02
- OVER 2-3 MONTHS ..... ( )03
- OVER 3-6 MONTHS ..... ( )04
- OVER 6 MONTHS – 1 YEAR..... ( )05
- OVER 1-2 YEARS ..... ( )06
- OVER 2-3 YEARS ..... ( )07
- OVER 3-4 YEARS ..... ( )08
- OVER 5-10 YEARS ..... ( )09
- OVER 10 YEARS ..... ( )10
- Dk/Na ..... ( )99

Q5 How close to success have you been in your previous attempts to quit? Would you say you have been ...? (**Read)**

- VERY CLOSE..... ( )1
- SOMEWHAT CLOSE ..... ( )2
- SOMEWHAT FAR ..... ( )3
- VERY FAR ..... ( )4
- Dk/Na ..... ( )9

Q6 What was it that made you start smoking again? (**Do not read / Accept all mentions)**

1.	Increased availability (product)	( )01
2.	To control body weight	( )02
3.	To control boredom	( )03
4.	Going out (bars, parties)	( )04
5.	No reason / felt like it	( )05
6.	Family or friends smoke	( )06
7.	Habit	( )07
8.	Addiction	( )08
9.	Because of stress, need to relax or to calm down	( )09
10.	Tempted by other smokers	( )10
11.	Tempted by sensory triggers – alcohol, drugs, coffee...	( )11
12.	Lack of willpower	( )12
•	Other (**SPECIFY**)	( )90
•	Dk/Na (**First mention)**	( )99

REASONS FOR QUITTING

Q7 What was it that made you decide to give up cigarettes – what prompted you to quit smoking [AGO]? (**Do not read / Accept all answers / Record first answer)**

		First	**Others**
1.	Own health	( )01	( )01
2.	Pregnancy / had a baby	( )02	( )02
3.	Concern about health of family	( )03	( )03
4.	Got tired of smoking / bad smell / disgusting	( )04	( )04
5.	Less stress in life, different job	( )05	( )05
6.	Smoking related illness or death of family member or friend	( )06	( )06
7.	Pressure from family or friends	( )07	( )07
8.	Cost / Smoking was too expensive	( )08	( )08
9.	Restrictions on where can smoke	( )09	( )09
10.	Just wanted to quit, no reason	( )10	( )10
11.	Doctor or health professional advice	( )11	( )11
12.	Article or information seen or read about	( )12	( )12
13.	Health warnings on cigarette packs	( )13	( )13
14.	Anti-smoking advertising campaigns	( )14	( )14
•	Other (**SPECIFY**)	( )90	( )90
•	Dk/Na (**first mention)**	( )99	( )99

SMOKING EXPERIENCE AND ADDICTION SCALE

The following questions are about your smoking habits before you gave up cigarettes [AGO].

Q8 How long had you been a cigarette smoker? Was it...? (**Read**)

- LESS THAN 1 YEAR ..... ( )1
- 1-5 YEARS ..... ( )2
- 6-10 YEARS ..... ( )3
- MORE THAN 10 YEARS ..... ( )4
- Dk/Na ..... ( )9

Q9 Did you smoke every day or on some occasions only?

- EVERY DAY ..... ( )1
- OCCASIONALLY ..... ( )2
- Dk/Na ..... ( )9

Q10 How soon after waking did you smoke your first cigarette?

- AFTER 60 MINUTES..... ( )1
- 31-60 MINUTES..... ( )2
- 6-30 MINUTES..... ( )3
- WITHIN 5 MINUTES ..... ( )4
- Dk/Na ..... ( )9

Q11 Did you find it difficult refraining from smoking in places where it was forbidden?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q12 Which cigarette of the day was the most difficult to give up? (**Do not read)**

- The first in the morning ..... ( )1
- After meals ..... ( )2
- With coffee ..... ( )3
- With alcohol ..... ( )4
- Other (**SPECIFY**) ..... ( )8
- Dk/Na ..... ( )9

Q13 Before you quit, how many cigarettes did you smoke per day?

- 1-10..... ( )1
- 11-20..... ( )2
- 21-30..... ( )3
- 31 OR MORE ..... ( )4
- Dk/Na ..... ( )9

Q14 Did you smoke more often in the first hours after waking than during the rest of the day?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q15 Did you smoke even when you were sick?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q16 To what extent do you think that you were addicted to cigarettes, hooked on smoking, when you decided to quit [AGO]? Would you say you were...? (**Read)**

- VERY ADDICTED..... ( )1
- SOMEWHAT ADDICTED..... ( )2
- SLIGHTLY ADDICTED ..... ( )3
- NOT AT ALL ADDICTED..... ( )4
- Dk/Na ..... ( )9

Q17 I am going to read you a list of reasons why some people smoke. For each one, tell me if it applies or not to you, before you quit. (**Read and rotate)**

	READ AND ROTATE	Yes	No	Dk/Na
1.	SMOKING HELPED ME DEAL WITH UNPLEASANT STRESSFUL SITUATIONS	( )1	( )2	( )9
2.	SMOKING PROVIDED ME WITH A PLEASANT AND ENJOYABLE BREAK	( )1	( )2	( )9
3.	SMOKING HELPED ME UNWIND AND RELAX	( )1	( )2	( )9
4.	I COULD NOT DEAL WITH UNPLEASANT WITHDRAWAL SYMPTOMS WHEN TRYING TO QUIT	( )1	( )2	( )9
5.	SMOKING HELPED ME DEAL WITH AN OVERLY STIMULATING ENVIRONMENT	( )1	( )2	( )9
6.	SMOKING KEPT ME FROM FEELING BORED	( )1	( )2	( )9
7.	SMOKING INCREASED MY ENJOYMENT OF PLEASANT SITUATIONS	( )1	( )2	( )9
8.	SMOKING GAVE ME ENERGY	( )1	( )2	( )9

READ AND ROTATE	Yes	No	Dk/Na
9. SMOKING HELPED ME FEEL MORE COMFORTABLE IN SOCIAL SITUATIONS	( )1	( )2	( )9
10. SMOKING HELPED ME CONCENTRATE	( )1	( )2	( )9
11. SMOKING PROVIDED A TASTE OR SMELL I LIKED	( )1	( )2	( )9
12. SMOKING PROVIDED ME WITH A "HIGH"	( )1	( )2	( )9
13. SMOKING HELPED ME CONTROL MY WEIGHT	( )1	( )2	( )9

Q18 Some other reasons or benefits why you liked smoking? (**Probe**)

_____

_____

ABSTINENCE

Q19 Since the time you quit, [AGO], have you had any cigarettes or a part of a cigarette? (**If yes, ask:** How many?)

- No ..... ( )01 **SKIP TO Q21**
- Part of a cigarette..... ( )02
  ☐☐ **cigarettes**
- Dk/Na ..... ( )99

Q20 During the last 30 days, on how many days did you smoke cigarettes or a part of a cigarette?

☐☐ **days**
- Dk/Na ..... ( )99

Q21 Since you quit smoking, [AGO], have you used tobacco products other than cigarettes? (**If yes, ask:** Which one(s)?)

- NO ..... ( )1 **SKIP TO Q23**
- PIPE TOBACCO ..... ( )2
- CIGARILLOS / LITTLE CIGARS ..... ( )3
- CIGARS ..... ( )4
- SMOKELESS TOBACCO (snuff, chewing, etc.) .. ( )5
- MARIJUANA..... ( )6
- Dk/Na ..... ( )9

Q22 During the last 30 days, on how many days have you used tobacco products?

☐☐ **Days**
- Dk/Na ..... ( )99

Q23 Do you think you will smoke a cigarette or a part of a cigarette at any time in the next 12 months? (**Read**)

- DEFINITELY YES ..... ( )1
- PROBABLY YES ..... ( )2
- PROBABLY NO ..... ( )3
- DEFINITELY NO ..... ( )4
- Can't say ..... ( )9

Q24 How confident are you that you will never be a smoker again, by that I mean, this time you have given up cigarettes for good. Would you say...? (**Read)**

- DEFINITELY YES ..... ( )1
- PROBABLY YES ..... ( )2
- PROBABLY NO ..... ( )3
- DEFINITELY NO ..... ( )4
- Can't say ..... ( )9

EXPOSURE TO TOBACCO USE

Q25 Since the time you quit [AGO], on how many occasions were you in the same room, place or car with someone who was smoking cigarettes? (If everyday, ask: about how many times a day?)

- NEVER ..... ( )01
- EVERYDAY .... ( )02
  ☐☐ **times**
- Dk/Na ..... ( )99

Q26 How many of your four closest friends currently smoke cigarettes?

- NONE ..... ( )1
- ONE ..... ( )2
- TWO..... ( )3
- THREE..... ( )4
- FOUR ..... ( )5
- Not sure ..... ( )9

Q27 How many people living with you currently smoke cigarettes?

- NONE ..... ( )1 **SKIP TO Q29**
- ONE ..... ( )2
- TWO..... ( )3
- THREE..... ( )4
- FOUR ..... ( )5
- FIVE OR MORE ( )6
- Not sure ..... ( )9 **SKIP TO Q29**

Q28 Who are these people? (*Link with respondent*)

_____

_____

Q29 Since you gave up cigarettes, have you asked others to stop smoking?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q30 Since you gave up cigarettes, have you moved elsewhere because someone was smoking?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

QUITTING METHODS

The following questions ask you about how you quit smoking cigarettes, how you proceeded.

Q31 When you quit smoking [AGO], was it a spur-of-the-moment decision or did you plan to quit?

- SPUR-OF-THE-MOMENT..... ( )1
- PLANNED..... ( )2
- Dk/Na ..... ( )9

INTERVIEWER: READ IN SEQUENCE Q32-Q35 FOR EACH ITEM

Q32 When you stopped smoking [AGO], how did you proceed? For example, did you...? (**Read)**

Q33 Have you ever tried this method before?

IF NO AT Q32 AND Q33, ASK. OTHERS, SKIP TO Q35.

Q34 Have you heard of this before as a method to help you prepare or quit smoking?

Q35 How effective do you think this method is in helping smokers to quit smoking? (**Read scale**)

	Q32		Q33		Q34		Q35				
	Yes	No	Yes	No	Yes	No	Very effective	Somewhat effective	Not very effective	Not at all effective	Dk/Na
1. GRADUALLY CUT DOWN THE NUMBER OF CIGARETTES YOU WERE SMOKING	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
2. SWITCH TO A LIGHT/MILD TYPE OF CIGARETTE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
3. SWITCH TO DIFFERENT TOBACCO PRODUCTS SUCH AS CIGAR, PIPE, CHEWING TOBACCO, ETC.	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
4. INHALE LESS SMOKE WHEN SMOKING	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
5. APPLY A NICOTINE PATCH ON YOUR SKIN	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
6. CHEW NICOTINE GUM	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
7. USE OTHER NICOTINE REPLACEMENT THERAPY (nasal/inhaler)	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
8. USE ZYBAN/WELLBUTRIN/ ANTI-DEPRESSANT MEDICATIONS	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
9. RECEIVE ACUPUNCTURE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
10. GET HYPNOTISED	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
11. GO TO A GROUP SESSION/ PROGRAM	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
12. GET INDIVIDUAL COUNSELLING FROM A HEALTH WORKER OR PSYCHOLOGIST	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
13. READ A BOOK, MANUAL OR PAMPHLET ON SMOKING CESSATION	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9

	Q32		Q33		Q34		Q35				
	Yes	No	Yes	No	Yes	No	Very effective	Somewhat effective	Not very effective	Not at all effective	Dk/Na
14. LISTEN OR WATCH A VIDEOTAPE, AUDIOTAPE, CD OR DVD	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
15. VISIT A WEB SITE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
16. USE A WEB SUPPORT SERVICE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
17. USE A TELEPHONE SUPPORT SERVICE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
READ LAST 18. QUIT COLD TURKEY OR SUDDENLY WITHOUT USING ANY PRODUCTS, QUITTING AIDS, ASSISTANCE OR ANY OTHER HELP, WHETHER PRESCRIBED OR NOT PRESCRIBED	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9

IF YES AT ITEM 18 OF Q32, SKIP TO Q37

Q36 Were any of the quitting aids you used prescribed or recommended by a health professional such as a doctor, dentist, nurse, therapist or pharmacist?

- YES PRESCRIBED..... ( )1
- YES RECOMMENDED ..... ( )2
- NO..... ( )3
- Dk/Na ..... ( )9

Q37 Considering all the available products, medications, and assistance for quitting smoking, would you say that...? (**Read and rotate)**

1. YOU ARE SOMEWHAT CONFUSED AND WOULD HAVE DIFFICULTY CHOOSING ONE METHOD THAT BEST SUITS YOUR NEEDS..... ( )1
2. YOU FEEL CONFIDENT ENOUGH TO MAKE AN INFORMED CHOICE ABOUT WHETHER OR NOT ONE METHOD COULD REALLY HELP YOU..... ( )2

- Dk/Na ..... ( )9

Q38 Some people do specific things to stay away from cigarettes, once they have decided to quit smoking. For each of the following tactics, which one(s) did you use when you stopped smoking [AGO]? (**Read and rotate / Accept all mentions)**

1.	AVOIDING SMOKERS AND SMOKING PLACES	( )01
2.	CHANGING ROUTINES, HABITS OR ENVIRONMENT	( )02
3.	KEEPING YOUR MOUTH BUSY	( )03
4.	DRINKING MORE WATER	( )04
5.	KEEPING YOUR HANDS BUSY	( )05
6.	TELLING OTHERS YOU HAD QUIT	( )06

7.	ENGAGING IN MORE EXERCISE	( )07
8.	USING STRESS RELAXATION TECHNIQUES	( )08
9.	THINKING ABOUT NEGATIVE EFFECTS	( )09
10.	KEEPING A VISUAL REMINDER IN SIGHT	( )10
•	Other (**SPECIFY**) – **READ LAST**	( )90
•	Dk/Na	( )99

Q39 When you quit smoking this time, did you set a particular quit date?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q40 When you quit smoking this time, did you link your quit attempt to a special event?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

IF YES AT Q39 OR Q40, ASK Q41. OTHERWISE, SKIP TO Q42

Q41 Why that particular date or event?

_____

_____

DETERRENTS TO QUITTING

Q42 Now, are you worried about...? (**Read and rotate)**

	READ AND ROTATE	A lot	Somewhat	A little	Not at all	Dk/Na
1.	NOT BEING ABLE TO SUCCEED	( )1	( )2	( )3	( )4	( )9
2.	WHAT OTHERS MIGHT THINK IF YOU DON' T SUCCEED	( )1	( )2	( )3	( )4	( )9
3.	HAVING UNPLEASANT WITHDRAWAL SYMPTOMS	( )1	( )2	( )3	( )4	( )9
4.	GAINING WEIGHT	( )1	( )2	( )3	( )4	( )9
5.	NOT HAVING ENOUGH WILLPOWER	( )1	( )2	( )3	( )4	( )9

Q43 What is your biggest fear about quitting smoking? (**Do not read)**

1.	Not being able to succeed	( )1
2.	What others might think if I did not succeed	( )2
3.	Having unpleasant withdrawal symptoms	( )3
4.	Gaining weight	( )4
5.	Not having enough willpower	( )5
•	Other (**SPECIFY**)	( )9
•	Dk/Na	( )9

Q44 How difficult or easy is it to stay away from cigarettes since you quit [AGO]? Would you say it is ...? (**Read)**

- VERY DIFFICULT ..... ( )1
- SOMEWHAT DIFFICULT..... ( )2
- SOMEWHAT EASY ..... ( )3
- VERY EASY..... ( )4
- Dk/Na ..... ( )9

Q45 What were some of the difficulties you encountered, if any, trying to stay away from cigarettes? (**Probe well**)

_____

_____

Q46 Did you have difficulty controlling your weight once you stopped smoking?

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

HEALTH STATUS

The following questions are related to health and smoking.

Q47 How would you rate your overall health when you quit [AGO]? Were you in (**Read)**... health?

- POOR ..... ( )1
- AVERAGE..... ( )2
- GOOD ..... ( )3
- EXCELLENT ..... ( )4
- Dk/Na ..... ( )9

Q48 Did you notice a change in your overall health after you quit smoking? (**IF YES, ASK:** Positive or negative?)

- POSITIVE..... ( )1
- NO CHANGE.... ( )2
- NEGATIVE..... ( )3
- Dk/Na ..... ( )9

Q49 In the preceding 12 months before you quit smoking, did you see (visit) a health professional such as a doctor, dentist, nurse, therapist or pharmacist? (**Read)**

- YES..... ( )1
- NO..... ( )2
- Dk/Na ..... ( )9

Q50 Have you been diagnosed with any of the following conditions before or when you decided to give up cigarettes? (**Read and accept all mentions)**

1. HEART DISEASE, STROKE OR CIRCULATORY PROBLEMS..... ( )01
2. HIGH BLOOD PRESSURE..... ( )02
3. CANCER (ANY) ..... ( )03
4. ASTHMA, CHRONIC BRONCHITIS, EMPHYSEMA OR OTHER LUNG PROBLEMS..... ( )04
5. DENTAL, GUM DISEASE OR OTHER MOUTH PROBLEMS..... ( )05
6. STOMACH DISEASE OR OTHER STOMACH PROBLEMS..... ( )06
7. SLEEP PROBLEMS ..... ( )07
8. OSTEOPOROSIS ("BRITTLE BONES")..... ( )08
9. MENSTRUAL PROBLEMS (**women only**) ..... ( )09
10. INFERTILITY..... ( )10
11. CATARACTS ..... ( )11

- **Read last:** Other (**SPECIFY**) _____ ( )90
- Dk/Na (**first mention**)..... ( )99

AWARENESS OF HEALTH RISKS

Q51 When you decided to quit smoking [AGO], did you feel you were adequately informed of the health effects of smoking or not that well-informed?

- ADEQUATELY INFORMED . ( )1
- NOT WELL INFORMED ..... ( )2
- Dk/Na ..... ( )9

Q52 With regard to the possible health effects of smoking, do you consider yourself better informed, as informed as or less informed than most people?

- BETTER INFORMED .... ( )1
- AS INFORMED ..... ( )2
- LESS INFORMED ..... ( )3
- Dk/Na ..... ( )9

Q53 If you continued to smoke, would it kill you? (**Read)**

- DEFINITELY YES ..... ( )1
- PROBABLY YES ..... ( )2
- PROBABLY NO ..... ( )3
- DEFINITELY NO ..... ( )4
- Can't say ..... ( )9

BELIEFS ABOUT SMOKING

Q54 I am going to read you a series of statements that have been made about smoking. Some people believe them, others do not. For each of them, tell me if you personally agree or disagree or if you just don't know. (**Read and rotate)**

READ AND ROTATE	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Dk/Na
1. CIGARETTES WILL NOT HURT YOU IF YOU DON'T INHALE SMOKE	( )1	( )2	( )3	( )4	( )9
2. THERE IS NO DOUBT THAT CIGARETTE SMOKERS ARE MORE LIKELY TO CONTRACT LUNG CANCER THAN NON-SMOKERS	( )1	( )2	( )3	( )4	( )9
3. NICOTINE REPLACEMENT PRODUCTS SUCH AS THE PATCH OR GUM CAN ALSO CAUSE DISEASES OR MAKE CERTAIN DISEASES WORSE	( )1	( )2	( )3	( )4	( )9
4. NOWADAYS, THERE ARE MANY OTHER THINGS THAT ARE WORSE FOR YOU THAN CIGARETTES	( )1	( )2	( )3	( )4	( )9
5. THERE IS TOO MUCH FUSS BEING MADE ABOUT SMOKING AND HEALTH	( )1	( )2	( )3	( )4	( )9
6. INHALING OTHER PEOPLE'S SMOKE IS AS DANGEROUS AS SMOKING YOURSELF	( )1	( )2	( )3	( )4	( )9
7. THERE IS NO PROVEN LINK BETWEEN SMOKING AND ANY DISEASE; OTHERWISE SMOKING WOULD HAVE BEEN BANNED	( )1	( )2	( )3	( )4	( )9

READ AND ROTATE	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Dk/Na
8. THE LIFE EXPECTANCY OF A SMOKER IS LESS THAN THAT OF A NON-SMOKER	( )1	( )2	( )3	( )4	( )9
9. IF YOU QUIT, YOU CAN REVERSE MOST OF THE DAMAGE DONE BY YEARS OF SMOKING	( )1	( )2	( )3	( )4	( )9
10. LIGHT OR ULTRA LIGHT CIGARETTES ARE SAFER THAN REGULAR CIGARETTES	( )1	( )2	( )3	( )4	( )9
11. I DON'T SEE WHY SMOKERS SHOULD GIVE UP CIGARETTES JUST BECAUSE SOME PEOPLE DO NOT LIKE SMOKING	( )1	( )2	( )3	( )4	( )9
12. NON-SMOKERS SHOULD BE MORE TOLERANT OF SMOKERS	( )1	( )2	( )3	( )4	( )9
13. IT IS THE NICOTINE IN CIGARETTES THAT CAUSES CANCER	( )1	( )2	( )3	( )4	( )9
14. IT IS THE NICOTINE IN CIGARETTES THAT CAUSES ADDICTION	( )1	( )2	( )3	( )4	( )9
15. INHALING SOMEONE ELSE'S SMOKE CAN CAUSE LUNG CANCER IN NON-SMOKERS	( )1	( )2	( )3	( )4	( )9
16. TOBACCO IS AS ADDICTIVE AS DRUGS LIKE HEROIN OR COCAINE	( )1	( )2	( )3	( )4	( )9
17. USING NICOTINE REPLACEMENT PRODUCTS SUCH AS THE PATCH OR GUM, DOUBLES YOUR CHANCES OF SUCCESSFULLY QUITTING	( )1	( )2	( )3	( )4	( )9

IMAGE OF SMOKER / QUITTER

Q55 I am going to read you a list of personality traits. I would like you to tell me how accurately these traits reflect a typical person who has quit smoking and one who continues to smoke and not thinking quitting. Please use a scale from 0 (not at all accurately) to 10 (very accurately). How about... (**Read and randomize)**

	READ AND RANDOMIZE **0 "Not at all accurately"** **10 "Very accurately"** **99 "Dk/Na"**	**Has quit smoking**	**Continues to smoke**
1.	Health conscious	[ ][ ]	[ ][ ]
2.	Skeptical of government	[ ][ ]	[ ][ ]
3.	Concerned by his/her image	[ ][ ]	[ ][ ]
4.	Cool	[ ][ ]	[ ][ ]
5.	Leader	[ ][ ]	[ ][ ]
6.	Disciplined	[ ][ ]	[ ][ ]
7.	Rebellious	[ ][ ]	[ ][ ]
8.	Well-educated	[ ][ ]	[ ][ ]
9.	In control of his/her destiny	[ ][ ]	[ ][ ]
10.	Fatalist	[ ][ ]	[ ][ ]
11.	Risk-taker	[ ][ ]	[ ][ ]
12.	Concern for others	[ ][ ]	[ ][ ]
13.	Financially secure	[ ][ ]	[ ][ ]
14.	Afraid of death	[ ][ ]	[ ][ ]

BASIC DATA

The interview is almost over. We assure you that your answers will remain confidential and will be combined with those of other respondents like yourself with the sole purpose of tabulating statistics. My last questions are about you.

Q56 In which of the following age categories do you belong? (**Read**)

- 18-19..... ( )1
- 20-24..... ( )2
- 25-34..... ( )3
- 35-44..... ( )4
- 45-54..... ( )5
- 55 AND OVER..... ( )6
- Dk/Na ..... ( )9

Q57 What is the highest level of formal education that you have completed?

- SOME ELEMENTARY (GRADES 1-6) ..... ( )01
- COMPLETED ELEMENTARY (GRADE 7 OR 8) ..... ( )02
- SOME HIGH SCHOOL UP TO GRADE 10 ..... ( )03
- HIGH SCHOOL (GRADE 11, 12 OR 13) ..... ( )04
- SOME COMMUNITY COLLEGE, VOCATIONAL, TRADE SCHOOL ..... ( )05
- COMPLETED COMMUNITY COLLEGE, VOCATIONAL, TRADE SCHOOL .... ( )06
- SOME UNIVERSITY ..... ( )07
- COMPLETED UNIVERSITY (BACHELOR'S DEGREE) ..... ( )08
- POST-GRADUATE / PROFESSIONAL SCHOOL (MASTER'S DEGREE, Ph.D., Etc.) ..... ( )09
- NO SCHOOLING ..... ( )10
- Dk/Na ..... ( )99

Q58 Record province

Q59 Record language of interview

THANK YOU VERY MUCH!
YOUR PARTICIPATION IS HIGHLY APPRECIATED!

CRÉATEC+
recherche - marketing

206 avenue des Pins Est
Montréal (Québec) H2W 1P1
*Tél.: **(514) 844-1127***
Fax : (514) 288-3194
Courriel : info@createc.ca

EX-FUMEURS RÉCENTS

Projet : 574-047

Décembre 2003

Version finale

Bonjour / Bonsoir. Mon nom est _____ de Créatec. Nous menons présentement une étude pour le compte de Santé Canada et nous aimerions interroger des personnes qui ont cessé de fumer au cours des 12 derniers mois.

Qa. Au cours des 12 derniers mois, est-ce que vous-même ou quelqu'un de votre foyer âgé de 18 ans et plus a cessé de fumer la cigarette?

• Oui	( )	**Demander à parler à cette personne. Répéter l'introduction si nécessaire.**
• Non.....	( )	**Remercier et terminer.**
• Refus	( )	**Remercier et terminer.**

Qb. **[AGO]** Depuis combien de temps avez-vous cessé de fumer la cigarette?

• Moins d'un mois.....	( )	**Remercier et terminer**
• 1-2 mois.....	( )	**Groupe principal**
• Plus de 2-3 mois.....	( )	
• Plus de 3-4 mois.....	( )	
• Plus de 4-5 mois.....	( )	
• Plus de 5-6 mois.....	( )	
• Plus de 6-12 mois	( )	**Groupe secondaire**
• Plus de 12 mois	( )	**Remercier et terminer**

Qc. Vous êtes éligible à participer à notre sondage. Avez-vous environ 18 minutes pour répondre à des questions intéressantes sur vos points de vue reliés au tabagisme et sur votre expérience d'abandon de la cigarette?

• Oui	( )	**Continue**
• Non.....	( )	**Prendre un rendez-vous**
• Refus	( )	**Remercier et terminer**

Qd. Est-ce que vous-même ou quelqu'un dans votre foyer travaille pour l'une des organisations suivantes: une firme de publicité ou de recherche marketing, une compagnie de tabac, Santé Canada, le ministère de la santé de votre province, un media ou un élu fédéral ou provincial?

• Oui	( )	**Remercier et terminer**
• Non.....	( )	**Continuer**

Qe. Enregistrer le sexe (**Ne pas demander**)

- HOMME ..... ( )
- FEMME ..... ( )

EXPÉRIENCE DE LA CESSATION

Q1 Environ combien de temps s'est écoulé entre le moment où vous avez décidé d'arrêter de fumer et le moment où vous avez effectivement cessé?

- MOINS D'UN MOIS..... ( )1
- 1-2 MOIS..... ( )2
- PLUS DE 2-3 MOIS..... ( )3
- PLUS DE 3-6 MOIS..... ( )4
- PLUS DE 6 MOIS – 1 AN ..... ( )5
- PLUS DE 1-2 ANS ..... ( )6
- PLUS DE 2 ANS..... ( )7
- Nsp/Nrp..... ( )9

Q2 Est-ce que c'est la première fois que vous arrêtez de fumer?

- OUI..... ( )1 **ALLER À Q7**
- NON..... ( )2
- Nsp/Nrp ..... ( )9

Q3 Avant cette fois-ci, environ combien de fois avez-vous arrêté de fumer pour au moins 24 heures parce que vous essayiez de cesser de fumer?

- C'est ma première fois ..... ( )00
  ☐☐ **Fois**
- Nsp/Nrp ..... ( )99

Q4 La dernière fois, pendant combien de temps aviez-vous arrêté de fumer?

- MOINS D'UN MOIS..... ( )01
- DE 1-2 MOIS..... ( )02
- PLUS DE 2-3 MOIS..... ( )03
- PLUS DE 3-6 MOIS..... ( )04
- PLUS DE 6 MOIS – 1 AN ..... ( )05
- PLUS DE 1-2 ANS ..... ( )06
- PLUS DE 2-3 ANS..... ( )07
- PLUS DE 3-4 ANS..... ( )08
- PLUS DE 5-10 ANS ..... ( )09
- PLUS DE 10 ANS ..... ( )10
- Nsp/Nrp ..... ( )99

Q5 Jusqu'à quel point étiez-vous proche de réussir dans vos tentatives précédentes de cesser de fumer? Diriez-vous que vous avez été...? (**Lire)**

- TRÈS PROCHE ..... ( )1
- ASSEZ PROCHE ..... ( )2
- ASSEZ LOIN..... ( )3
- TRÈS LOIN..... ( )4
- Nsp/Nrp..... ( )9

Q6 Qu'est-ce qui vous a amené à recommencer à fumer? (**Ne pas lire / Accepter toutes les mentions)**

1.	Davantage disponible (produit)	( )01
2.	Pour contrôler mon poids	( )02
3.	Pour contrôler l'ennui	( )03
4.	Les sorties (bars, fêtes)	( )04
5.	Pas de raison / J'en ai eu envie	( )05
6.	Famille ou amis fument	( )06
7.	Habitude	( )07
8.	Dépendance	( )08
9.	À cause du stress, besoin de relaxer ou de se calmer	( )09
10.	Tenté par d'autres fumeurs	( )10
11.	Tenté par des déclencheurs sensoriels - alcool, drogue, café...	( )11
12.	Manque de volonté	( )12
•	Autre (**PRÉCISER**)	( )90
•	Nsp/Nrp (**Première mention)**	( )99

RAISONS D'ARRÊTER

Q7 Qu'est-ce qui vous a amené à vouloir arrêter la cigarette - qu'est-ce qui vous a poussé à arrêter de fumer [AGO]? (**Ne pas lire / Accepter toutes les réponses / Enregistrer la première réponse)**

		Première	**Autres**
1.	Santé personnelle	( )01	( )01
2.	Grossesse / a eu un bébé	( )02	( )02
3.	Inquiet pour la santé de la famille	( )03	( )03
4.	Tanné de fumer / mauvaise odeur / dégoût	( )04	( )04
5.	Vie moins stressante, travail différent	( )05	( )05
6.	Maladie ou décès d'un membre de la famille ou d'un ami relié au tabagisme	( )06	( )06
7.	Pression de la famille ou d'amis	( )07	( )07
8.	Coût / Fumer était trop dispendieux	( )08	( )08
9.	Restrictions des endroits pour fumer	( )09	( )09
10.	Voulait juste arrêter, aucune raison	( )10	( )10
11.	Conseil du médecin ou d'un professionnel de la santé	( )11	( )11
12.	A vu ou lu un article ou de l'information à ce sujet	( )12	( )12
13.	Mises en garde sur les paquets de cigarettes	( )13	( )13
14.	Campagnes publicitaires anti-tabac	( )14	( )14
•	Autre (**PRÉCISER**)	( )90	( )90
•	Nsp/Nrp (**première mention)**	( )99	( )99

EXPÉRIENCE DU TABAGISME ET ÉCHELLE DE DÉPENDANCE

Les questions suivantes touchent vos habitudes reliées au tabagisme avant que vous cessiez de fumer la cigarette [AGO].

Q8 Pendant combien de temps avez-vous fumé la cigarette? Diriez-vous...? (**Lire**)

- MOINS D'UN AN..... ( )1
- 1-5 ANS ..... ( )2
- 6-10 ANS..... ( )3
- PLUS DE 10 ANS..... ( )4
- Nsp/Nrp..... ( )9

Q9 Fumiez-vous tous les jours ou seulement à certaines occasions?

- TOUS LES JOURS..... ( )1
- OCCASIONNELLEMENT ..... ( )2
- Nsp/Nrp..... ( )9

Q10 Combien de temps après votre réveil fumiez-vous votre première cigarette?

- APRÈS 60 MINUTES..... ( )1
- 31-60 MINUTES..... ( )2
- 6-30 MINUTES..... ( )3
- 5 MINUTES OU MOINS..... ( )4
- Nsp/Nrp..... ( )9

Q11 Trouviez-vous difficile de vous retenir de fumer aux endroits où c'était interdit?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q12 Quelle cigarette de la journée a été la plus difficile à renoncer? (**Ne pas lire)**

- La première du matin..... ( )1
- Après les repas..... ( )2
- Avec le café ..... ( )3
- Avec l'alcool..... ( )4
- Autre (**PRÉCISER**) ..... ( )8
- Nsp/Nrp..... ( )9

Q13 Avant que vous cessiez de fumer, combien de cigarettes fumiez-vous par jour?

- 1-10..... ( )1
- 11-20..... ( )2
- 21-30..... ( )3
- 31 OU PLUS ..... ( )4
- Nsp/Nrp..... ( )9

Q14 Fumiez-vous plus souvent durant les premières heures après votre réveil que durant le reste de la journée?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q15 Fumiez-vous même lorsque vous étiez malade?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q16 Dans quelle mesure pensez-vous que vous étiez dépendant de la cigarette, accroché au tabac lorsque vous avez décidé d'arrêter de fumer [AGO]? Diriez-vous que vous étiez...? (**Lire)**

- TRÈS DÉPENDANT..... ( )1
- ASSEZ DÉPENDANT..... ( )2
- LÉGÈREMENT DÉPENDANT .... ( )3
- PAS DU TOUT DÉPENDANT.... ( )4
- Nsp/Nrp..... ( )9

Q17 Je vais vous lire une liste de raisons pour lesquelles les gens fument. Pour chacune d'elles, dites-moi si ça s'appliquait ou non à votre cas, avant que vous cessiez de fumer. (**Lire en rotation)**

	LIRE EN ROTATION	Oui	Non	Nsp/Nrp
1.	FUMER M'AIDAIT À FAIRE FACE À DES SITUATIONS STRESSANTES ET DÉSAGRÉABLES	( )1	( )2	( )9
2.	FUMER ME PROCURAIT DES PAUSES PLAISANTES ET AGRÉABLES	( )1	( )2	( )9
3.	FUMER M'AIDAIT À ME DÉTENDRE ET À ME RELAXER	( )1	( )2	( )9
4.	QUAND J'ESSAYAIS D'ARRÊTER DE FUMER, JE NE POUVAIS PAS SUPPORTER LES SYMPTÔMES DÉSAGRÉABLES DU SEVRAGE	( )1	( )2	( )9
5.	FUMER M'AIDAIT À GÉRER UN ENVIRONNEMENT TROP STIMULANT	( )1	( )2	( )9
6.	FUMER M'AIDAIT À NE PAS M'ENNUYER	( )1	( )2	( )9
7.	FUMER AUGMENTAIT MON PLAISIR DANS DES SITUATIONS AGRÉABLES	( )1	( )2	( )9

	LIRE EN ROTATION	Oui	Non	Nsp/Nrp
8.	FUMER ME DONNAIT DE L'ÉNERGIE	( )1	( )2	( )9
9.	FUMER M'AIDAIT À ME SENTIR PLUS À L'AISE DANS DES SITUATIONS SOCIALES	( )1	( )2	( )9
10.	FUMER M'AIDAIT À ME CONCENTRER	( )1	( )2	( )9
11.	FUMER ME PROCURAIT UN GOÛT OU UNE ODEUR QUE J'AIMAIS	( )1	( )2	( )9
12.	FUMER ME PROCURAIT UN "HIGH"	( )1	( )2	( )9
13.	FUMER M'AIDAIT À CONTRÔLER MON POIDS	( )1	( )2	( )9

Q18 D'autres raisons ou avantages pour lesquels vous aimiez fumer ? (**Sonder**)

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ABSTINENCE

Q19 Depuis le moment que vous avez arrêté [AGO], avez-vous fumé, ne serait-ce qu'une cigarette ou une partie de cigarette? (**Si oui, demander:** Combien?)

- Non ..... ( )01 **ALLER À Q21**
- Une partie de cigarette ( )02
  ☐☐ **cigarettes**
- Nsp/Nrp ..... ( )99

Q20 Au cours des 30 derniers jours, durant combien de jours avez-vous fumé des cigarettes ou une partie de cigarette ?

☐☐ **jours**
- Nsp/Nrp ..... ( )99

Q21 Depuis que vous avez cessé de fumer, [AGO], avez-vous consommé des produits du tabac autres que des cigarettes? (**Si oui, demander:** Le(s)quel(s)?)

- NON ..... ( )1 **ALLER À Q23**
- TABAC À PIPE ..... ( )2
- CIGARILLOS / PETITS CIGARES ..... ( )3
- CIGARES ..... ( )4
- TABAC SANS FUMÉE (à priser, à mâcher, etc.) ( )5
- MARIJUANA ..... ( )6
- Nsp/Nrp ..... ( )9

Q22 Au cours des 30 derniers jours, durant combien de jours avez-vous consommé des produits du tabac autre que des cigarettes?

☐☐ **jours**

- Nsp/Nrp ..... ( )99

Q23 Pensez-vous que vous fumerez une cigarette ou une partie de cigarette au cours des 12 prochains mois? (**Lire**)

- OUI, CERTAINEMENT..... ( )1
- OUI, PROBABLEMENT..... ( )2
- NON, PROBABLEMENT PAS..... ( )3
- NON, CERTAINEMENT PAS ..... ( )4
- Ne peut dire..... ( )9

Q24 Dans quelle mesure êtes-vous confiant que vous ne serez plus jamais un fumeur, autrement dit que cette fois-ci vous avez abandonné la cigarette pour de bon. Diriez-vous...? (**Lire)**

- OUI, CERTAINEMENT..... ( )1
- OUI, PROBABLEMENT..... ( )2
- NON, PROBABLEMENT PAS..... ( )3
- NON, CERTAINEMENT PAS ..... ( )4
- Ne peut dire..... ( )9

EXPOSITION À L'UTILISATION DU TABAC

Q25 Depuis le moment que vous avez arrêté, [AGO], à combien d'occasions avez-vous été dans la même pièce, endroit ou voiture en présence de quelqu'un qui fumait la cigarette? (**Si chaque jour, demander** : à peu près combien de fois par jour?)

- JAMAIS ..... ( )01
- TOUS LES JOURS.. ( )02

  ☐☐ **Fois**
- Nsp/Nrp ..... ( )99

Q26 Actuellement, combien parmi vos quatre amis les plus proches fument des cigarettes?

- AUCUN ..... ( )1
- UN..... ( )2
- DEUX ..... ( )3
- TROIS ..... ( )4
- QUATRE..... ( )5
- Pas certain..... ( )9

Q27 Actuellement, combien de personnes vivant avec vous fument des cigarettes?

- AUCUNE ..... ( )1 **ALLER À Q29**
- UNE ..... ( )2
- DEUX ..... ( )3
- TROIS ..... ( )4
- QUATRE..... ( )5
- CINQ OU PLUS ( )6
- Pas certain..... ( )9 **ALLER À Q29**

Q28 Qui sont ces personnes? (*Lien avec le répondant*)

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Q29 Depuis que vous avez cessé de fumer la cigarette, avez-vous demandé à d'autres personnes d'arrêter de fumer?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q30 Depuis que vous avez cessé de fumer, avez-vous changé d'endroits parce que quelqu'un fumait?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

MÉTHODES POUR CESSER

Les questions suivantes portent sur la façon dont vous avez cessé de fumer des cigarettes, comment vous avez procédé.

Q31 Quand vous avez cessé de fumer [AGO], était-ce une décision spontanée ou aviez-vous planifié d'arrêter?

- SPONTANÉE ..... ( )1
- PLANIFIÉE..... ( )2
- Nsp/Nrp..... ( )9

INTERVIEWEUR : LIRE EN SÉQUENCE Q32-Q35 POUR CHAQUE ITEM

Q32 Quand vous avez cessé de fumer [AGO], comment vous y êtes-vous pris? Par exemple, avez-vous...? (**Lire)**

Q33 Aviez-vous déjà essayé cette méthode avant?

SI NON À Q32 ET Q33, DEMANDER. LES AUTRES, ALLER À Q35.

Q34 Avez-vous déjà entendu parler de cette façon comme d'une méthode qui aide à se préparer ou à cesser de fumer?

Q35 Dans quelle mesure pensez-vous que cette méthode est efficace pour aider les fumeurs à cesser de fumer? (**Lire l'échelle**)

		Q32		Q33		Q34		Q35				
		Oui	Non	Oui	Non	Oui	Non	Très efficace	Assez efficace	Pas très efficace	Pas efficace du tout	Nsp/Nrp
1.	DIMINUER GRADUELLEMENT LE NOMBRE DE CIGARETTES QUE VOUS FUMIEZ	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
2.	CHANGER POUR UN TYPE DE CIGARETTES LÉGÈRES OU DOUCES	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
3.	CHANGER POUR DES PRODUITS DU TABAC DIFFÉRENTS COMME LES CIGARES, LA PIPE, LA CHIQUE, ETC.	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
4.	RESPIRER MOINS DE FUMÉE EN FUMANT	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
5.	METTRE UNE PATCHE DE NICOTINE SUR LA PEAU	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
6.	MÂCHER DES GOMMES DE NICOTINE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
7.	PRENDRE UN AUTRE TRAITEMENT POUR REMPLACER LA NICOTINE (vaporisateur nasal/inhalateur)	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
8.	PRENDRE DES MÉDICAMENTS ANTI-DÉPRESSEURS ZYBAN/WELLBUTRIN	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
9.	RECEVOIR DE L'ACUPONCTURE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
10.	ÊTRE HYPNOTISÉ	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
11.	SUIVRE UN PROGRAMME OU UNE SESSION DE GROUPE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9

	Q32		Q33		Q34		Q35				
	Oui	Non	Oui	Non	Oui	Non	Très efficace	Assez efficace	Pas très efficace	Pas efficace du tout	Nsp/Nrp
12. CONSULTER SUR UNE BASE INDIVIDUELLE UN PROFESSIONNEL DE LA SANTÉ OU UN PSYCHOLOGUE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
13. LIRE UN LIVRE, UN MANUEL OU UN DÉPLIANT SUR COMMENT CESSER DE FUMER	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
14. ÉCOUTER OU REGARDER UNE CASSETTE VIDÉO, AUDIO, UN CD OU UN DVD	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
15. VISITER UN SITE INTERNET	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
16. UTILISER UN SERVICE DE SOUTIEN PAR INTERNET	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
17. UTILISER UN SERVICE DE SOUTIEN PAR TÉLÉPHONE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9
LIRE EN DERNIER 18. CESSER TOUT D'UN COUP, À FROID, SANS UTILISER DE PRODUIT, DE THÉRAPIE DE REMPLACEMENT OU TOUTE AUTRE AIDE PRESCRITE OU NON PRESCRITE	( )1	( )2	( )1	( )2	( )1	( )2	( )1	( )2	( )3	( )4	( )9

SI OUI À L'ITEM 18 DE Q32, ALLER À Q37

Q36 Y a-t-il des aides que vous avez utilisées pour cesser de fumer qui vous ont été prescrites ou recommandées par un professionnel de la santé comme un docteur, un dentiste, une infirmière, un thérapeute ou un pharmacien?

- OUI PRESCRITES ..... ( )1
- OUI RECOMMANDÉES..... ( )2
- NON..... ( )3
- Nsp/Nrp..... ( )9

Q37 Pensez à tous les produits disponibles, les médicaments et les aides pour cesser de fumer, diriez-vous que ...? (**Lire en rotation)**

1. VOUS ÊTES PLUTÔT CONFUS ET AURIEZ DE LA DIFFICULTÉ À CHOISIR LA MÉTHODE QUI VOUS CONVIENDRAIT LE MIEUX ..... ( )1
2. VOUS ÊTES ASSEZ CONFIANT DE POUVOIR FAIRE UN CHOIX JUDICIEUX QUANT À SAVOIR SI UNE MÉTHODE POURRAIT OU NON VRAIMENT VOUS AIDER ..... ( )2

- Nsp/Nrp..... ( )9

Q38 Certaines personnes font des choses particulières pour se tenir loin de la cigarette, une fois qu'elles ont décidé d'arrêter de fumer. Pour chacune des tactiques suivantes, laquelle (ou lesquelles) avez-vous utilisée(s) quand vous avez arrêté de fumer [AGO]? (**Lire en rotation / Accepter toutes les mentions)**

1.	ÉVITER LES FUMEURS ET LES ENDROITS RÉSERVÉS AUX FUMEURS	( )01
2.	CHANGER DES ROUTINES, DES HABITUDES OU L'ENVIRONNEMENT	( )02
3.	GARDER VOTRE BOUCHE OCCUPÉE	( )03
4.	BOIRE PLUS D'EAU	( )04
5.	GARDER VOS MAINS OCCUPÉES	( )05
6.	DIRE AUX AUTRES QUE VOUS AVEZ ARRÊTÉ	( )06
7.	FAIRE PLUS D'EXERCICE	( )07
8.	UTILISER DES TECHNIQUES DE RELAXATION	( )08
9.	PENSER AUX CONSÉQUENCES NÉGATIVES	( )09
10.	AFFICHER UN RAPPEL VISUEL	( )10
•	Autre (**PRÉCISER**) – **LIRE EN DERNIER**	( )90
•	Nsp/Nrp	( )99

Q39 Lorsque vous avez cessé de fumer cette fois-ci, aviez-vous fixé une date particulière?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q40 Lorsque vous avez cessé de fumer cette fois-ci, aviez-vous fait concorder votre tentative avec un événement particulier?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

SI OUI À Q39 OU Q40, DEMANDER Q41. AUTREMENT, ALLER À Q42

Q41 Pourquoi cette date ou cet événement particulier?

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FREINS À LA CESSATION

Q42 Ces temps-ci, êtes-vous inquiet de...? **(Lire en rotation)**

	LIRE EN ROTATION	Beaucoup	Assez	Un peu	Pas du tout	Nsp/Nrp
1.	NE PAS ÊTRE CAPABLE DE RÉUSSIR	( )1	( )2	( )3	( )4	( )9
2.	CE QUE LES AUTRES POURRAIENT PENSER SI VOUS NE RÉUSSISSEZ PAS	( )1	( )2	( )3	( )4	( )9
3.	AVOIR DES SYMPTÔMES DÉPLAISANTS DE SEVRAGE (manque)	( )1	( )2	( )3	( )4	( )9
4.	PRENDRE DU POIDS	( )1	( )2	( )3	( )4	( )9
5.	NE PAS AVOIR ASSEZ DE VOLONTÉ	( )1	( )2	( )3	( )4	( )9

Q43 Quelle est votre plus grande crainte en cessant de fumer? (**Ne pas lire)**

1.	Ne pas être capable de réussir	( )1
2.	Ce que les autres pourraient penser si vous ne réussissez pas	( )2
3.	Avoir des symptômes déplaisants de sevrage	( )3
4.	Prendre du poids	( )4
5.	Ne pas avoir assez de volonté	( )5
•	Autre (**PRÉCISER**)	( )9
•	Nsp/Nrp	( )9

Q44 Dans quelle mesure vous est-il difficile ou facile de vous tenir loin de la cigarette depuis que vous avez cessé de fumer [AGO]? Diriez-vous que c'est...? (**Lire)**

- TRÈS DIFFICILE..... ( )1
- PLUTÔT DIFFICILE ..... ( )2
- PLUTÔT FACILE ..... ( )3
- TRÈS FACILE ..... ( )4
- Nsp/Nrp..... ( )9

Q45 Pourriez-vous me nommer quelques difficultés que vous avez rencontrées, s'il y en a eu, en essayant de vous tenir loin de la cigarette? (**Bien sonder**)

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Q46 Avez-vous eu de la difficulté à contrôler votre poids après avoir cessé de fumer?

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

ÉTAT DE SANTÉ

Les questions suivantes concernent la santé et le tabagisme.

Q47 Quel était votre état de santé général lorsque que vous avez cessé de fumer [AGO]? Était-il...? (**Lire)**

- MAUVAIS ..... ( )1
- MOYEN ..... ( )2
- BON ..... ( )3
- EXCELLENT ..... ( )4
- Nsp/Nrp..... ( )9

Q48 Avez-vous remarqué un changement sur votre santé générale après que vous ayez cessé de fumer? (**SI OUI, DEMANDER :** Positif ou négatif?)

- POSITIF..... ( )1
- AUCUN CHANGEMENT ( )2
- NÉGATIF..... ( )3
- Nsp/Nrp..... ( )9

Q49 Durant les 12 mois avant que vous arrêtiez de fumer, avez-vous consulté un professionnel de la santé comme un docteur, un dentiste, une infirmière, un thérapeute ou un pharmacien? (**Lire)**

- OUI..... ( )1
- NON..... ( )2
- Nsp/Nrp..... ( )9

Q50 Vous a-t-on diagnostiqué un des problèmes suivants avant que décidiez d'abandonner la cigarette ? (**Lire et accepter toutes les mentions)**

1. MALADIE CARDIAQUE, INFARCTUS OU PROBLÈME DE LA CIRCULATION..... ( )01
2. HAUTE PRESSION SANGUINE ..... ( )02
3. CANCER (N'IMPORTE LEQUEL)..... ( )03
4. ASTHME, BRONCHITE CHRONIQUE, EMPHYSÈME OU AUTRE PROBLÈME PULMONAIRE ..... ( )04
5. MALADIE DENTAIRE OU DE LA GENCIVE OU AUTRE PROBLÈME BUCCAL..... ( )05
6. MALADIE DE L'ESTOMAC OU AUTRE PROBLÈME D'ESTOMAC ..... ( )06
7. PROBLÈME AVEC LE SOMMEIL ..... ( )07
8. OSTÉOPOROSE ("OS FRAGILES")..... ( )08
9. PROBLÈME MENSTRUEL (**femmes seulement**) ..... ( )09
10. INFERTILITÉ..... ( )10
11. CATARACTE ..... ( )11

- **Lire en dernier :** Autre (**PRÉCISER**) _____ ( )90
- Nsp/Nrp (**première mention**) ..... ( )99

CONNAISSANCE DES RISQUES POUR LA SANTÉ

Q51 Lorsque vous avez pris la décision d'arrêter de fumer [AGO], vous sentiez-vous suffisamment informé des effets du tabac sur la santé ou pas assez bien informé?

- SUFFISAMMENT INFORMÉ..... ( )1
- PAS ASSEZ BIEN INFORMÉ ..... ( )2
- Nsp/Nrp..... ( )9

Q52 À propos des effets que fumer peut avoir sur la santé, vous considérez-vous mieux informé, autant informé ou moins informé que la plupart des gens?

- MIEUX INFORMÉ..... ( )1
- AUTANT INFORMÉ..... ( )2
- MOINS INFORMÉ ..... ( )3
- Nsp/Nrp..... ( )9

Q53 Si vous continuiez à fumer, est-ce que ça vous ferait mourir? (**Lire)**

- OUI, CERTAINEMENT..... ( )1
- OUI, PROBABLEMENT ..... ( )2
- NON, PROBABLEMENT PAS..... ( )3
- NON, CERTAINEMENT PAS ..... ( )4
- Ne peut dire..... ( )9

CROYANCES SUR LE TABAGISME

Q54 Je vais vous lire une série d'affirmations qui ont été faites sur le tabagisme. Des personnes les croient, d'autres non. Pour chacune d'elles, dites-moi si personnellement vous êtes en accord ou en désaccord ou si tout simplement vous ne savez pas. (**Lire en rotation)**

	LIRE EN ROTATION	**Totalement en accord**	**Plutôt en accord**	**Plutôt en désaccord**	**Totalement en désaccord**	**Nsp/Nrp**
1.	LA CIGARETTE NE FAIT PAS DE MAL SI ON NE RESPIRE PAS LA FUMÉE	( )1	( )2	( )3	( )4	( )9
2.	IL N'Y A AUCUN DOUTE QUE LES FUMEURS DE CIGARETTES SONT PLUS SUSCEPTIBLES D'AVOIR UN CANCER DU POUMON QUE LES NON-FUMEURS	( )1	( )2	( )3	( )4	( )9

LIRE EN ROTATION	Totalement en accord	Plutôt en accord	Plutôt en désaccord	Totalement en désaccord	Nsp/Nrp
3. LES PRODUITS DE REMPLACEMENT DE LA NICOTINE COMME LES PATCHES OU LA GOMME PEUVENT AUSSI CAUSER OU AGGRAVER CERTAINES MALADIES	( )1	( )2	( )3	( )4	( )9
4. DE NOS JOURS, IL Y A PLUSIEURS AUTRES CHOSES QUI SONT PIRES POUR VOUS QUE LA CIGARETTE	( )1	( )2	( )3	( )4	( )9
5. ON EXAGÈRE AVEC TOUTES CES HISTOIRES AU SUJET DU TABAGISME ET DE LA SANTÉ	( )1	( )2	( )3	( )4	( )9
6. RESPIRER LA FUMÉE DES AUTRES EST AUSSI DANGEREUX QUE FUMER PERSONNELLEMENT	( )1	( )2	( )3	( )4	( )9
7. IL N'Y A DE LIEN PROUVÉ ENTRE FUMER ET UNE MALADIE; SINON FUMER SERAIT INTERDIT	( )1	( )2	( )3	( )4	( )9
8. L'ESPÉRANCE DE VIE D'UN FUMEUR EST INFÉRIEURE À CELLE D'UN NON-FUMEUR	( )1	( )2	( )3	( )4	( )9
9. SI ON ARRÊTE DE FUMER, ON PEUT RÉPARER LA PLUPART DES DOMMAGES CAUSÉS PAR LES ANNÉES PENDANT LESQUELLES ON A FUMÉ	( )1	( )2	( )3	( )4	( )9
10. LES CIGARETTES LÉGÈRES OU ULTRA-LÉGÈRES SONT MOINS DOMMAGEABLES QUE LES CIGARETTES RÉGULIÈRES	( )1	( )2	( )3	( )4	( )9
11. JE NE VOIS PAS POURQUOI LES FUMEURS DEVRAIENT ARRÊTER DE FUMER JUSTE PARCE QUE CERTAINES PERSONNES N'AIMENT PAS FUMER	( )1	( )2	( )3	( )4	( )9
12. LES NON-FUMEURS DEVRAIENT ÊTRE PLUS TOLÉRANTS ENVERS LES FUMEURS	( )1	( )2	( )3	( )4	( )9
13. C'EST LA NICOTINE DANS LA CIGARETTE QUI CAUSE LE CANCER	( )1	( )2	( )3	( )4	( )9
14. C'EST LA NICOTINE DANS LA CIGARETTE QUI CAUSE LA DÉPENDANCE	( )1	( )2	( )3	( )4	( )9
15. RESPIRER LA FUMÉE DE QUELQU'UN D'AUTRE PEUT CAUSER LE CANCER DU POUMON CHEZ DES NON-FUMEURS	( )1	( )2	( )3	( )4	( )9

LIRE EN ROTATION	Totalement en accord	Plutôt en accord	Plutôt en désaccord	Totalement en désaccord	Nsp/Nrp
16. LE TABAC CRÉE UNE DÉPENDANCE AUSSI FORTE QUE DES DROGUES COMME L'HÉROÏNE OU LA COCAÏNE	( )1	( )2	( )3	( )4	( )9
17. UTILISER DES PRODUITS DE REMPLACEMENT DE LA NICOTINE COMME DES PATCHES OU DE LA GOMME DOUBLE LES CHANCES DE RÉUSSIR À ARRÊTER	( )1	( )2	( )3	( )4	( )9

IMAGE DU FUMEUR / EX-FUMEUR

Q55 Je vais vous lire différents traits de personnalité et j'aimerais savoir dans quelle mesure, selon vous, ces traits reflètent fidèlement une personne typique qui a arrêté de fumer et reflètent une personne typique qui continue de fumer et qui ne pense pas à arrêter. Nous utiliserons une échelle de 0 (ne reflète pas du tout) à 10 (reflète beaucoup). Pour ce qui est de... (**Lire en rotation)**

LIRE EN ROTATION **0 "Ne reflète pas du tout"** **10 "Reflète beaucoup"** **99 "Nsp/Nrp"**	**A arrêté de fumer**	**Continue de fumer**
1. Conscient de sa santé	[ ][ ]	[ ][ ]
2. Sceptique envers le gouvernement	[ ][ ]	[ ][ ]
3. Préoccupé par son image	[ ][ ]	[ ][ ]
4. Cool	[ ][ ]	[ ][ ]
5. Leader	[ ][ ]	[ ][ ]
6. Discipliné	[ ][ ]	[ ][ ]
7. Rebelle	[ ][ ]	[ ][ ]
8. Très scolarisé	[ ][ ]	[ ][ ]
9. Contrôle son destin	[ ][ ]	[ ][ ]
10. Fataliste	[ ][ ]	[ ][ ]
11. Aime prendre des risques	[ ][ ]	[ ][ ]
12. Se préoccupe des autres	[ ][ ]	[ ][ ]
13. Sécure financièrement	[ ][ ]	[ ][ ]
14. A peur de la mort	[ ][ ]	[ ][ ]

DONNÉES DE BASE

L'entrevue est presque terminée. Soyez assuré(e) que vos réponses demeureront confidentielles et seront combinées avec celles des autres répondants dans le seul but de calculer des statistiques. Mes dernières questions portent sur vous.

Q56 À quelle catégorie d'âge, parmi les suivantes, appartenez-vous? (**Lire**)

- 18-19 ANS..... ( )1
- 20-24 ANS..... ( )2
- 25-34 ANS..... ( )3
- 35-44 ANS..... ( )4
- 45-54 ANS..... ( )5
- 55 ANS ET PLUS..... ( )6
- Nsp/Nrp ..... ( )9

Q57 Quel est le plus haut niveau de scolarité que vous avez complété?

- PRIMAIRE PARTIEL (1ère à 6ème ANNÉE)..... ( )01
- PRIMAIRE COMPLÉTÉ (7ème ou 8ème ANNÉE)..... ( )02
- SECONDAIRE PARTIEL JUSQU'À 10ème ANNÉE..... ( )03
- SECONDAIRE (11ème, 12ème ou 13ème ANNÉE)..... ( )04
- CÉGEP / COLLÉGIAL PARTIEL..... ( )05
- CÉGEP / COLLÉGIAL COMPLÉTÉ ..... ( )06
- UNIVERSITÉ PARTIELLE ..... ( )07
- UNIVERSITÉ COMPLÉTÉE (BACCALAURÉAT)..... ( )08
- ÉTUDES DE DEUXIÈME OU DE TROISIÈME CYCLE (MAÎTRISE, DOCTORAT, ETC.) ..... ( )09
- AUCUNE INSTRUCTION..... ( )10
- Nsp/Nrp ..... ( )99

Q58 Enregistrer la province

Q59 Enregistrer la langue d'entrevue

MERCI BEAUCOUP!
VOTRE PARTICIPATION EST TRÈS APPRÉCIÉE!

APPENDIX 2

MODIFIED FAGERSTROM TEST FOR NICOTINE DEPENDENCE

MODIFIED FAGERSTROM TEST

	≤ 5 min.	6-30 min.	31-60 min.	≥ 60 min.
• How soon after waking did you smoke your first cigarette? (Q10)	3	2	1	0

	Yes	No
• Did you find it difficult refraining from smoking in places where it was forbidden? (Q11)	1	0

	First time in the morning	Any other
• Which cigarette of the day was the most difficult to give up? (Q12)	1	0

	≤ 10	11-20	21-30	31 +
• Before you quit, how many cigarettes did you smoke per day? (Q13)	0	1	2	3

	Yes	No
• Did you smoke more often in the first hours after waking than during the rest of the day? (Q14)	1	0

	Yes	No
• Did you smoke even when you were sick? (Q15)	1	0

NICOTINE DEPENDENCE SCORE = SUM (points for the 6 questions)

INTERPRETATION

- Minimum score 0
- Maximum score 10

- A score > 6 indicates a high degree of nicotine dependence and is associated with more severe withdrawal symptoms and greater difficulty in quitting.