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FINAL REPORT

On The Road To Quitting:

An Evaluation of the Web site as a Smoking Cessation Tool

Submitted to Health Canada

por-rop@hc-sc.gc.ca

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Phoenix
Strategic Perspectives Inc.

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Phoenix Strategic Perspectives Inc.
1678 Bank Street, Ste. 2, Ottawa, Ontario K1V 7Y6
Tel: (613) 260-1700 Fax: (613) 260-1300 Email: info@phoenixspi.ca
www.phoenixspi.ca

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EXECUTIVE SUMMARY

Phoenix SPI was commissioned by Health Canada to undertake research to evaluate the *On the Road to Quitting* (OTRTQ) program, a web-based smoking cessation program. The research was designed to help determine the extent to which the online smoking cessation tool provides useful, effective information and assistance to adults aged 30-55 who are prepared to quit smoking.

Research Overview

To address the objectives, a multi-phased, mixed-methodology research program was undertaken. The quantitative research consisted of a baseline survey and three follow-up surveys, one conducted four weeks after the initial survey, another three months after, and then six months after the baseline survey. The baseline survey was conducted with 'eligible' research participants recruited via an online panel through the use of a screening questionnaire. Eligibility was based on smokers' readiness to quit smoking. Smokers who met the eligibility requirements, and who agreed to take part in the research, were directed to the baseline survey. In total, 2,387 respondents completed the baseline survey between February 14th and March 3rd, 2006.

Following the baseline survey, the sample was divided into two equal groups – an intervention group, which was asked to use the OTRTQ site/program, and a control group, which was not directed to the site. Approximately four weeks after the baseline survey, all research participants were asked to complete the follow-up survey to explore their differences in knowledge, attitudes and behaviour. In total, 1,559 participants completed the follow-up survey – 679 from the intervention group and 880 from the control group – between March 29th and April 17th, 2006. The 3-month follow-up was completed by 1,075 (458 from the intervention group and 617 from the control group) during August 2006, while the 6-month follow-up was completed by 809 research participants (330 from the intervention group and 479 from the control group) during November 2006.

The qualitative research included both focus groups and in-depth interviews. Four focus groups were held with smokers in the pre-contemplation stage, with two groups each conducted in Montreal (French) and Toronto (English). In addition, a set of in-depth interviews were undertaken with a subset of research participants that were part of the intervention group. In total, 46 interviews were conducted – 26 with participants who visited and used the OTRTQ Web site, and 20 with those who did not visit OTRTQ at all or who visited the first page of the site only. All qualitative fieldwork took place from March to June, 2006.

Summary of Findings

The findings suggest that Health Canada's OTRTQ smoking cessation program is only marginally successful in terms of providing useful, effective information and assistance to adults who are prepared to quit smoking. Attitudinal and behavioural data obtained through this research supports this conclusion. Focusing first on perceptions of OTRTQ, members of the intervention group provide valuable feedback as users of the web-based program. Impressions of the program were moderately favourable at best, and tended to decline over

time. More than half of the intervention respondents would recommend OTRTQ to a friend (59% at the first follow-up vs. 53-54% at the 3- and 6-month follow-ups), but fewer felt that the activities were interesting or useful (52% vs. 43-46%) or that they got the kind of help they needed from the program (41% vs. 32-37%). Underscoring these assessments, members of the intervention group were fairly divided in terms of their perceptions of the overall value or utility of the program. The greatest proportion offered neutral ratings of the overall usefulness of OTRTQ in each follow-up wave (37-39%). The remaining participants were less likely to positively assess its usefulness in the latter two waves of research (from 34% to 26-27%), and increasingly more likely to see it as not useful (20% to 28-29%).

The limited amount of time that members of the intervention group spent on the Web site underscores and may help to explain this ambivalence toward the program and its usefulness. Almost two-thirds (64%) visited the site less than once a week, while only 17% visited once per week and 10% twice a week or more. Just as visits to the site varied, so too did use of the OTRTQ program activities. In fact, majorities used only two items – the 'Personal Profile' (63%) and 'Building Motivation' (50%). The qualitative findings were similar in this regard – relatively few participants tried many of the activities, but most explored the OTRTQ Web site in a general way.

While the activities were not used with any consistency (usage ranged from a low of 3% to a high of 63%), those who tried each activity tended to view it as helpful. The activities perceived to be the most helpful were writing down reasons for smoking (65%) and 'what smoking costs them' (61%). The utility of the activities was corroborated by in-depth interview participants, who again characterized the features as moderately useful overall (few commented specifically on each activity). With only a few exceptions, use of the OTRTQ activities increased with the frequency of site visits, as might be expected. The more times intervention group participants accessed the site, the more likely they were to have used the various activities. This same pattern was reflected in assessments of the helpfulness of each of the activities used on the site. Despite mixed evaluations of the program's overall usefulness, then, those who used the activities that accompanied the information *generally* found them to be helpful.

Over the course of the research, members of the intervention group felt that the program had a positive impact in a number of areas, although one stood out quite consistently – helping to understand the advantages of quitting smoking. These participants were most likely to attribute a medium-to-big impact on their understanding of the advantages of quitting smoking (61-65%). In addition, they were *increasingly* likely to feel that OTRTQ had a medium-to-big impact in terms of teaching them skills to help quit or cut down (from 59% to 63%) and increasing their knowledge about health facts and smoking (58-64%). By contrast, the likelihood of attributing an impact *decreased* in a number of areas over time. These include information on quitting or cutting down (from 65% to 62% at three months, and 59% at six months), increasing their motivation to quit smoking (from 59% to 51% at three months, and 49% at six months), and increasing their confidence that they can quit/stay quit (from 57% to 52% at three months, and 51% at six months). The qualitative research undertaken with those who used OTRTQ tended to support these findings. That is, few people claimed that OTRTQ had a positive impact in *all* areas assessed, but most everyone interviewed found that the program had a positive effect in at least some way.

Focusing on readiness to quit smoking, there has been no increase in the number of participants who plan to quit. While initially just 29% had planned to quit but were unsure when, the size of this group has grown over time. And, growth in this group comes at the expense of those who intend to quit within clearly defined timeframes. At the beginning of the research, 70% said they planned to quit smoking within the next half year or sooner. Six months later, substantially fewer participants commit to this timeframe (38-39% of intervention and control group members). Perhaps this is not unexpected given that the majority of smokers still crave cigarettes, and their likelihood of doing so has not changed significantly (84-90%). This aside, there has been a steady decrease in *most* pro-smoking attitudes. Participants in the OTRTQ program were increasingly *less* likely to claim pro-smoking attitudes applied to them. Over the course of this research they became less likely to worry about running out of cigarettes (from 62% baseline, to 56-58% in waves two and three, to 50% in wave four), to smoke while they are very sick (from 45% baseline, to 40-42% in subsequent waves), and to find it hard not to smoke in places where it is forbidden (from 29% to 26%).

Positive attitudinal changes vis-à-vis readiness to quit smoking were not accompanied by the confidence and motivation necessary to quit/stay quit (perhaps, in part, explaining why fewer respondents intend to quit smoking within a specific time period). Motivation to quit smoking *decreased* somewhat since the start of the research, but this decline was less pronounced among intervention group participants. That said, members of the control group were just as confident in their ability to quit smoking as their intervention group counterparts at the end of the research (38-39% wave four). Recall that members of the intervention group were less likely to feel OTRTQ had an impact vis-à-vis their confidence and motivation to quit smoking/stay quit (compared to other areas of potential impact). As well, many focus group participants in the pre-contemplation stage also felt that OTRTQ does not motivate them to want to quit smoking. Not much of the information was seen to be new information, nor was it seen to be motivational in style or approach. If program users were not already motivated to quit, this information was not seen to be effective in helping them *become* motivated or to quit/stay quit. Should they be ready to quit, OTRTQ might be one source, among others, that they would consult to help them.

Where there has been a noticeable improvement is in the area of knowledge related to quitting smoking. At the end of the research, participants were more likely to claim to be knowledgeable about the types of things they can do to quit smoking or stay quit (from 57% to 73-75%). In terms of motivation and confidence, OTRTQ would appear to have had limited success. And, while knowledge related to quitting or staying quit has increased, it has done so in virtually the same proportions for both intervention and control group members. While intervention participants felt OTRTQ had an impact on teaching them skills to help quit or cut down, the findings do not support the conclusion that OTRTQ *necessarily* had an impact in this area. Simply put, since an increase was noted among the control group as well, this increase in knowledge cannot confidently be attributed solely to the OTRTQ program.

Positive attitudes related to smoking and increased knowledge of how to quit/stay quit is of limited value if it does not influence smokers' behaviour. In terms of action planning, positive change occurred in the intervention participants' likelihood of engaging in three

quit-smoking activities. Since the start of the research, intervention participants were more likely to smoke half cigarettes (58% vs. 58-65%), use a quit smoking program other than OTRTQ (0% vs. 35-40%), and to have set a quit date (26% vs. 31-33%). While many respondents have taken at least some action in terms of making a quit plan, only a minority of the intervention group felt they got the type of help they needed from OTRTQ (41% at one month to 32-37% subsequently). Although most of the in-depth interview participants felt that OTRTQ provides the kind of information and assistance they need, many of these participants were more frequent visitors of the Web site. Among members of the control group, there was a noticeable *decline* in actions taken to prepare to quit smoking. The likelihood that they would take each action did not increase in any of the follow-up waves (compared to the baseline survey), except for setting a quit date. Furthermore, they were less likely than the intervention group to undertake these actions in all but one case – speaking to a professional (31% vs. 28% in wave four). In short, member of the intervention group were more apt to have taken at least some steps towards quitting smoking.

Turning to *observable* impacts of OTRTQ, these were less evident than the *perceived* impacts. While participants felt that the program had at least a moderate impact in the various areas, their behaviour did not necessarily support these views. The incidence of actually quitting smoking increased somewhat as time went on, from 0% to 5-7% in the second and third waves of the study, and 11% in wave four, but there was little difference between members of the intervention and control groups. That said, the number of daily heavy smokers (over 20 cigarettes a day) did decrease slightly between the baseline and final wave and there was a noticeable difference between the intervention and control group – that is, those who took part in OTRTQ were less likely to be heavy smokers (24% vs. 30% of those in the control group) at the end of the research. As well, members of the control group remain slightly more likely than those in the intervention group to score high to very high on the Fagerstrom Index.

Additionally, by the final wave of research, participants were less likely to *often* smoke at structured times, but again, differences between the control and intervention groups were minimal. The same pattern emerged in terms of smoking the first cigarette in the morning. From the baseline to the final wave, there has been an minor delay in the smoking of this cigarette; this change, however, did not differ between the two groups. The majority of smokers would most hate to give up the first cigarette of the morning, but members of the intervention group were less likely than those in the control group to feel this way in each of the last two follow-up waves (53-60% intervention vs. 56-61% control). Overall, then, while positive changes in smoking behaviour are noted, there were no significant differences between members of the control and intervention groups.

The research findings are *slightly* different when the focus is on individual respondents' movement (positive or negative) from the baseline through each subsequent wave of the survey. Changes over time and between the two research groups are somewhat more pronounced when looking at specific individuals (i.e. changes in an individual's own perceptions or behaviour over time); the aggregate findings tend to overlook these more subtle differences. Overall, more individuals have made positive changes to their smoking habits, as evidenced in the final six-month follow-up survey compared to the first survey following the intervention. However, there was no difference between the intervention and

control groups – they were *equally* likely to have reduced their smoking or quit all together. Turning to the number of cigarettes smoked on a daily basis, more regular smokers had cut back on the number of cigarettes they smoke (22% vs. 15% at the one month follow-up) by the end of the research. And, of particular importance, members of the intervention group were more likely to have reduced their daily smoking (29% vs. 17%).

In addition, more participants now spend less time in places where other people smoke than at the beginning of the research study (27% vs. 22% at the one-month follow-up) and respondents who took part in the intervention continue to be more likely to have made a positive change in this area (34% vs. 23% compared to the first follow-up: 24% vs. 20%). As well, since the baseline survey, individual respondents have made modest changes in terms of the frequency with which they smoke during (24% vs. 18%) and after (14% vs. 13%) work, and on weekends (12% vs. 10%). By the final wave of the survey, members of the intervention were less apt than members of the control group to smoke during (26% vs. 23%) and after (18% vs. 12%) the work day, as well as on weekends (13% vs. 11%). In short, there has been an increasingly positive change in the behaviour of regular smokers, both overall and among members of the intervention group.

There was widespread concern among both groups of participants about their health as smokers, and fully 84-85% (up from 59% during the baseline) think they are ready to quit smoking. That said, while there have been a few notable changes among individual participants, the overall findings reveal no significant differences between members of either the control or the intervention groups in terms of their smoking behaviour. What, then, are the barriers that prevent these smokers from breaking the habit and what information would be most helpful if OTRTQ does not appear to offer this for the majority of research participants? The key question – what will it take to increase the motivation and confidence of smokers that they can quit and stay quit?

The qualitative findings offer some insight into the type of things smokers would find helpful vis-à-vis quitting. The interviews conducted with people who used the OTRTQ program revealed that most participants felt they would need encouraging or motivational information and information on Nicotine Replacement Therapies (NRTs) if they decide to quit smoking. Those who wanted encouragement mentioned success stories and personal coaching as things that would be useful. The type of NRT-related information identified as being helpful included topics such as Zyban, the Patch, and Nicorette. A few others expressed a need for information on withdrawal and how to deal with the symptoms of nicotine withdrawal. It may be that personal motivation, coupled with practical advice, is what smokers need to quit. The findings highlight the fact that information alone is not sufficient to motivate a change in behaviour. These participants were well aware of the health risks of smoking and the advantages of quitting. Still, they intend to quit, but do not know when this will happen.

Finally, turning to the Web site itself, the findings indicate that the site would benefit from some improvements. Reaction to OTRTQ was mixed, running the full gamut from fairly negative to moderately positive. Feedback focused on the design and content of the site. Approximately two-thirds (63-65%) in each follow-up wave agreed that the OTRTQ Web site was easy to use. Slightly less, but still a majority, felt that it was easy to get what they

needed (from 61% to 57-58%). The in-depth interviews generally echoed these assessments, and participants who used OTRTQ found the site's overall look and feel appealing. 'Non-users' who took part in the in-depth interviews and pre-contemplation smokers in the focus groups offered more neutral-to-negative assessments of the site. For many, the site fell short in terms of its appearance and the level of interaction it afforded them. It lacked visual appeal and interest, and generally was not viewed to be engaging. Participants who suggested features to improve the value or usefulness of the OTRTQ site and program pointed most often to visual enhancements. Recommendations to improve the design of the site included, among others, using more vibrant colours, adding more graphics, and incorporating greater interactivity.

Despite its lack of visual appeal for many, the site was marginally successful at conveying information about smoking and quitting smoking. That is, the content received more favourable assessments. Many who took part in the in-depth interviews felt that the main strength of the site is its informative value. Participants valued both the type and amount of information. Nearly all found the information clear and easy to understand. Most non-user participants said they plan to visit the OTRTQ Web site in future to take advantage of its information. While the site design received mixed reviews, the information is what participants said would encourage them to return to the web-based program. Focus group participants also tended to acknowledge that the information was comprehensive (despite being perceived as boring), and while much of it was not new to them, some participants felt that it provided a good reminder.

To conclude, the OTRTQ program and Web site received mixed reviews, and appears to have had very limited impact in actually getting people to quit or cut down on their smoking. The program itself had only marginal success in terms on increasing the self-efficacy and knowledge of participants vis-à-vis quitting. Smokers acknowledge the importance of reasons to quit and worry about their health, yet they are not sufficiently motivated to quit and OTRTQ appears to have had limited impact in this regard. The vehicle delivering the program – the Web site – also fell short, mainly, but not only, in terms of its appearance. The content, for the most part, was viewed to be easy to understand and comprehensive; however, the lack of interactive features and graphics appear to have impeded the effectiveness and perceived utility of the site and OTRTQ program. Improvements in the site's interactive features, graphics, and motivational ability appear to be required, and might be expected to positively impact on the overall effectiveness of the program.

More Information:

Supplier Name: Phoenix Strategic Perspectives Inc.
PWGSC contract number: H1011-050050-001-CY
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For further information, please contact the Department at por-rop@hc-sc.gc.ca.

SOMMAIRE

Santé Canada a chargé Phoenix SPI d'effectuer une étude pour évaluer *Sur la voie de la réussite* (SLVDLR), programme d'abandon du tabac disponible sur Internet. Dans le cadre de l'étude, nous avons cherché à établir dans quelle mesure cet outil pour l'abandon du tabac disponible sur Internet présente des renseignements utiles et efficaces et offre du soutien aux adultes de 30 à 55 ans qui souhaitent arrêter de fumer.

Aperçu de l'étude

Dans le droit fil des objectifs énoncés ci-haut, nous avons entrepris une étude mixte en plusieurs phases. Le volet quantitatif comprenait un sondage de référence et trois sondages de suivi. Le premier sondage de suivi s'est déroulé quatre semaines après le sondage initial, et les deux autres, trois et six mois après le sondage de référence. Le sondage de référence réunissait des participants satisfaisant aux critères de l'étude suivant un processus de recrutement, qui s'est déroulé en ligne au moyen d'un questionnaire de sélection. L'admissibilité procédait de la mesure dans laquelle les fumeurs étaient prêts à arrêter de fumer. Les fumeurs satisfaisant aux conditions de recrutement qui ont accepté de participer à l'étude ont été aiguillés vers le sondage de référence. Au total, 2 387 répondants ont participé au sondage de référence entre le 14 février et le 3 mars 2006.

Suite au sondage de référence, l'échantillon a été séparé en deux groupes égaux – un groupe d'intervention, dont les sujets devaient se servir du site Internet/programme SLVDLR, ainsi qu'un groupe témoin, dont les sujets n'ont pas été aiguillés vers le site. Environ quatre semaines après le sondage de référence, tous les participants de l'étude devaient répondre au sondage de suivi qui portait sur les différences au chapitre de leurs connaissances, de leurs attitudes et de leur comportement. Au total, 1 559 participants ont répondu au sondage de suivi – 679 sujets du groupe d'intervention et 880 sujets du groupe témoin – entre le 29 mars et le 17 avril 2006. Au mois d'août 2006, 1 075 participants ont participé à l'étape de suivi à trois mois (458 sujets du groupe d'intervention et 617 sujets du groupe témoin), tandis que 809 participants de l'étude ont pris part au suivi à six mois (330 sujets du groupe d'intervention et 479 du groupe témoin) en novembre 2006.

Le volet qualitatif reposait sur des groupes de discussion et des entrevues approfondies. Quatre groupes de discussion ont réuni des fumeurs à l'étape de pré-réflexion : deux groupes tenus à Montréal (en français) ainsi que deux groupes tenus à Toronto (en anglais). En outre, nous avons effectué une série d'entrevues approfondies auprès d'un sous-groupe de participants de l'étude qui faisaient partie du groupe d'intervention. Au total, 46 entrevues ont eu lieu – 26 auprès de participants qui consultaient et utilisaient le site Internet SLVDLR, et 20 auprès de participants qui n'avaient jamais visité le site SLVDLR ou n'en avaient consulté que la première page. Le travail sur le terrain du volet qualitatif s'est déroulé entre mars et juin 2006.

Résumé des observations

Les observations semblent indiquer que le programme de renoncement à la cigarette SLVDLR de Santé Canada n'est que légèrement efficace en ce qui concerne la mesure dans laquelle il parvient à présenter des renseignements utiles et efficaces et à offrir de

l'aide aux adultes disposés à arrêter de fumer. Les données recueillies dans le cadre de l'étude au sujet des attitudes et du comportement appuient aussi cette conclusion. Pour ce qui concerne d'abord les perceptions à l'égard de SLVDLR, les sujets du groupe d'intervention, qui se sont servis du programme sur Internet, formulent des commentaires intéressants. Nous observons que les impressions à l'égard du programme, qui se sont révélées au mieux modérément favorables, ont eu tendance à s'affaiblir au fil du temps. Plus de la moitié des répondants du groupe d'intervention auraient recommandé le programme SLVDLR à un ami (59 % lors du premier suivi c. 53 %-54 % après trois et six mois), mais ils étaient moins nombreux à considérer les activités comme intéressantes ou utiles (52 % c. 43 %-46 %) ou à être d'avis que le programme offre le genre d'aide dont ils ont besoin (41 % c. 32 %-37 %). De même, les sujets du groupe d'intervention étaient assez partagés quant à leurs perceptions à l'égard de la valeur ou de l'utilité globales du programme. À chaque étape du suivi, les participants ont présenté pour la plupart des évaluations neutres à l'égard de l'utilité globale de SLVDLR (37 %-39 %). Les autres participants étaient moins susceptibles de présenter une évaluation positive de l'utilité du programme dans le cadre des deux dernières étapes de suivi (de 34 % à 26 %-27 %) et de plus en plus susceptibles de le tenir pour inutile (de 20 % à 28 %-29 %).

Le peu de temps que les sujets du groupe d'intervention ont consacré au site Internet souligne leur ambivalence à l'égard du programme et de son utilité et pourrait contribuer à l'expliquer. Dans une proportion de presque deux pour trois (64 %), les participants ont consulté le site moins d'une fois par semaine, tandis que seulement 17 % des sujets l'ont consulté une fois par semaine et 10 %, deux fois par semaine ou davantage. À la façon dont nous constatons des variations au chapitre du nombre de visites sur le site Internet, le recours aux activités du programme SLVDLR est également variable. En fait, les participants se sont majoritairement servis de deux éléments seulement – le « Profil de fumeur »(63 %) et « Développer la motivation » (50 %). Les observations qualitatives rejoignent ces résultats. En effet, un nombre relativement faible de participants disent avoir essayé de nombreuses activités, mais la plupart d'entre eux ont exploré le site Internet SLVDLR en général.

Tandis que nous observons divers résultats pour ce qui concerne le recours aux différentes activités (le taux d'utilisation varie d'aussi peu que 3 % à un sommet de 63 %), les participants ayant essayé les activités ont tendance à les tenir pour utiles. Les activités considérées comme les plus utiles sont la rédaction des motifs pour lesquels la personne fume (65 %) et l'activité au sujet de ce qu'il en coûte de fumer (61 %). Les participants des entrevues approfondies confirment l'utilité des activités. En effet, ces derniers considèrent aussi les caractéristiques comme modérément utiles dans l'ensemble (ils ont rarement formulé des commentaires précis au sujet de chaque activité). À quelques exceptions près, plus les utilisateurs consultent le site Internet, plus ils recourent aux activités du programme SLVDLR, comme nous pouvions nous y attendre. De même, plus les participants du groupe d'intervention ont consulté le site, plus ils sont susceptibles d'avoir recouru aux diverses activités. Les évaluations ayant pour objet l'utilité de chacune des activités accessibles sur le site révèlent la même tendance. Malgré des évaluations mixtes au sujet de l'utilité globale du programme, *en général*, les sujets qui ont recouru aux activités présentées à l'appui des renseignements les considèrent comme utiles.

Au cours de l'étude, les membres du groupe d'intervention ont signalé que le programme a des effets positifs dans divers domaines. Nous avons néanmoins observé que l'un de ces domaines se détache assez souvent du lot, nommément la compréhension des avantages liés à l'abandon du tabac. En effet, ces participants étaient plus susceptibles d'attribuer au programme des effets modérés à importants au chapitre de la mesure dans laquelle ils comprennent les avantages liés à l'abandon du tabac (61 %-65 %). En outre, ces participants sont devenus *de plus en plus* susceptibles d'être avis que le programme SLVDLR a un effet modéré à important en ce qui concerne la mesure dans laquelle il parvient à leur donner des moyens pour les aider à arrêter de fumer ou à réduire le nombre de cigarettes qu'ils fument (les résultats varient de 59 % à 63 %) et à enrichir leurs connaissances dans le contexte de la santé et du tabagisme (58 %-64 %). Par ailleurs, nous avons observé une *diminution* au fil du temps de la probabilité que les sujets attribuent au programme un effet dans un certain nombre de domaines. Ces domaines comprennent l'information sur l'abandon du tabagisme ou la réduction du nombre de cigarettes (résultat qui est passé de 65 % à 62 % après trois mois, puis à 59 % après six mois), l'accroissement de la motivation pour cesser de fumer (de 59 % à 51 % après trois mois, puis à 49 % après six mois), ainsi que le renforcement de la conviction des sujets à l'égard de leur capacité à cesser de fumer ou à ne pas recommencer (de 57 % à 52 % après trois mois, puis à 51 % après six mois). L'étude qualitative menée auprès des utilisateurs du programme SLVDLR appuie généralement ces observations. Plus précisément, un faible nombre de participants ont affirmé que le programme SLVDLR a eu un effet positif dans *l'ensemble* des domaines à l'étude, mais presque tous les sujets qui se sont prêtés à l'entrevue estiment que le programme a eu un effet positif, ne serait-ce qu'à certains égards.

En ce qui concerne maintenant la mesure dans laquelle les sujets sont disposés à cesser de fumer, nous n'avons pas observé d'augmentation au chapitre du nombre de participants qui prévoient arrêter de fumer. Tandis qu'au départ, seulement 29 % des participants prévoyaient arrêter de fumer sans trop savoir quand exactement, la taille de ce groupe a augmenté au fil du temps, aux dépens du groupe réunissant ceux qui prévoient arrêter de fumer dans un délai clairement établi. Au début de l'étude, 70 % affirmaient prévoir cesser de fumer au cours des six prochains mois ou plus tôt. Six mois plus tard, le groupe de participants engagés dans cette voie était considérablement moins important (38 %-39 % des sujets du groupe d'intervention et du groupe témoin). Il ne faut peut-être pas s'en surprendre, étant donné qu'en majorité, les fumeurs continuent d'avoir envie de fumer la cigarette et que la probabilité qu'ils le fassent n'a pas beaucoup changé (84 %-90 %). Par ailleurs, nous avons observé une réduction continue de la *plupart* des attitudes favorables à la cigarette. Les participants du programme SLVDLR sont devenus de *moins en moins* susceptibles d'affirmer adopter des attitudes favorables au tabagisme. Au cours de l'étude, ils sont devenus moins susceptibles de craindre de manquer de cigarettes (le résultat est passé de 62 %, au départ, à 56 %-58 % aux deuxième et troisième étapes, puis à 50 % à la quatrième étape), moins susceptibles de fumer quand ils sont très malades (le résultat est passé de 45 %, au départ, à 40 %-42 % au cours des étapes subséquentes), et moins susceptibles d'avoir de la difficulté à ne pas fumer dans les endroits où c'est interdit (de 29 % à 26 %).

En parallèle des changements d'attitudes positifs à l'égard de la mesure dans laquelle les sujets sont disposés à cesser de fumer, nous n'avons toutefois pas observé la confiance et la motivation nécessaires pour arrêter de fumer ou éviter de recommencer (ce qui explique

peut-être en partie qu'un plus faible nombre de répondants aient l'intention de cesser de fumer dans un délai précis). Nous avons observé que la motivation à cesser de fumer a quelque peu *diminué* par rapport au début de l'étude, mais ce fléchissement est moins marqué chez les participants faisant partie du groupe d'intervention. En revanche, à la fin de l'étude, les sujets du groupe témoin se sont révélés aussi confiants que leurs homologues du groupe d'intervention en ce qui concerne la mesure dans laquelle ils se sentent capables d'arrêter de fumer (38 %-39 % à la quatrième étape). N'oublions pas que les sujets du groupe d'intervention étaient moins susceptibles d'indiquer que le programme SLVDLR a eu un effet sur leur confiance et leur motivation à l'égard de leur capacité d'arrêter de fumer ou de ne pas recommencer (comparativement aux autres domaines dans lesquels nous avons mesuré l'effet possible). En outre, un grand nombre de participants des groupes de discussion, qui en sont à la pré-réflexion, ont aussi indiqué que le programme SLVDLR ne parvient pas à les motiver à souhaiter cesser de fumer. Selon les participants, une grande partie des renseignements présentés ne constituent pas de l'information nouvelle. En outre, ces renseignements ne parviennent pas plus à les motiver au moyen du style de communication que grâce à l'angle adopté pour présenter l'information. Pour ce qui concerne les utilisateurs du programme qui ne sont pas déjà motivés à arrêter de fumer, l'information présentée n'est pas considérée comme efficace pour les aider à *trouver* la motivation nécessaire ou encore pour les aider à cesser de fumer ou à ne pas recommencer. D'autre part, en ce qui concerne les sujets prêts à cesser de fumer, il semble que le programme SLVDLR pourrait figurer parmi les nombreuses sources que les personnes consulteraient pour s'outiller.

C'est au chapitre des connaissances liées à l'abandon du tabac que nous avons observé une nette amélioration. À la fin de l'étude, les participants étaient plus susceptibles de se dire bien informés au sujet du genre de choses qu'ils peuvent faire pour cesser de fumer ou éviter de recommencer (de 57 % à 73 %-75 %). Il semble que le programme SLVDLR n'ait pas été très fructueux sur le plan de la motivation et de la confiance. En outre, bien que nous ayons relevé une augmentation en ce qui concerne les connaissances sur ce qu'il faut faire pour cesser de fumer ou ne pas recommencer, les résultats à cet égard se sont accrus pratiquement dans les mêmes proportions chez les membres du groupe d'intervention et les membres du groupe témoin. Tandis que les sujets du groupe d'intervention sont d'avis que le programme SLVDLR leur a permis d'acquérir des compétences pour arrêter de fumer ou réduire le nombre de cigarettes qu'ils fument, les observations ne permettent pas de conclure que le programme a *nécessairement* eu un effet dans ce domaine. Plus simplement, étant donné qu'une augmentation a aussi été relevée dans le groupe témoin, il est impossible d'affirmer avec assurance que l'augmentation au chapitre des connaissances est entièrement attribuable au programme SLVDLR.

Des attitudes positives dans le contexte du tabagisme et de meilleures connaissances quant à la façon de cesser de fumer et de ne pas recommencer n'ont que peu de valeur si elles n'ont pas d'incidence sur le comportement des fumeurs. En ce qui concerne l'établissement d'un plan d'action, nous avons observé des changements positifs au chapitre de la probabilité que les sujets du groupe d'intervention entreprennent trois activités favorables à l'abandon du tabac. Par rapport aux résultats enregistrés au début de l'étude, les sujets du groupe d'intervention sont devenus plus susceptibles de fumer une moitié de leurs cigarettes seulement (58 % c. 58 %-65 %), de recourir à un programme pour cesser de fumer en outre du programme SLVDLR (0 % c. 35 %-40 %) et de choisir

une date de renoncement à la cigarette (26 % c. 31 %-33 %). Tandis que bon nombre de répondants ont commencé à prendre des mesures en établissant au moins un plan en vue de cesser de fumer, une minorité seulement des sujets du groupe d'intervention ont affirmé recevoir du programme SLVDLR le genre d'aide dont ils ont besoin (41 % après un mois et 32 %-37 % par la suite). Même si la plupart des participants qui se sont prêtés aux entrevues approfondies ont indiqué que SLVDLR offre le genre d'information et d'aide dont ils ont besoin, un grand nombre de ces participants étaient au nombre des visiteurs assidus du site Internet. Chez les sujets du groupe témoin, il y a eu un net *fléchissement* relativement à la prise de mesures en vue d'arrêter de fumer. La probabilité que ces participants prennent chaque mesure n'avait pas augmenté à chacune des étapes du suivi (comparativement aux résultats du sondage de référence), sauf pour ce qui concerne l'établissement d'une date de renoncement à la cigarette. En outre, ces sujets étaient moins susceptibles que les sujets du groupe d'intervention d'entreprendre l'une ou l'autre de ces mesures sauf pour ce qui concerne une démarche – consulter un professionnel (31 % c. 28 % à l'étape quatre). En bref, les sujets du groupe d'intervention étaient plus disposés à avoir pris au moins certaines mesures en vue de cesser de fumer.

Par ailleurs, il appert que les effets *observables* du programme SLVDLR soient moins évidents que les effets *perçus*. Encore que les participants soient d'avis que le programme a eu un effet à tout le moins modéré dans les divers domaines à l'étude, leur comportement n'appuie pas nécessairement leurs observations à cet effet. Si l'incidence d'abandon du tabac a quelque peu augmenté au fil du temps, passant de 0 % à 5 %-7 % aux deuxième et troisième étapes de l'étude, pour atteindre 11 % à la quatrième étape, il n'y a guère de différence entre les résultats des membres du groupe d'intervention et ceux du groupe témoin à ce chapitre. En revanche, il y a eu une légère diminution du nombre de gros fumeurs (qui fument plus de 20 cigarettes par jour) entre le sondage de référence et la dernière étape du suivi, et nous avons relevé une nette différence à cet effet entre le groupe d'intervention et le groupe témoin. Plus précisément, à la fin de l'étude, les sujets qui ont participé au programme SLVDLR étaient moins susceptibles d'être de gros fumeurs (24 % c. 30 % des sujets du groupe témoin). De même, les membres du groupe témoin sont demeurés légèrement plus susceptibles que les membres du groupe d'intervention d'obtenir des résultats élevés ou très élevés selon l'indice de Fagerstrom.

De plus, à la fin de l'étude, les participants étaient moins susceptibles de fumer *souvent* à des moments très précis, quoique de nouveau, nous n'observions que des différences minimes entre le groupe témoin et le groupe d'intervention à cet effet. La même tendance s'est dessinée pour ce qui concerne la première cigarette du matin. Du sondage de référence à la dernière étape du suivi, le moment où les participants fument cette première cigarette a été légèrement retardé. Ce changement ne diffère toutefois pas entre les deux groupes. C'est la première cigarette de la journée, le matin, que la majorité des fumeurs détesteraient le plus abandonner, mais les membres du groupe d'intervention étaient moins susceptibles que ceux du groupe témoin de présenter ce point de vue dans chacune des deux dernières étapes de suivi (53 %-60 % dans le groupe d'intervention c. 56 %-61 % dans le groupe témoin). C'est ainsi que dans l'ensemble, bien que nous observions des changements positifs au chapitre des comportements liés à la cigarette, il n'y a pas eu de différences considérables entre les membres du groupe témoin et les membres du groupe d'intervention.

Les observations découlant de l'étude diffèrent *légèrement* lorsque l'analyse porte sur l'évolution individuelle (positive ou négative) des répondants entre le sondage de référence et les différentes étapes de suivi. Les changements au fil du temps et entre les deux groupes à l'étude sont quelque peu plus marqués lorsque nous examinons les personnes (c.-à-d. les changements aux chapitres des perceptions ou du comportement d'une personne au fil du temps). En général, les résultats globaux ne permettent pas de relever ces différences plus subtiles. Dans l'ensemble, un plus grand nombre de personnes ont apporté des changements positifs à leurs habitudes d'usage du tabac, comme en témoignent les résultats du dernier sondage de suivi, réalisé après six mois, comparativement au premier sondage effectué après l'intervention. Nous n'avons toutefois pas relevé de différences entre le groupe d'intervention et le groupe témoin – les membres des deux groupes se sont révélés *aussi* susceptibles d'avoir réduit le nombre de cigarettes qu'ils fument ou d'avoir complètement arrêté de fumer. En ce qui concerne le nombre de cigarettes que les participants fument par jour, à la fin de l'étude, un plus grand nombre des sujets fumant régulièrement avaient réduit le nombre de cigarettes qu'ils fument (22 % c. 15 % après un mois). De plus, fait particulièrement important, les membres du groupe d'intervention étaient plus susceptibles d'avoir diminué le nombre de cigarettes qu'ils fument par jour (29 % c. 17 %).

En outre, par rapport au début de l'étude, un plus grand nombre de participants fréquentent désormais moins souvent les endroits où d'autres personnes fument (27 % c. 22 % après un mois) et les répondants qui ont participé à l'intervention sont aussi plus susceptibles d'avoir apporté des changements positifs à ce chapitre (34 % c. 23 % comparativement à la première étape de suivi : 24 % c. 20 %). De plus, depuis le sondage de référence, lorsque nous étudions les résultats individuels des répondants, il appert qu'ils ont apporté de modestes changements sur le plan de la fréquence à laquelle ils fument pendant (24 % c. 18 %) et après (14 % c. 13 %) leurs heures de travail, ainsi que pendant la fin de semaine (12 % c. 10 %). À la fin de l'étude, comparativement aux membres du groupe témoin, les membres du groupe d'intervention étaient moins disposés à fumer pendant (26 % c. 23 %) et après (18 % c. 12 %) leur journée de travail, de même que la fin de semaine (13 % c. 11 %). En bref, de plus en plus de changements positifs se sont opérés au chapitre du comportement des sujets qui fument régulièrement, tant dans l'ensemble que plus particulièrement, chez les membres du groupe d'intervention.

Nous avons observé dans les deux groupes de participants des préoccupations généralisées au sujet de leur santé, étant donné qu'ils sont fumeurs, et c'est dans une forte proportion de 84 %-85 % (en hausse par rapport au résultat de 59 % enregistré dans le cadre du sondage de référence) qu'ils croient être prêts à arrêter de fumer. En revanche, si nous avons observé quelques changements dignes de mention à l'étude des résultats individuels des participants, les résultats globaux ne révèlent pas de différences considérables entre les membres du groupe témoin ou du groupe d'intervention pour ce qui concerne leur comportement lié à l'usage du tabac. Dans ce contexte, il convient de se demander quels sont les obstacles qui empêchent ces fumeurs de se défaire de cette habitude et quels renseignements leur seraient le plus utiles, dans la mesure où le programme SLVDLR ne semble pas parvenir à offrir ces outils à une majorité des participants de l'étude. S'ensuit la question clé – que faudra-t-il faire pour accroître la motivation et la confiance des fumeurs afin qu'ils réussissent à arrêter de fumer et à ne pas recommencer?

Les observations découlant du volet qualitatif jettent de la lumière sur le genre de choses que les fumeurs pourraient trouver utiles dans le contexte de l'abandon du tabac. Les entrevues menées auprès des gens qui se sont servis du programme SLVDLR révèlent que la plupart des participants sont d'avis qu'ils auraient besoin de renseignements susceptibles de les encourager ou de les motiver, ainsi que de l'information sur les traitements de substitution de la nicotine, s'ils décidaient d'arrêter de fumer. Les participants qui souhaiteraient recevoir de l'encouragement font état d'exemples de réussite et d'encadrement individuel au nombre des choses qui pourraient leur être utiles. Le genre de renseignements sur la substitution de la nicotine dont les participants ont signalé qu'ils seraient utiles comprennent des sujets comme Zyban, le timbre de substitution de la nicotine ainsi que Nicorette. Par ailleurs, quelques participants ont aussi indiqué qu'ils auraient besoin de renseignements sur le sevrage et sur les façons de composer avec les symptômes du sevrage à la nicotine. Il est possible que ce dont les fumeurs ont besoin pour arrêter de fumer, c'est de motivation personnelle et de conseils pratiques. Les observations font ressortir que la communication d'information ne suffit pas à motiver un changement de comportement. Ces participants connaissent bien les risques pour la santé que suppose l'usage du tabac ainsi que les avantages liés au renoncement à la cigarette. Reste qu'ils ont l'intention d'arrêter de fumer, mais ne savent pas trop quand ça va arriver.

Enfin, en ce qui concerne le site Internet en soi, les observations indiquent que certaines améliorations pourraient profiter au site. Les participants ont présenté à l'égard du programme SLVDLR diverses réactions dans toute la gamme des nuances entre assez négatives et modérément positives. Les commentaires s'attachent surtout à la conception et au contenu du site. À chaque étape du suivi, c'est dans une proportion d'environ deux pour trois (63 %-65 %) que les participants conviennent que le site Internet du programme SLVDLR est convivial. Dans une proportion légèrement inférieure mais néanmoins majoritaire, les participants sont d'avis qu'il est facile de trouver ce qu'ils cherchent (de 61 % à 57 %-58 %). En général, les entrevues approfondies font écho à ces évaluations, et les participants qui se sont servis du programme SLVDLR indiquent que dans l'ensemble, la présentation et la convivialité sont des aspects attrayants du site Internet. Les non-utilisateurs qui se sont prêtés aux entrevues approfondies ainsi que les fumeurs à l'étape de pré-réflexion ayant participé aux groupes de discussion formulent des évaluations davantage neutres ou négatives au sujet du site. Selon plusieurs, le site a des lacunes sur le plan de la présentation et du degré d'interaction possible. L'intérêt et l'attrait visuel font défaut et en général, le site Internet n'est pas considéré comme attirant. Les participants qui ont suggéré des caractéristiques susceptibles d'améliorer la valeur ou l'utilité du site et du programme SLVDLR ont signalé le plus souvent des améliorations sur le plan visuel. Entre autres, les recommandations pour améliorer la conception du site Internet comprennent le recours à des couleurs vives, l'ajout de graphiques et l'intégration de fonctions permettant une meilleure interactivité.

Même si un grand nombre de participants sont d'avis que la présentation visuelle du site Internet laisse à désirer, il ressort de l'étude que le site s'est révélé légèrement fructueux pour ce qui est de transmettre de l'information sur la cigarette et l'abandon du tabac. Plus particulièrement, le contenu a fait l'objet d'évaluations plus favorables. Un grand nombre des participants qui se sont prêtés aux entrevues approfondies sont d'avis que le principal point fort du site Internet réside dans sa valeur instructive. Les participants attachent de l'importance au genre d'information ainsi qu'à la quantité de renseignements

communiqués. Presque tous les participants considèrent l'information comme claire et facile à comprendre. La plupart des non-utilisateurs affirment qu'ils prévoient consulter le site Internet du programme SLVDLR à l'avenir afin de tirer parti de ces renseignements. Encore que les participants aient réservé à la conception du site Internet un accueil mitigé, ils affirment que c'est l'information qui y est présentée qui les encouragerait à consulter de nouveau le programme disponible en ligne. Les participants des groupes de discussion ont aussi tendance à reconnaître l'exhaustivité de l'information (même s'ils la considèrent comme ennuyante), et tandis que ces renseignements, pour la plupart, ne sont pas nouveaux, certains participants sont d'avis qu'ils constituent un bon aide-mémoire.

En conclusion, les participants ont réservé un accueil mitigé au programme et au site Internet SLVDLR, qui semblent avoir très peu d'effet pour ce qui est de convaincre les gens d'arrêter de fumer ou de fumer moins. Le programme ne s'est révélé que légèrement efficace pour accroître l'auto-efficacité et les connaissances des participants dans le contexte du renoncement à la cigarette. Bien que les fumeurs reconnaissent l'importance des motifs pour lesquels il faut cesser de fumer, et bien qu'ils se préoccupent de leur santé, ils ne sont toutefois pas assez motivés pour arrêter de fumer, et le programme SLVDLR semble n'avoir qu'un effet limité à ce chapitre. Le véhicule du programme – le site Internet – a des lacunes, surtout pour ce qui concerne la présentation, mais pas exclusivement. Le plus clair du contenu est considéré comme facile à comprendre et exhaustif, mais le manque de graphiques ainsi que de fonctions d'interactivité semble faire obstacle à l'efficacité et à l'utilité perçue du site et du programme SLVDLR. Il semble qu'il faille améliorer le site aux chapitres de l'interactivité, des graphiques et de sa capacité à motiver les utilisateurs. Ces améliorations pourraient avoir une incidence positive sur l'efficacité globale du programme.

Pour de plus amples renseignements :

Nom du fournisseur : Phoenix Strategic Perspectives Inc.
Numéro du contrat de TPSGC : H1011-050050-001-CY
Date d'attribution : 19-12-2005

Pour de plus amples renseignements, veuillez communiquer avec le département à por-rop@hc-sc.gc.ca.

INTRODUCTION

Health Canada commissioned Phoenix Strategic Perspectives Inc. to undertake a research program designed to evaluate the *On the Road to Quitting* (OTRTQ) program as an online smoking cessation tool.

Background and Objectives

Every year, more than 37,000 Canadians die prematurely as a result of disease and illness cause by the use of tobacco, and at least 800 of them are non-smokers. The goal of the Government of Canada's Federal Tobacco Control Strategy (FTCS) is to significantly reduce disease and death associated with tobacco use. The FTCS is based on a comprehensive, integrated approach to reducing tobacco use in Canada, and it incorporates four mutually reinforcing components: prevention, cessation, protection and harm reduction. Each component is strengthened and supported by extensive use of mass media campaigns and public education.

Helping Canadians to quit smoking is a key strategic direction of the FTCS. While the Strategy is implemented by the Tobacco Control Programme (TCP), the main area of responsibilities for this work lies with the TCP's Office of Programs and Mass Media, which:

- contributes to a reduction in the number of youth who take up smoking in Canada;
- contributes to a reduction in tobacco use and involuntary exposure to second-hand tobacco smoke in Canada;
- disseminates timely and comprehensive tobacco-related information to individuals and organizations across Canada;
- contributes to an infrastructure that supports coordinated planning, collaboration, best practices, and policies that build the capacity of organizations and individuals, including youth; and
- enhances the capacity of individuals and organizations to undertake tobacco control efforts in Canada.

Research evidence underscores the importance of tailoring tobacco cessation interventions on the basis of stage of change. Prochaska and DiClemente developed the *Stages of Change* Model, which recognizes that behaviour change involves a process (Prochaska, J. & DiClemente, C.; 1983; Stages and processes of self-change in smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51, 390-395.). According to Prochaska, it is critical to recognize people's stages in getting them to change behaviours.

During the **pre-contemplation** stage, people are not thinking about quitting smoking. They see the positive aspects of smoking as outweighing the negative consequences. They believe smoking is their own business. In the **contemplation** stage, people are considering the possibility of changing their smoking behaviour. They are starting to be aware that they are at risk and that there may be some benefits to quitting smoking. People may not be sure about their ability to quit. Smokers who have made a quit attempt in the past year and have decided to quit smoking again in the next month are in **preparation**. They are

thinking of a strategy or plan of action to help them quit. During the **action** stage, the plan to quit smoking is put into effect. People might have to cope with challenging situations at this point. After people have quit smoking for about six months, they are in a **maintenance** stage. They may have experienced a few slips along the way, but did not go back to regular smoking. Along the way to successfully quitting smoking, people will likely **relapse**, returning to a previous stage. It is important to know that most people go through the various stages several times while trying to quit smoking for good. The stage that people reach when they feel 100% confident that they will never smoke again is called **termination**.

The OTRTQ program is a bilingual, interactive, online program designed to help adults quit smoking. Based on the *Stages of Change Model*, the OTRTQ program was developed in collaboration with smoking cessation experts from the University of Waterloo in a way that facilitates behaviour changes. The online program is designed to assist and support Canadians in their efforts to quit smoking by providing interactive features to engage them in the preparation and action stages. The OTRTQ program helps smokers explore their concerns about tobacco use and enables them to better understand why they smoke, why they want to quit, the benefits of quitting, and what to expect and prepare for during the quitting process. The overall goal of the program is to encourage and provide support to adult smokers, aged 30-55, through the development of targeted messages and activities to help them become non-smokers. For those smokers who are prepared and ready to quit, the program should take the user approximately three weeks to complete. Those smokers who are less prepared would take longer to complete the program, although they could learn a lot within the same time period.

This is the first evaluation of the OTRTQ site. As such, the research was designed to help the Tobacco Control Programme determine the extent to which the OTRTQ site provides useful, effective information and assistance to adults aged 30-55 who are prepared to quit smoking. Specifically, research objectives included:

- Quantitative Research:
  - To assess the extent to which the OTRTQ site increases motivation, self-efficacy (people's belief in their ability to quit smoking), and action planning of adult smokers who are seriously thinking of quitting smoking (contemplation and preparation stages);
  - To explore the appeal of the design elements of the site to the target audience and to provide recommendations for improving the content and format; and
  - To examine barriers (confidence, ability, external factors, etc) to smoking cessation.

- Qualitative Research:
  - To explore in more detail the appeal of the design elements of the site to smokers who are seriously thinking of quitting smoking, and to provide recommendations for improving the content and format;
  - To examine in more depth barriers to smoking cessation for the target group; and
  - To explore whether the site helps motivate smokers who are not seriously thinking of quitting (i.e. in the pre-contemplation stage).

Research Activities

To address the objectives, a multi-phased, mixed-methodology research program was undertaken. To date, it has comprised a baseline and initial follow-up survey, conducted approximately four weeks apart. Following the baseline survey, the sample was divided into two equal groups – an intervention group, which was asked to use the OTRTQ site/ program, and a control group, which was not directed to the site. Approximately four weeks after the baseline survey, all research participants (both in the intervention and control groups) were asked to complete the follow-up survey to explore the differences in knowledge, attitudes and behaviour. The results for these activities are included in Part 1 of this report. In addition, qualitative research was undertaken in the form of a set of in-depth interviews with a subset of research participants that were part of the intervention group, as well as focus groups with smokers in the pre-contemplation stage in the Stages of Change Model. The results for this activity are included in Part 2 of this report.

The various research activities are described in more detail below, organized according to the structure of this report:

Part 1 – Quantitative Research

Baseline Survey

The following specifications applied to the baseline survey:

- Recruitment for this research was undertaken using Opinion Search's eVox online panel[1]. An online screening questionnaire was administered to panellists who had self-identified as smokers through the profile submitted when joining the panel. The screener was available in both official languages, and accessible through a URL link contained in an email invitation letter.
- 'Eligible' panellists (confirmed through the recruitment tool) were invited to take part in the research. At this time, they were informed of the purpose of the study (while revealing nothing about the OTRTQ Web site), the research requirements, and the incentives, as well as offered assurances of confidentiality.
- Efforts were taken to maximize the extent to which the research sample was representative of the socio-demographic characteristics of the target audience. The overall characteristics of the eVox online panel, at the time of research, limited the extent to which the sample was able to match the general population of smokers. The following table presents the distribution of recruited participants and the universe of smokers:

[1] The eVox panel did not yield a sufficient number of participants to ensure the research began with a robust sample. To augment the sample, the online screening questionnaire was administered to additional segments of the panel.

Demographics	Recruits[2] %	Universe[2] %
Gender[3]		
Male	40	57
Female	60	43
Region[3]		
BC	5	11
Prairies	9	19
Ontario	37	34
Quebec	31	28
Atlantic Canada	8	8
Territories	1	Not available
Age[4]		
30 to 39	32	37
40 to 49	44	45
50 to 55	24	18
Education[4]		
Some elementary/high school	5	14
Completed high school	19	36
Some tech./college/CEGEP	17	7
Completed tech./college/CEGEP	24	22
Some university	14	5
Completed university	19	17

[2] The "recruits" data are for eligible participants recruited from the online panel. The "universe" data are based on the most recent CTUMS data – that is, proportions have been calculated based on the number of current smokers in Canada.

[3] These data are not entirely comparable because the CTUMS data includes the entire population of smokers aged 15 years and older. OTRTQ is designed for adults aged 30-55 who are prepared to quit smoking; as such, the target population was aged 30 to 55 years.

[4] These data have been calculated as the proportion of the population aged 30 to 55 years that currently smokes to match the target population for this research.

- Panellists who took part in this study completed the baseline survey immediately following the screening questionnaire. They received an entry to the eVox monthly draw (for *each* survey completed). In addition, extra prize draws were conducted after the baseline (and *each* follow-up survey).
- The baseline survey was in available in French and English, took approximately 10 minutes to complete, and was administered to research participants immediately following recruitment.
- As a reminder regime, two emails were sent to panellists who had not completed the recruitment screening questionnaire and baseline questionnaire.
- In total, 2,387 respondents completed the baseline survey. Based on a sample of this size, the overall results can be considered accurate to within +/- 2%, 19 times out of 20.
- The questionnaire was available online for approximately two weeks, from February 14th to March 3rd, 2006.

Following the baseline survey, respondents was divided into two matched groups, based on demographics and smoking status. The intervention group (n=1106) was asked to visit and use the OTRTQ Web site/program, and the control group (n=1109) was not asked to take part in any activity.

Follow-Up Survey

Approximately four weeks after the baseline survey, all research participants were asked to complete the follow-up survey. The following specifications applied to this survey:

- In total, 1,559 research participants completed the online survey. This included 679 participants from the intervention group and 880 from the control group. Based on a sample of this size, the overall results can be considered accurate to within +/- 2.5%, 19 times out of 20. Results for the intervention sample can be considered accurate to within +/- 3.8%, 19 times out of 20, and for the control sample, +/- 3.3%, 19 times out of 20.
- The survey was available in both official languages, accessible through a URL link contained in an email invitation letter, and took up to 15 minutes to complete.
- As a reminder regime, two emails were sent (approximately one week apart).
- The questionnaire was online from March 29th to April 17th, 2006.

Three-Month Follow-Up Survey

Approximately three months after the baseline survey, all research participants were asked to complete the 3-month follow-up survey. The following specifications applied to this survey:

- In total, 1,075 research participants completed the online survey. This included 458 participants from the intervention group and 617 from the control group. Based on a sample of this size, the overall results can be considered accurate to within +/- 3%, 19 times out of 20. Results for the intervention sample can be considered accurate to within +/- 5%, 19 times out of 20, and for the control sample, +/- 4%,

19 times out of 20.

- The survey was available in both official languages, accessible through a URL link contained in an email invitation letter, and took up to 15 minutes to complete.
- As a reminder regime, two emails were sent (approximately one week apart).
- The questionnaire was online during August 2006.

Six-Month Follow-Up Survey

Approximately six months after the baseline survey, all research participants were asked to complete the 6-month follow-up survey. The following specifications applied to this survey:

- In total, 809 research participants completed the online survey. This included 330 participants from the intervention group and 479 from the control group. Based on a sample of this size, the overall results can be considered accurate to within +/- 3%, 19 times out of 20. Results for the intervention and control groups can be considered accurate to within +/- 5%, 19 times out of 20.
- The survey was available in both official languages, accessible through a URL link contained in an email invitation letter, and took up to 15 minutes to complete.
- As a reminder regime, three emails were sent (approximately one week apart).
- The questionnaire was online during November 2006.

Part 2 – Qualitative Research

In-depth Interviews

A set of 46 in-depth interviews were conducted with participants from the intervention group. In total, 26 interviews were completed with participants who visited and used the OTRTQ Web site, and 20 interviews were conducted with those classified as non-users of the site. This included people who did not visit OTRTQ at all and those who visited the first page of the site only. The following specifications applied to the in-depth interviews:

- The interview guides were semi-structured in nature, designed to generate robust feedback.
- Respondents who visited the OTRTQ site were sent a copy of the interview guide in advance of the interview so that they could reflect on the issues and offer more considered feedback. Those who visited but did not return, were not sent a copy of the guide.
- The interviews averaged 30-40 minutes for those conducted with Web site visitors and 10-15 minutes for those with non-users. For all interviews, participants had the choice of being interviewed in English or French. Nine of the interviews were conducted in French, and the rest in English.
- The first five interviews for each audience served as a pre-test of the guides, where researchers were attentive to the functioning of the instruments to determine whether any adjustments were required.
- The interviews were completed between April 18th 2006 and June 9th 2006.

Focus Groups

A set of focus groups were conducted March 27-28th, 2006 with smokers in the pre-contemplation stage to explore the extent to which OTRTQ helps motivate them to quit smoking. The following specifications applied to the focus groups:

- In total, four focus groups were conducted, with two in each of Toronto (English) and Montreal (French). In each city, similar groups were conducted with a mix of participants by age, education, gender and smoking behaviour (length of time smoking, amount smoked, etc.).
- 10 participants were recruited for 7-8 show per group. Turnout was excellent, with 7-9 participants taking part in each group.
- In advance of the focus groups, participants were asked to review the OTRTQ Web site to acquire a more fulsome understanding of the site and program. An email letter was sent that contained clear instructions on what needed to be done by the participant.
- The groups were conducted in regular focus group facilities, and lasted two hours. Computers were available during the focus group for use by participants so that they could review the site together and discuss related issues.
- Participants were paid an honourarium of $60 to participate.
- Some participants were pre-recruited through the eVox online panel, while others were recruited through cold calling.
- Sponsorship of study was revealed (i.e. Health Canada).

The principal investigator for this study was Stephen Kiar, who moderated the focus groups in Toronto. Jeannette Bellerose moderated the Montreal focus groups. Both contributed to the final report.

All of the research activities in this part of the research program were qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of Canadian smokers.

Note to Readers

- As noted above, this report is divided into two parts to coincide with the quantitative and qualitative components of the research program. Part 1 describes the results of the two surveys, and Part 2 presents the results of the focus group and in-depth interviews.
- For editorial purposes, the terms 'respondents', 'participants' and 'smokers' are used interchangeably to denote research participants.
- The total number of respondents for each question in the baseline survey (Part 1) is 2,387 unless specified differently in the graphs or text. The number of respondents in both the control and intervention groups are identified for each question in the follow up survey (Part 1). At times, the number of respondents (i.e. not the percentage) who answered certain questions or answered in a certain way is

provided. The following method is used to denote this: n=100, which means the number of respondents, in this instance, is 100.

- The number of respondents changes regularly throughout the report because questions were asked of various sub-samples of the initial survey population. Accordingly, readers should be aware of this and exercise caution when interpreting results based on a smaller number of respondents. Sample sizes for sub-populations are identified in all of the graphs.
- Please note that some of the graphs do not sum to 100% due to rounding.
- For key questions, sub-group differences are identified in the main report. The text describing these differences is put in a box for easy identification.
- In Part 2 (qualitative section), participants' comments are provided in italics. These are either actual verbatim comments or comments that have been paraphrased to reflect the intent of the remark.

Appended to this report are the following (in both English and French):

- Fagerstrom Index (English only)
- Recruitment screener
- Baseline & follow-up surveys
- Email invitation and reminders
- Email instructions/reminders to intervention group participants
- In-depth interview guides (User/Non-user)
- Focus group recruitment screener
- Advance letter to focus group participants (English only)
- Focus group moderator's guide

PART 1 - QUANTITATIVE FINDINGS

This part of the report presents the findings of the quantitative research that has been conducted to date. This includes the baseline survey and the initial follow-up survey.

BASELINE SURVEY

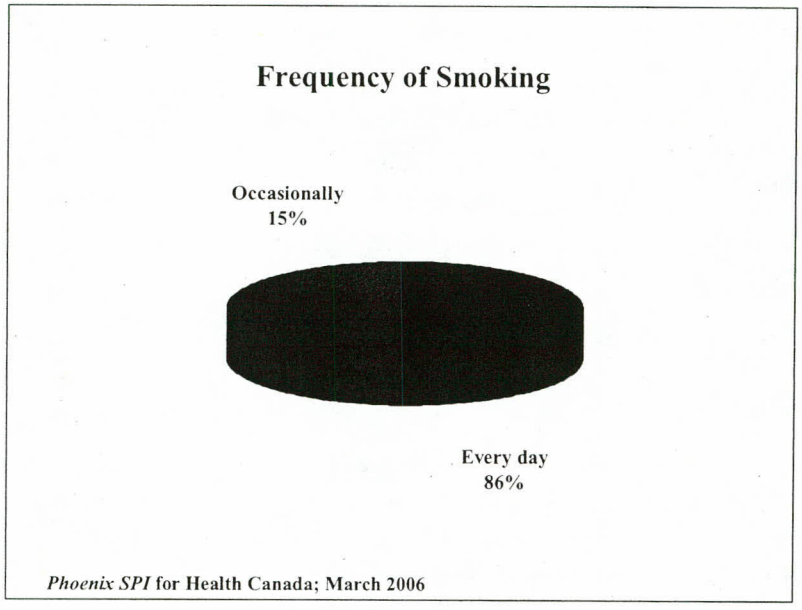
The baseline survey was conducted with 'eligible' research participants recruited via an online panel through the use of a screening questionnaire (appended).[5] Eligibility was based on smokers' readiness to quit smoking. Smokers who met the eligibility requirements, and who agreed to take part in the research, were directed to the baseline survey. In total, 2,387 respondents completed the baseline survey between February 14th and March 3rd 2006. Based on a sample of this size, the findings can be considered to be accurate within +/- 2%, 19 times out of 20.

SMOKING BEHAVIOUR

This section provides background information on the smoking-related behaviour of the research participants at the start of the research study.

Most Smoke on Daily Basis

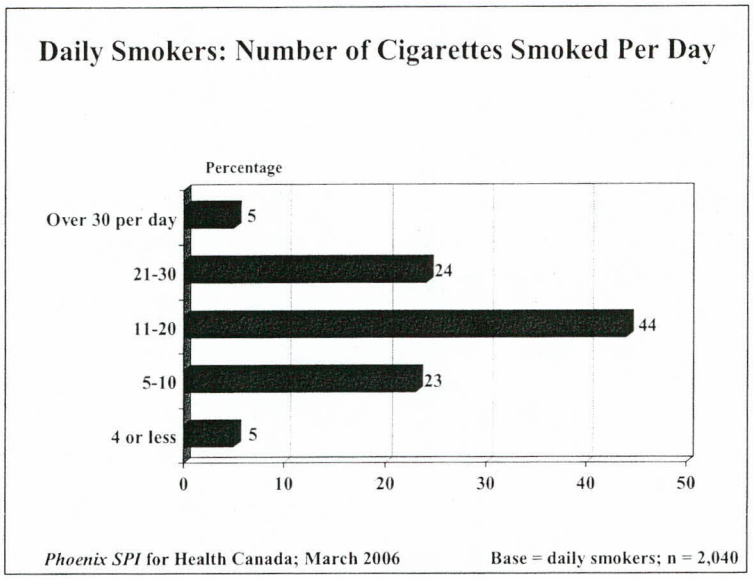
Most respondents are daily smokers. The large majority (86%) smoke cigarettes every day, while 15% smoke occasionally (defined as less than every day). This includes both manufactured and roll-your-own cigarettes.



[5] A more detailed discussion of the online panel, including its limitations, can be found in the Introduction of this report.

Almost Three-Quarters of Daily Smokers Smoke Half a Pack or More

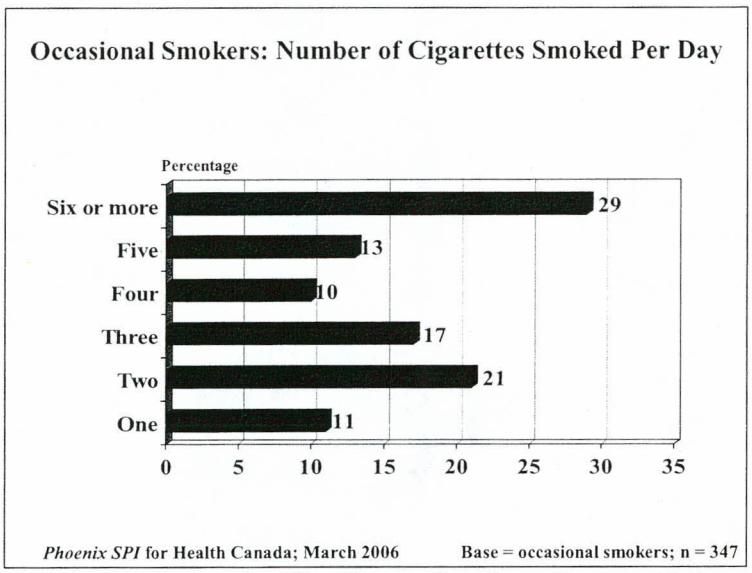
In total, 73% of daily smokers (n = 2,040) smoke at least 11 cigarettes a day or about half a pack (assumes cigarette packs of 20-25 cigarettes). This includes 44% who smoke between 11 and 20 cigarettes a day, 24% between 21 and 30, and 5% over 30 cigarettes. At the other end of the spectrum, 28% smoke 10 cigarettes or less.



According to the 2005 results of the Canadian Tobacco Use Monitoring Survey (CTUMS)[6], the average number of cigarettes smoked per day by daily smokers is 15.7.

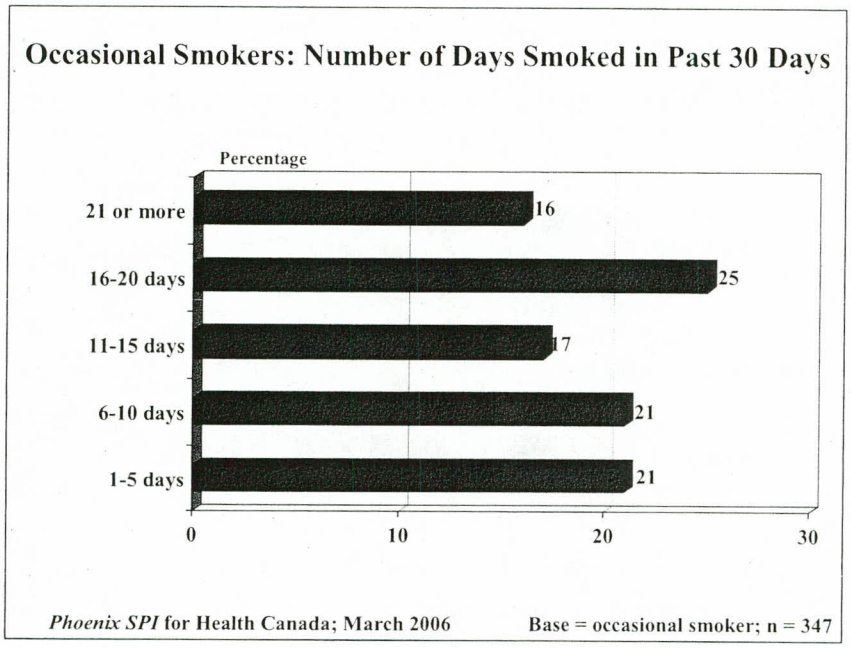
Occasional Smokers Tend to be 'Light' Smokers

Occasional smokers (n = 347) are likely to be 'light' smokers as well, with 72% saying they smoke five cigarettes or less on the days they do smoke. By way of comparison, recall that just 5% of daily smokers smoke fewer than five cigarettes a day. That said, 29% of occasional smokers smoke six or more cigarettes per day on days that they smoke.



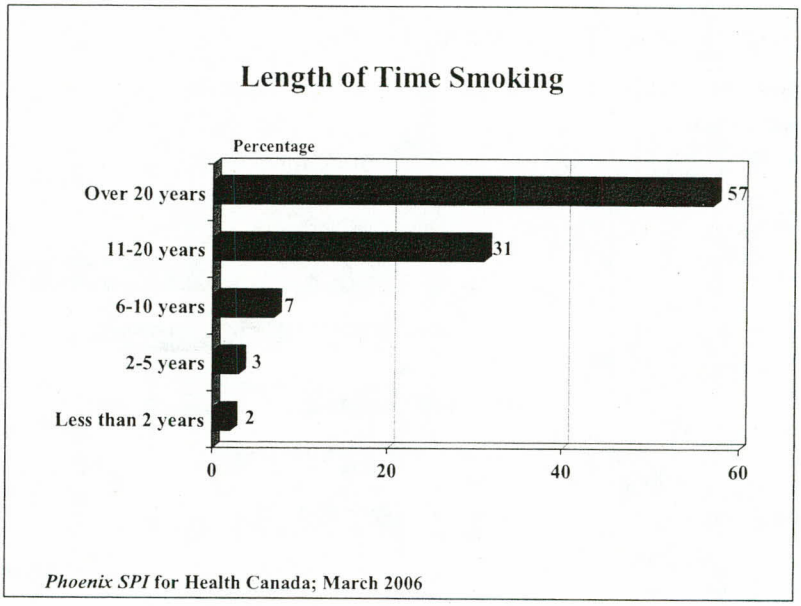
Asked to identify the number of days on which they smoked during the past 30 days, the majority (59%) of occasional smokers said they smoked on half of those days or less (42% smoked on 10 or fewer days). By contrast, 41% smoked on more than half of the days in the previous month – 25% smoked on 16 to 20 days, and 16% smoked on more than 20 days during the previous 30 days.

[6] Data from the most recent CTUMS can be found at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche /stat/ctums-esutc/2005/index_e.html.



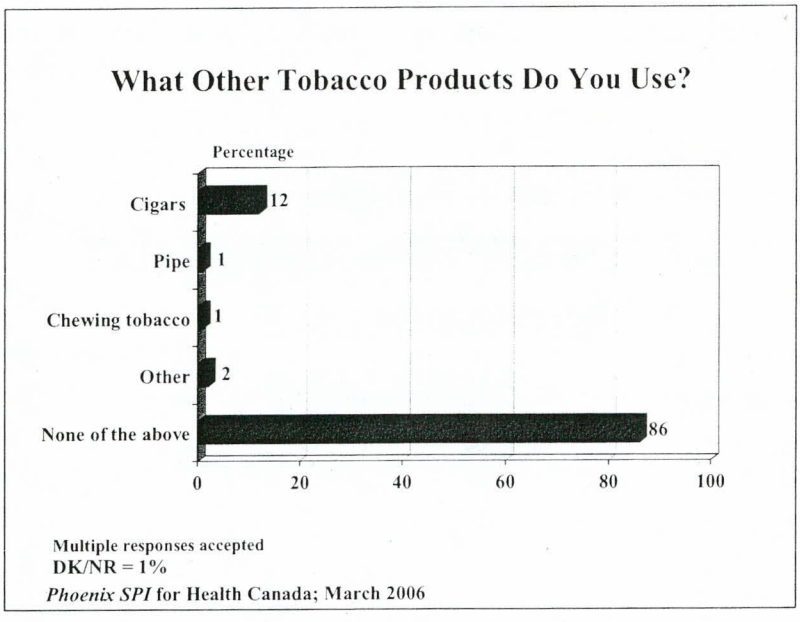
Vast Majority Have Been Smoking for Over 10 Years

Most respondents have been smoking for many years. Nearly nine out of ten (88%) said they have been smoking for more than 10 years, with more than half (57%) saying they have been smoking for over 20 years. Comparatively few have been smoking for less than this – 7% said between 6 and 10 years, and 5% for 5 years or less.



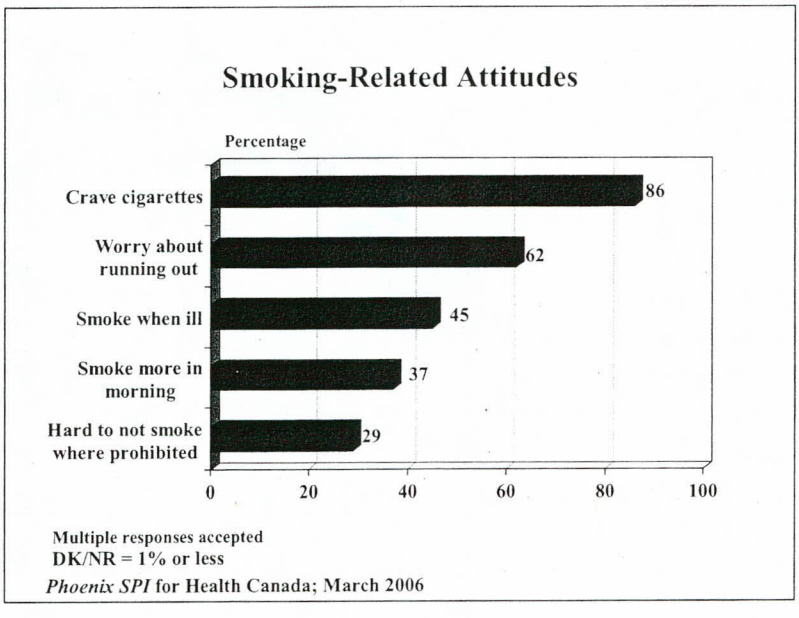
Few Use Other Tobacco Products

Relatively few (16%) use other tobacco products in addition to cigarettes, and those who do are most likely to smoke cigars (12%).



Most Crave Cigarettes & Worry About Running Out

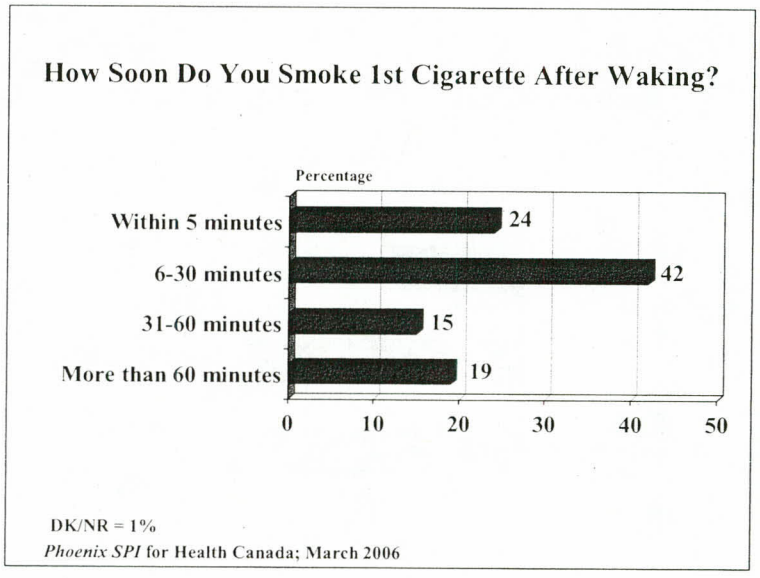
Most of the surveyed smokers have cravings for cigarettes (86%) and worry that they will run out of cigarettes (62%). In addition, 45% said they smoke even if they are so ill that they are in bed most of the day.



In terms of smoking patterns, 37% smoke more in the morning than during the rest of the day. Moreover, three in ten (29%) find it difficult to not smoke in places where it is forbidden, such as restaurants, theatres/cinemas, or airports.

Two-Thirds Smoke Within Half Hour of Waking

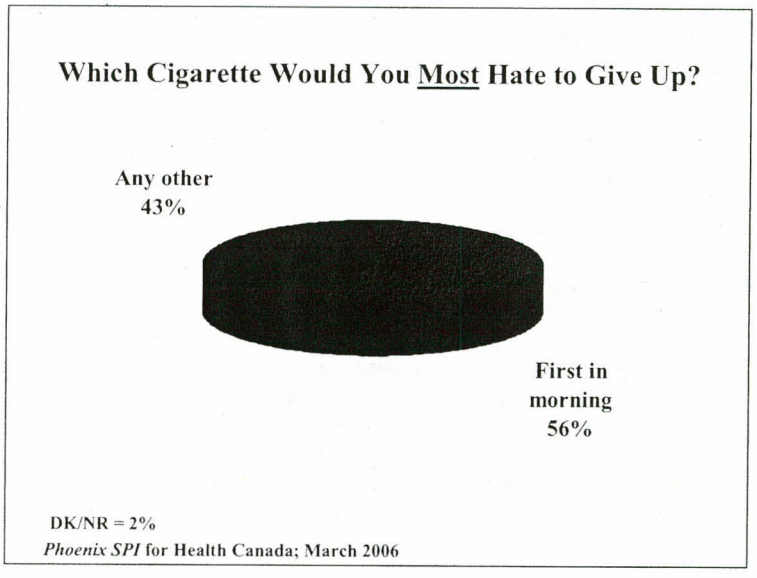
Two-thirds said they smoke their first cigarette within 30 minutes of waking – 24% do so within five minutes, while 42% within 6-30 minutes. The rest are awake for more than a half an hour before they smoke. Fifteen percent have their first cigarette between 31 and 60 minutes, and 19% have it more than an hour after they wake up.



Majority Would Hate to Give up Morning Cigarette

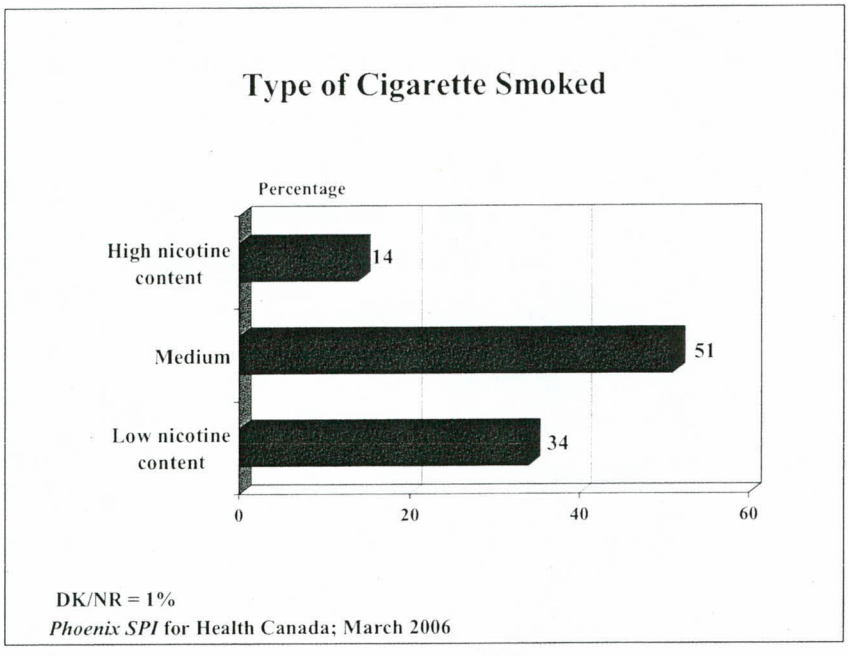
More than half of surveyed smokers (56%) reported that the cigarette they would most hate to give up is their first cigarette in the morning. This finding is reinforced by the fact that two-thirds have their first cigarette less than 30 minutes after waking.

A significant minority (43%) said they would most hate to give up any cigarette other than their first in the morning.



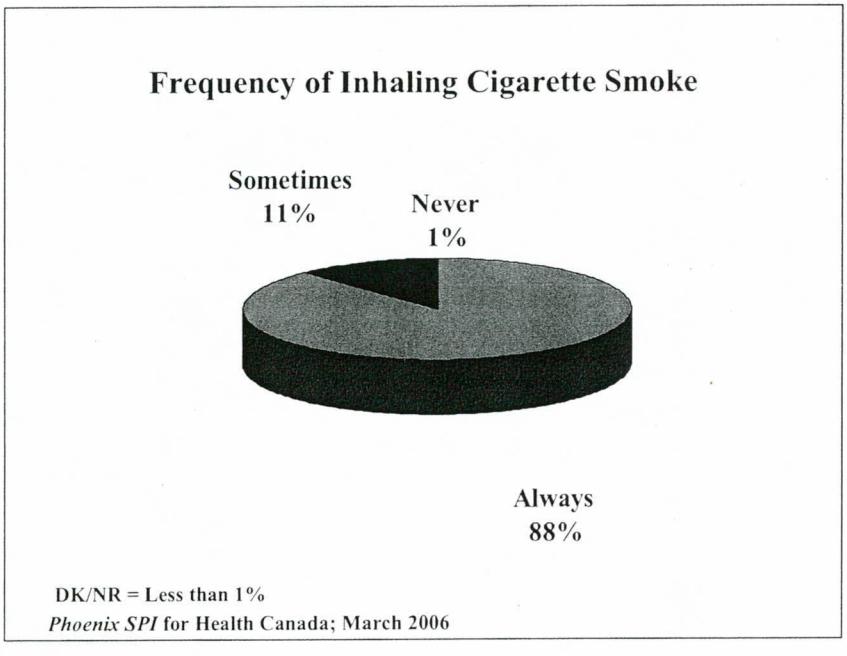
Majority Smoke Medium Nicotine Content Cigarettes

The majority (51%) reported that the brand of cigarettes they smoke has a medium nicotine content. Relatively few (14%) claimed to smoke cigarette brands with high amounts of nicotine. Conversely, one-third (34%) said their brand has a low nicotine content.



Everyone Inhales Cigarette Smoke

Nearly everyone inhales the smoke from their cigarette. The vast majority (88%) inhale always, while 11% said they do so only some of the time. Only 1% claimed to *never* inhale their cigarette smoke.

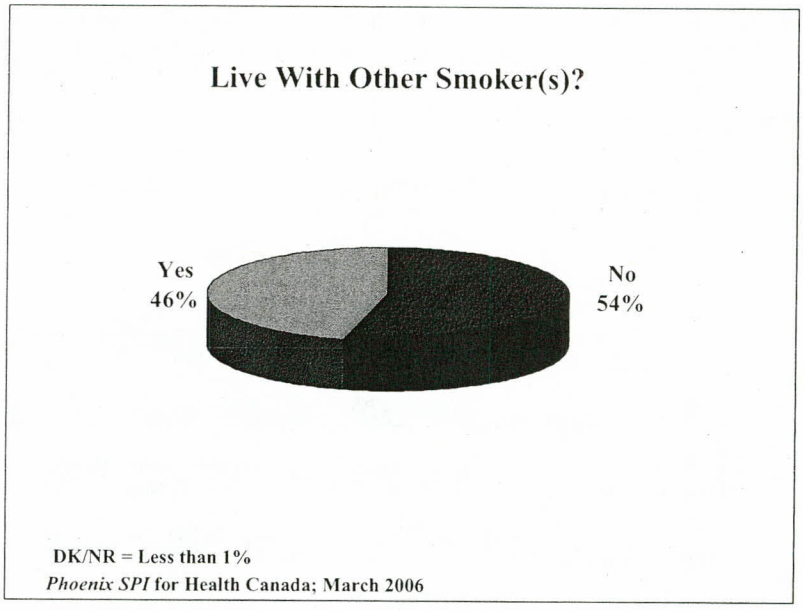


CURRENT SMOKING HABITS

This section describes respondents' current smoking habits, including when, with whom, and why they smoke.

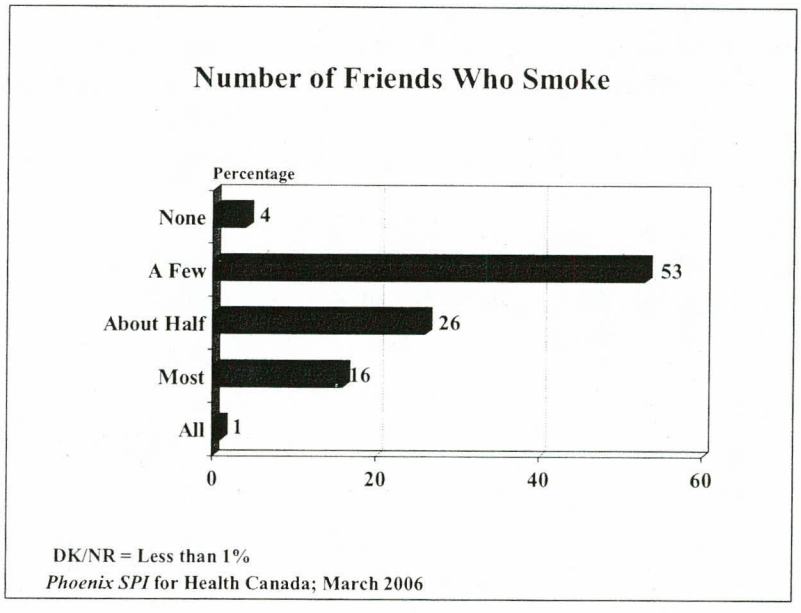
Many Live With Other Smoker(s)

A significant minority (46%) live with someone, either full- or part-time, that smokes. Conversely, just over half (54%) said they do not live with any other smoker(s).



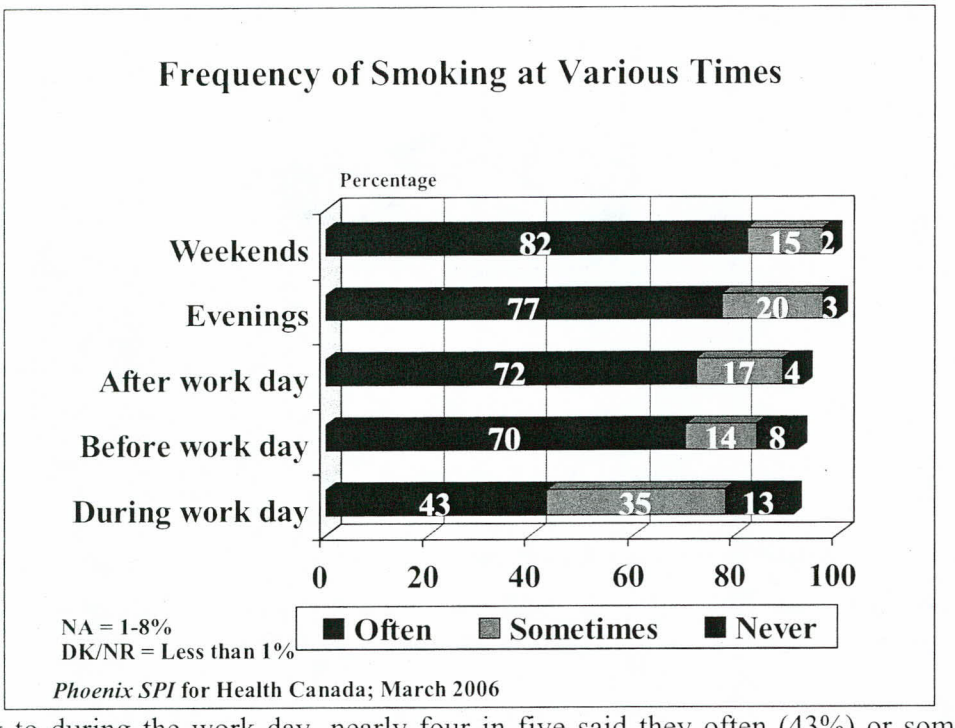
Almost Everyone Has At Least A Few Friends That Smoke

Virtually everyone has friends that smoke. In fact, only 4% said that none of their friends smoke cigarettes. Respondents were more likely to say that a few of their friends smoke (53%), rather than half (26%) or most (16%) of them. Very few (1%) reported that all their friends are smokers. In short, many surveyed smokers are often around people who smoke.



Frequency of Smoking at Different Times

Smokers are most likely to smoke outside their work day. Almost all the respondents said they smoke during the weekends (82% do so often and 15% sometimes) and in the evenings (77% often, 20% sometimes). In addition, strong majorities smoke after (72% often, 17% sometimes) and before (70% often, 14% sometimes) the work day. During all of these times, surveyed smokers were far more likely to often (70-82%) rather than sometimes (14-20%) smoke. This is consistent with the fact that most respondents are daily smokers (86%), who tend to smoke about half a pack a day or more (73%).

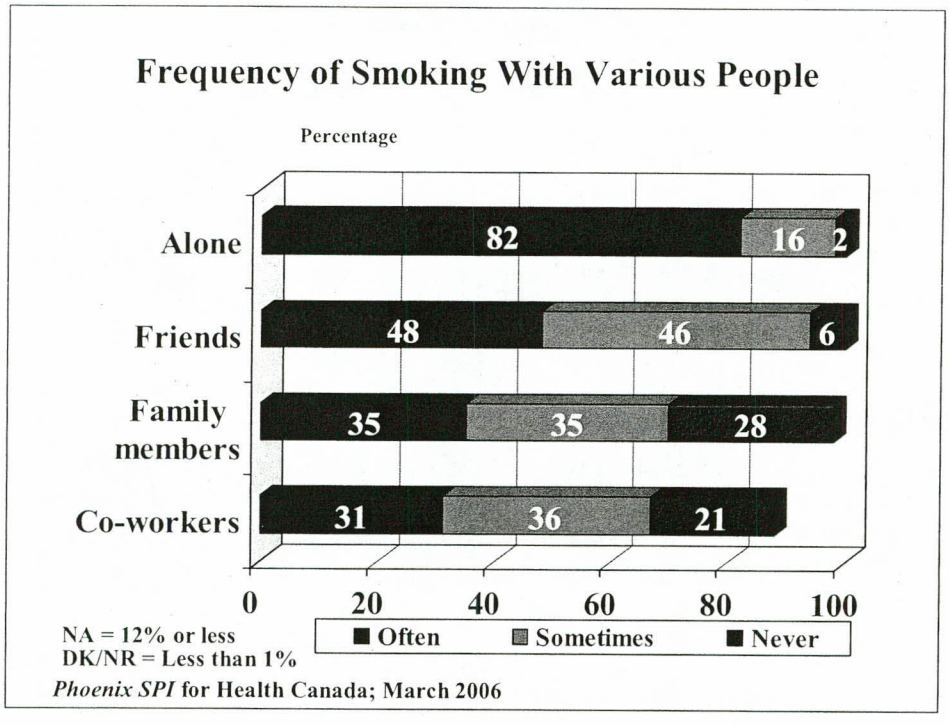


Turning to during the work day, nearly four in five said they often (43%) or sometimes (35%) smoke while at work. Compared to other times, substantially fewer claimed to *often* smoke during the work day (43% vs. 70-82% for all other times). Not surprisingly, smokers were more likely to indicate they *never* smoke during work than at any other time (13% vs. 2-8%).

In total, 1-8% of surveyed smokers indicated that smoking at these times did not apply to their situation – it was highest in relation to times around their work day (i.e. smokers who are students, unemployed, retired, etc.).

Most Likely to Smoke Alone, With Friends

Respondents are more likely to smoke alone or with friends rather than family members or co-workers. More than four in five (82%) said they often smoke alone, while 16% reported doing this sometimes. In total, therefore, virtually everyone (98%) smokes by themselves at least some of the time. When the focus shifts to friends, smoking habits were less definitive. While 94% smoke with friends at least some of the time, similar proportions do so often (48%) or sometimes (46%). Recall that only 4% of smokers said that none of their friends smoke.

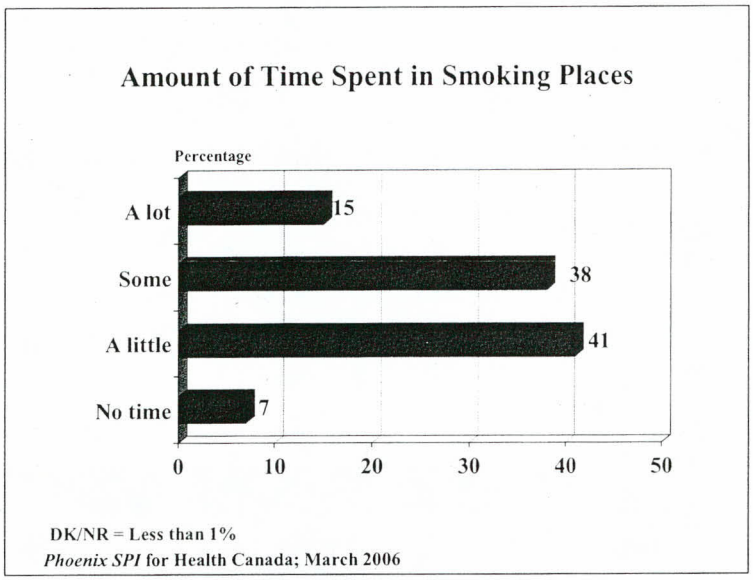


Slightly more than two-thirds (67-70%) smoke with family members or co-workers. In terms of frequency, respondents were equally likely to do this often (35%) or sometimes (35%) with family members, and more apt to smoke sometimes (36%) not often (31%) with their co-workers. .Compared to other people, smokers are far more likely to never smoke with family (28%) or co-workers (21%).

In total, 1-12% of surveyed smokers indicated that these situations did not apply to them – it was highest in relation to co-workers.

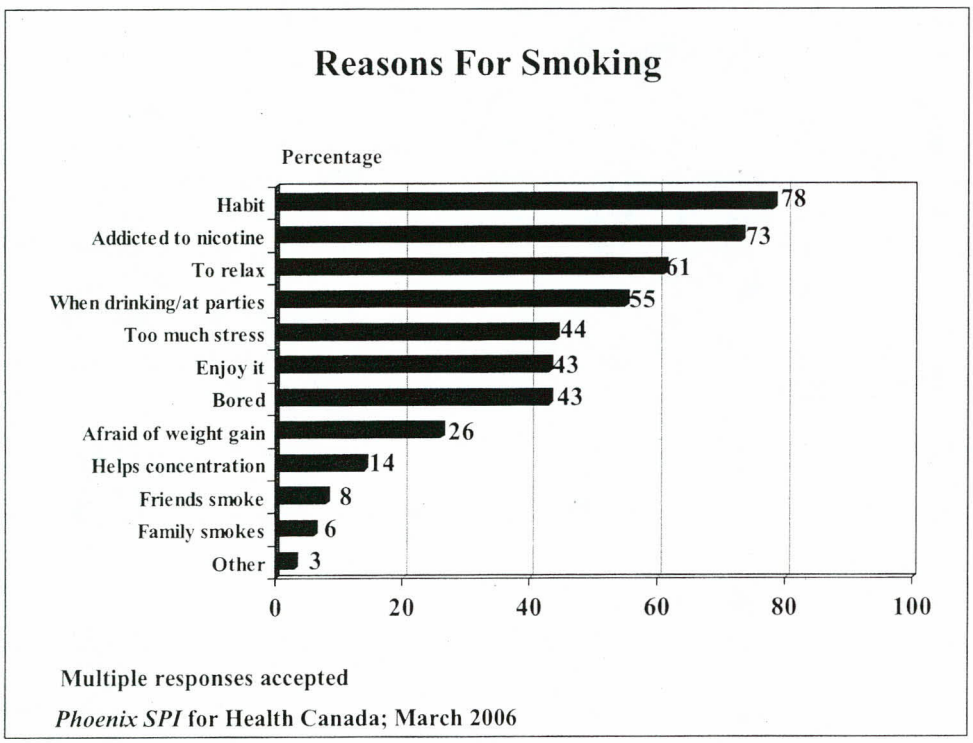
Most Spend Time in Places Where Others Smoke

Most respondents spend at least a little time in places where other people smoke. Just 7% said they spend no time at all in such places. Those who spend time in places where others are smoking are most likely to spend a little (41%) or some (38%) time. Comparatively few (15%) reported spending a lot of time in such places.



Top Reasons for Smoking – Habit & Addiction

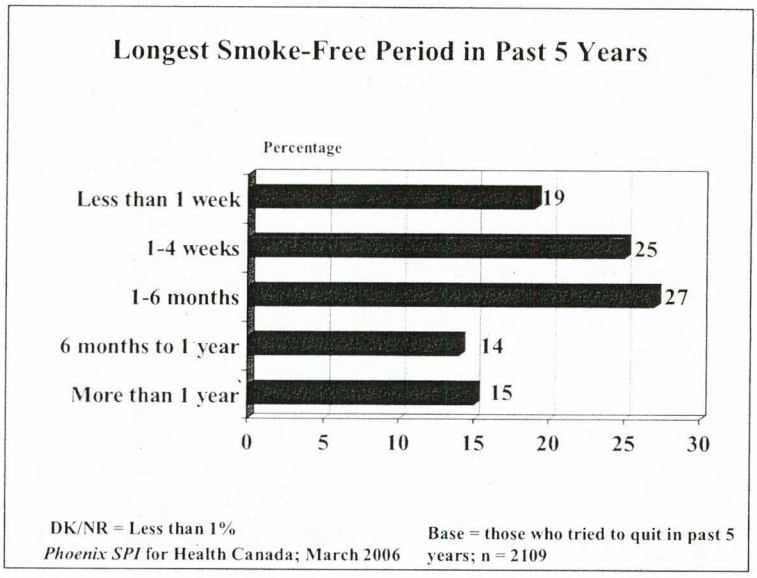
The top reasons offered by smokers to explain why they smoke were habit and nicotine addiction. Close to four in five (78%) said they smoke because it has become a habit, while almost three-quarters (73%) attributed their smoking to the perception that they are addicted to nicotine. More than two-thirds (68%) identified both of these reasons – habit and addiction.



Following this, smokers were most likely to point to reasons that can be broadly grouped as perceived benefits. These include the fact that smoking helps them to relax (61%) or concentrate (14%), and that they really enjoy smoking (43%). Others mentioned social influences, including smoking at parties or when drinking (55%) or because their friends (8%) or family members (6%) smoke. In addition, 44% smoke because they have too much stress in their life, 43% do so when they are bored, and 26% are afraid they will gain weight if they quit.

More Than Half Spent At Least One Month Smoke-Free

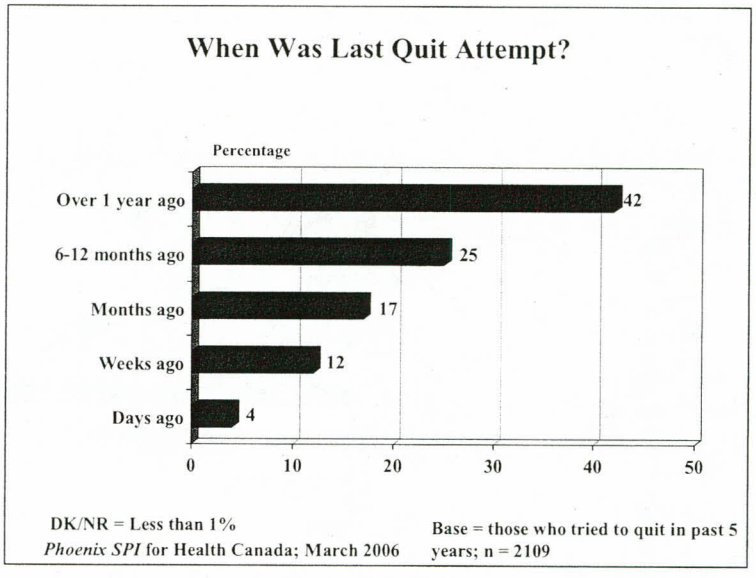
The majority (56%) of those who tried quit smoking in the past five years (n = 2,109) spent at least one month smoke-free.



Approximately one-quarter (27%) spent between one and six months smoke-free, 14% were smoke-free for six months to one year, and 15% spent more than one year smoke-free. Conversely, a significant minority (44%) said that the longest period of time they were smoke-free during any of their quit attempts in the past five years was less than one month (25% were smoke-free for one to four weeks, and 19% for less than one week).

Last Quit Attempt At Least 6 Months Ago

Two-thirds (67%) of those who tried to quit smoking within the past five years said that their last quit attempt was six months ago or longer. For the single greatest proportion (42%), their last quit attempt was over one year ago, while 25% last tried to quit six to 12 months ago. Of those who tried to quit more recently, 17% tried to do so months ago, 12% weeks ago, and 4% days ago.

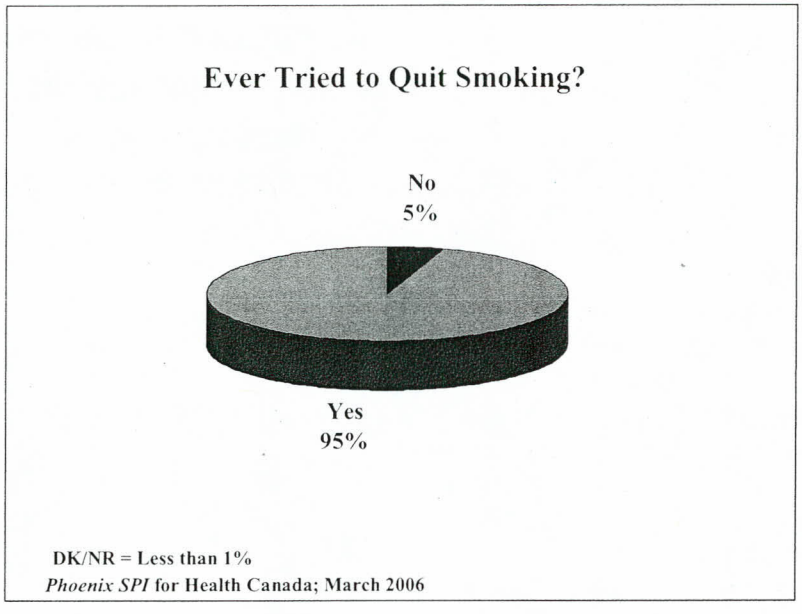


SMOKING CESSATION HISTORY

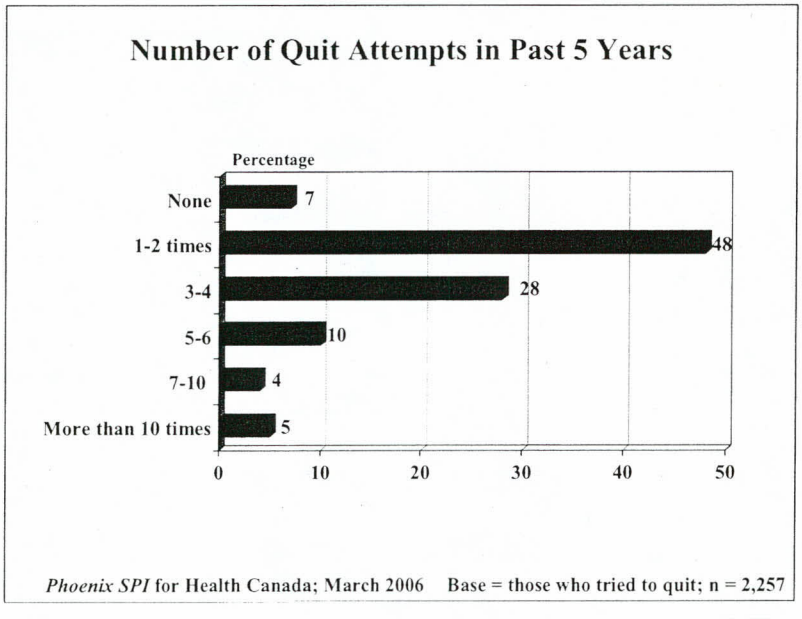
This section explores respondents' history with quitting smoking, including the number of quit attempts, the length of time they were smoke-free (if applicable), and whether they have participated in a smoking cessation program, among other things.

Almost Everyone Has Tried to Quit; Many Have Made Numerous Attempts

Fully 95% of respondents have tried to quit smoking at some point in their life. Among those who have tried to quit (n = 2,257), three-quarters attempted to do so up to four times in the past five years. This includes 48% who made one to two attempts, and 28% who tried three to four times to quit smoking. Almost one in five tried to quit smoking on five or more occasions – 10% made 5 to 6 attempts, 4% made 7 to 10 attempts, and 5% tried more than 10 times. Relatively few (7%) said they made no attempts to quit smoking in the past five years.

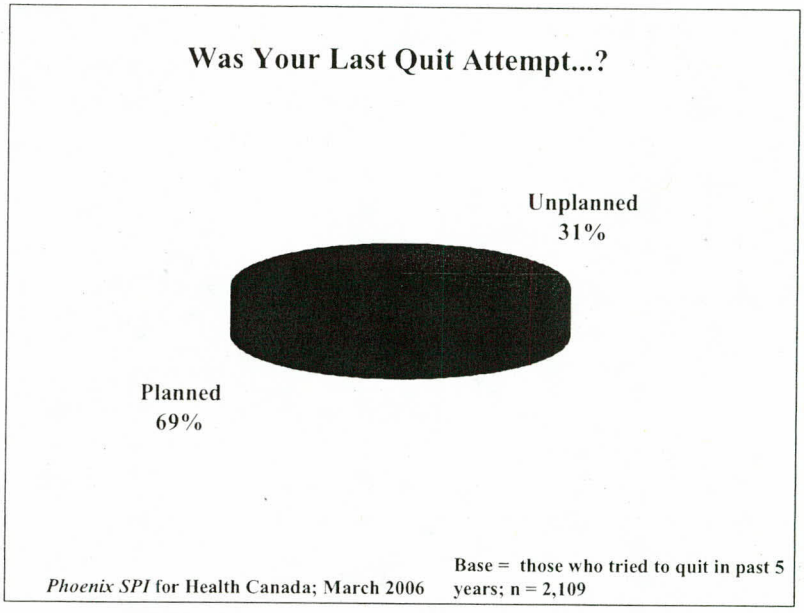


Respondents were asked how many times they tried to quit smoking in the past five years. They were asked to include *only* those times where they went a day or more without smoking because they were trying to quit.



Many Planned Last Quit Attempt

Seven in ten (69%) of those who tried to quit smoking within the past five years *planned* their last quit attempt. Conversely, 31% did not.

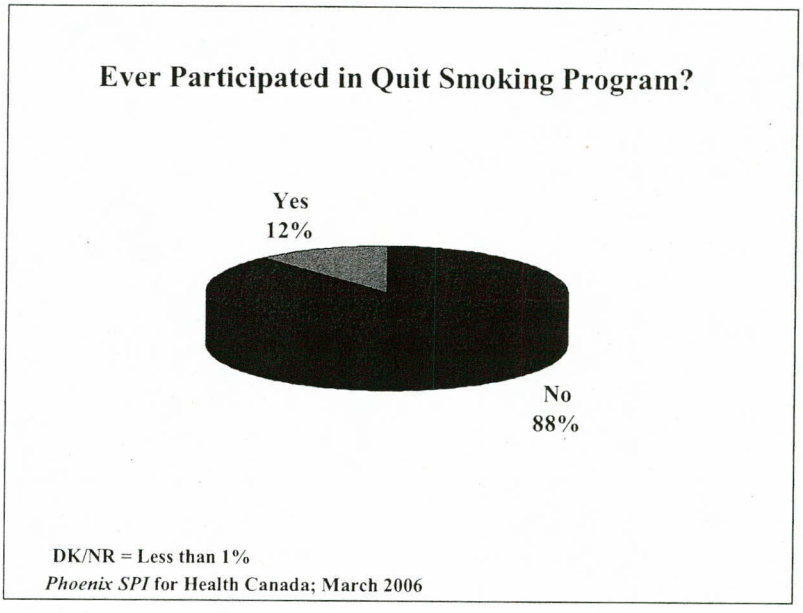


Respondents were provided the following information to aid in their response:

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Most Have Never Participated in Quit Smoking Program

The large majority of surveyed smokers (88%) have never participated in any kind of quit smoking program, whether in a group, at work, or on the web. Only 12% said they have taken part in such a program.



READINESS TO QUIT SMOKING

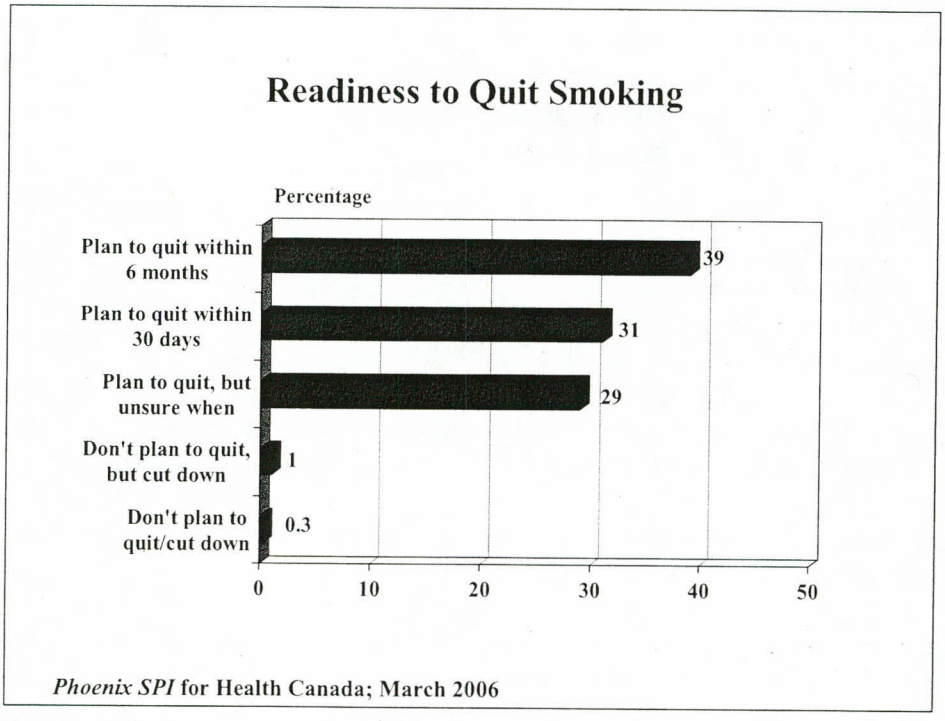
This section describes respondents' readiness to quit smoking, including the actions taken to prepare to quit, their motivation and confidence vis-à-vis quitting, and how likely they think it is that they will still be smoking in one year.

Readiness to Quit Smoking

Surveyed smokers were asked to identify which of the following statements best describes how they feel about changing their smoking:

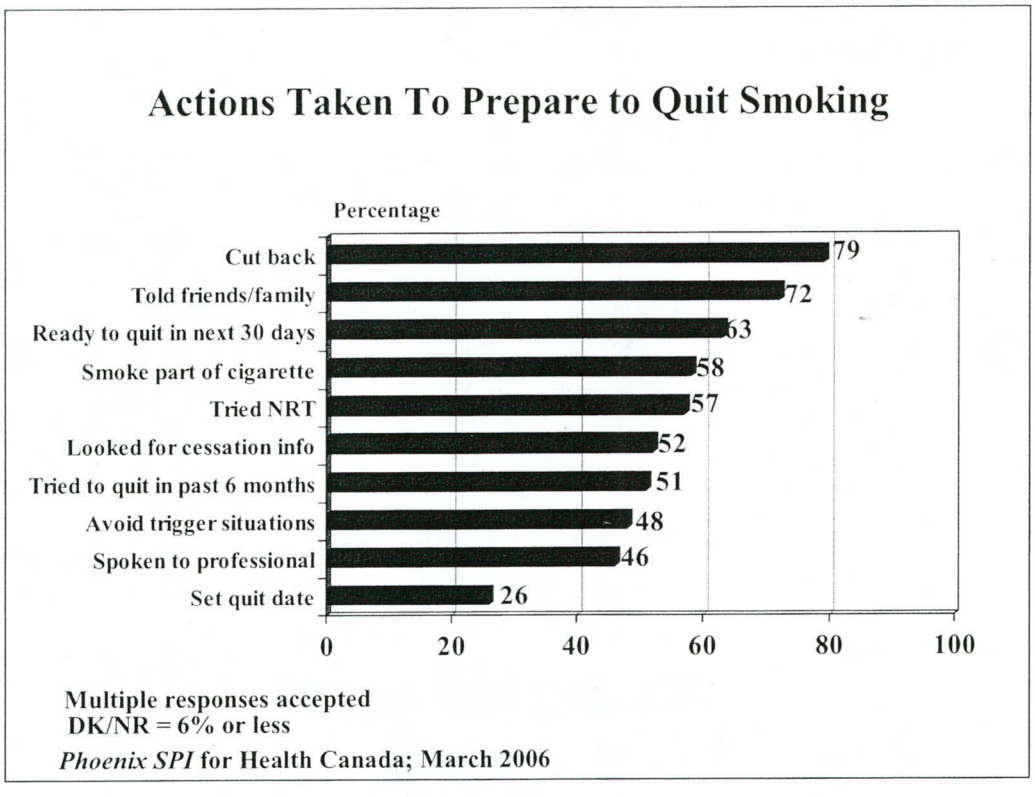
- I plan to quit smoking within the next 30 days
- I plan to quit smoking within the next 6 months
- I plan to quit smoking, but am not sure when
- I don't plan to quit, but want to cut down
- I don't plan to quit smoking or cut down

Virtually everyone intends to quit smoking, and most plan to change their smoking in the immediate future (consistent with the recruitment specifications). In total, 39% intend to quit smoking within the next six months, and 31% plan to do so within the next 30 days. An additional 29% plan to quit smoking, but they are not sure when this will happen. Less than 2% said they have no intention to quit smoking right now.



Actions Taken to Prepare to Quit Smoking

In terms of actions taken to prepare to quit smoking, respondents were most likely to have tried to change their smoking-related behaviour. With a focus on the previous six months, nearly four in five (79%) said they have cut back on the number of cigarettes they smoke. Somewhat less, but still majorities, smoke less than a full cigarette when they smoke in an effort to try to cut down (58%), have tried nicotine replacement products, like the patch or gum (57%), or have tried to quit smoking (51%). Just under half (48%) try to avoid situations that trigger their urge to smoke.



Other actions taken tend to relate to support – 72% have told friends and family they intend to quit, 52% have searched the web or other resources for information about quitting smoking, and 46% have spoken to a family doctor, pharmacist or counsellor.

In total, 63% feel they are ready to stop smoking within the next 30 days, although only one-quarter (26%) have set a quit date.

There appears to be a disconnect between perceived readiness to quit and committing to take action. While 63% of smokers said they are ready to quit in 30 days, less than half as many (31%) are actually planning to do so within the next month. In short, feeling ready to stop smoking does not translate directly into action.

Sub-Group Differences

Women were more likely than men to have taken the following actions:

- Smoke less than a full cigarette (61% vs. 53%)
- Searched the web for resources (55% vs. 48%)
- Avoid trigger situations (51% vs. 45%)
- Tried to quit within the past 6 months (53% vs. 49%)
- Cut back on the number of cigarettes smoked (81% vs. 77%)

While the likelihood of taking steps toward quitting smoking was highest among women, men were slightly more apt to say that they are ready to stop smoking within the next 30 days (66% vs. 61%).

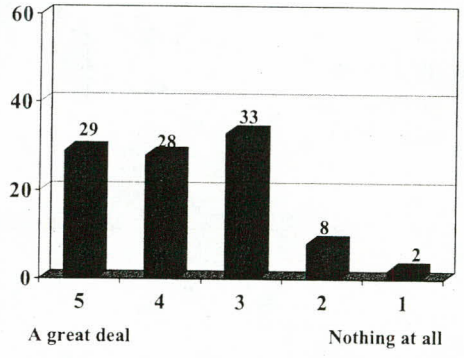
Occasional smokers were more likely to say they set a quit date (44% vs. 23%), tried to quit smoking within the past 6 months (65% vs. 49%), cut back on the number of cigarettes they smoke (96% vs. 77%), try to avoid trigger situations (67% vs. 45%), and feel they are ready to stop smoking within the next 30 days (87% vs. 59%). Conversely, daily smokers were more apt to have tried NRTs (60% vs. 42%), to have spoken to a professional about quitting smoking (48% vs. 33%), and to have searched the Internet for information about quitting (54% vs. 41%).

Most Claim to be at Least Moderately Knowledgeable About How to Quit Smoking

The majority (57%) of surveyed smokers think they have at least a moderate level of knowledge about the types of things they can do to help them quit smoking. Relatively few (10%) claimed to know nothing about what to do, while exactly one-third were in between, rating themselves as neither knowledgeable nor not knowledgeable.

Knowledge of How to Quit Smoking

(5-point scale; 5 = a great deal, 1 = nothing at all)

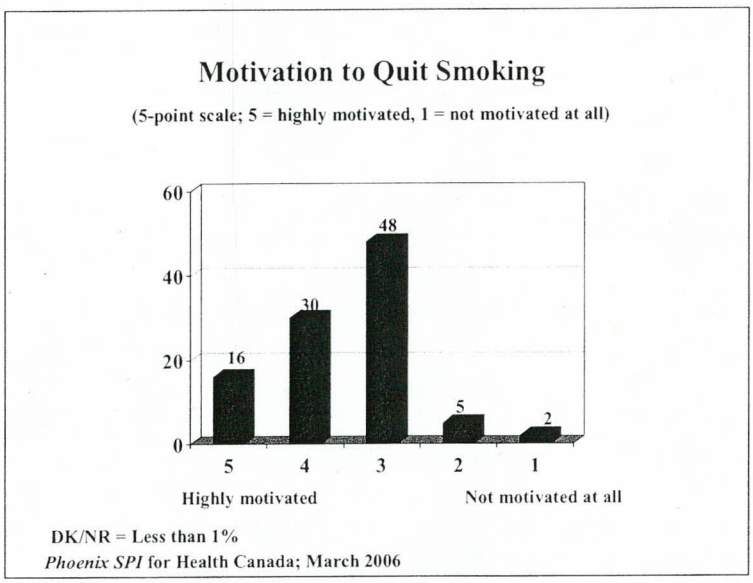


DK/NR = Less than 1%

Phoenix SPI for Health Canada; March 2006

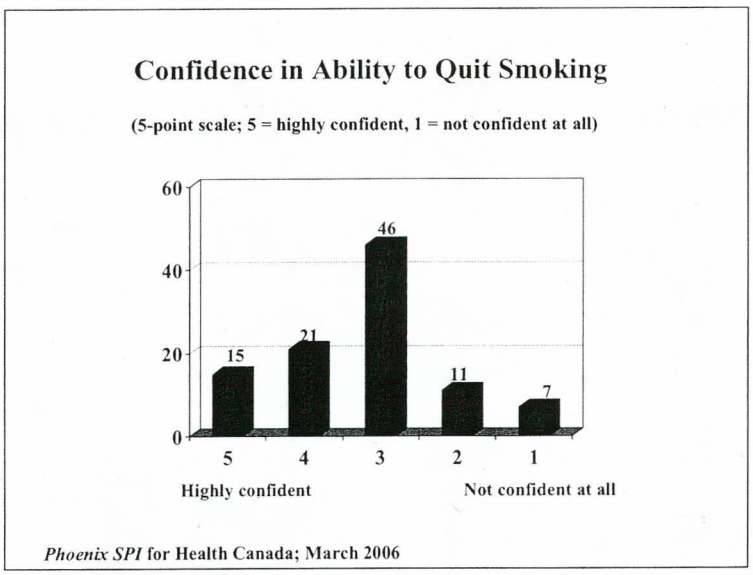
Limited Motivation to Quit Smoking

Less than half (46%) said they are motivated to quit smoking right now. Moreover, those who are motivated are twice as likely to be *moderately* (30%), not *highly* (16%) motivated to quit. The greatest proportion of smokers (48%) were indifferent, characterising themselves as neither motivated nor not motivated to quit. Only 7% are not motivated to quit smoking.



Low Levels of Confidence in Ability to Quit Smoking

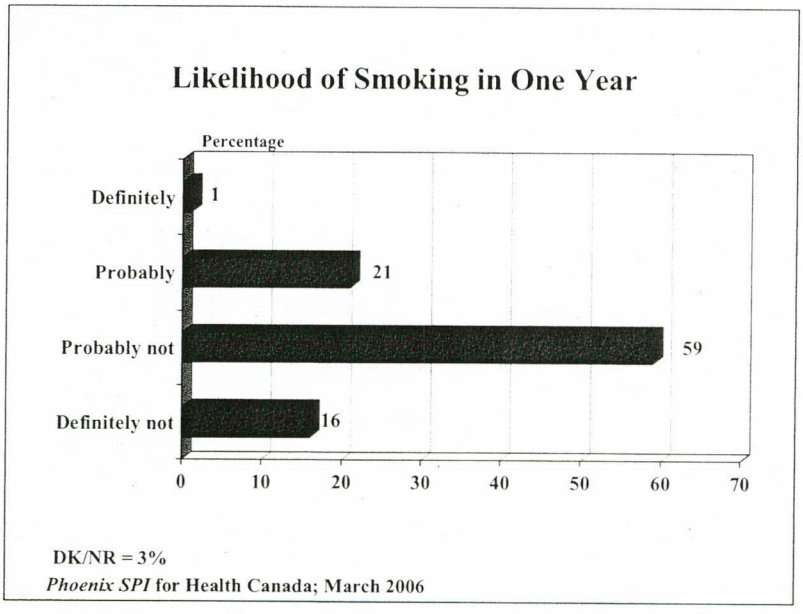
While a significant minority claimed to be motivated to quit smoking, fewer have confidence in their ability to do this. Just over one-third (36%) of respondents are confident that they can quit smoking, with 15% *highly* confident. While half as many (18%) said they are not confident they can quit, fully 46% were in between, indicating that they are neither confident nor not confident in their ability to quit smoking.



It appears that confidence *might* be a more accurate predictor of smokers' likelihood of quitting. While motivation to quit smoking far outstrips reported plans to quit in the short-term (46% vs. 36%), confidence seems to more closely match intentions (36% are confident they can quit, and 31% plan to quit smoking within the next 30 days).

Three-Quarters Not Likely to be Smoking in One Year

Three-quarters of respondents think they would probably (59%) or definitely (16%) not be smoking in one year. Among the rest, about one-fifth said they would probably (21%) or definitely (1%) be smoking in one year.



While three-quarters feel they will have quit smoking in one year, recall that less than half (46%) described themselves as motivated, and only 36% are confident they can do so.

PERCEPTIONS OF ASPECTS OF QUITTING SMOKING

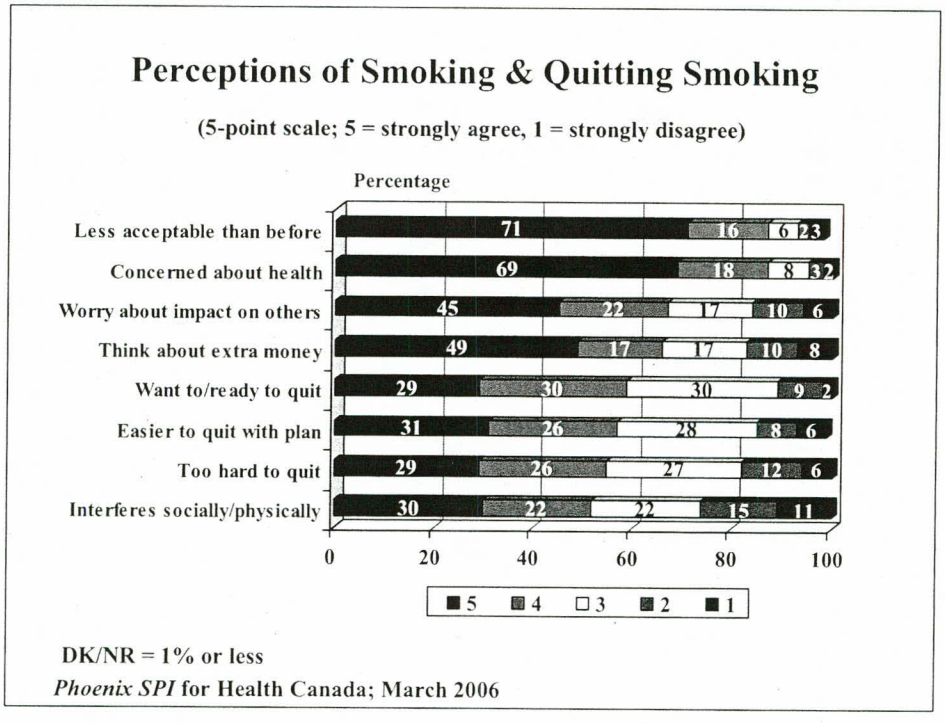
This section explores issues related to quitting smoking, including respondents' perceptions of smoking and quitting smoking, the perceived importance of reasons for quitting, and potential sources of help to quit smoking.

Perceptions of Smoking & Quitting Smoking

Respondents were asked to use a 5-point scale (5 = strongly agree; 1 = strongly disagree) to rate their agreement with the following statements about smoking:

- I am concerned about my health as a smoker
- I worry about the impact of my smoking on others around me
- I think about the extra money I'll have when I stop smoking cigarettes
- Smoking often gets in the way of my physical and social activities.
- I seriously want to quit smoking and think I am ready
- Smoking is less socially acceptable than it was before
- It is easier to quit if I have a plan to quit
- It is too hard to quit smoking

Majorities agreed with all of these statements. The statements that elicited the highest levels of agreement were those related to social perceptions and the health impacts of smoking. Most smokers (87% each) agreed that smoking is less socially acceptable than it was in the past, and that they are concerned about their health as a smoker. Those who agreed were more than three times as likely to express strong agreement with both statements (69-71%). In addition, more than three-quarters (77%) are worried about the impact of their smoking on others (45% agreed *strongly* with the statement).



Respondents were less likely to agree with statements concerning quitting smoking. Two-thirds agreed that they think about the extra money they would have when they stop smoking, with nearly half (49%) expressing *strong* agreement. Following this, 59% seriously want to quit smoking and think they are ready, while 57% believe that it is easier to quit if they have a plan. Despite the financial benefits and this apparent readiness to quit, more than half (55%) were in agreement that it is too hard to quit. Only 18% disagreed with this statement.

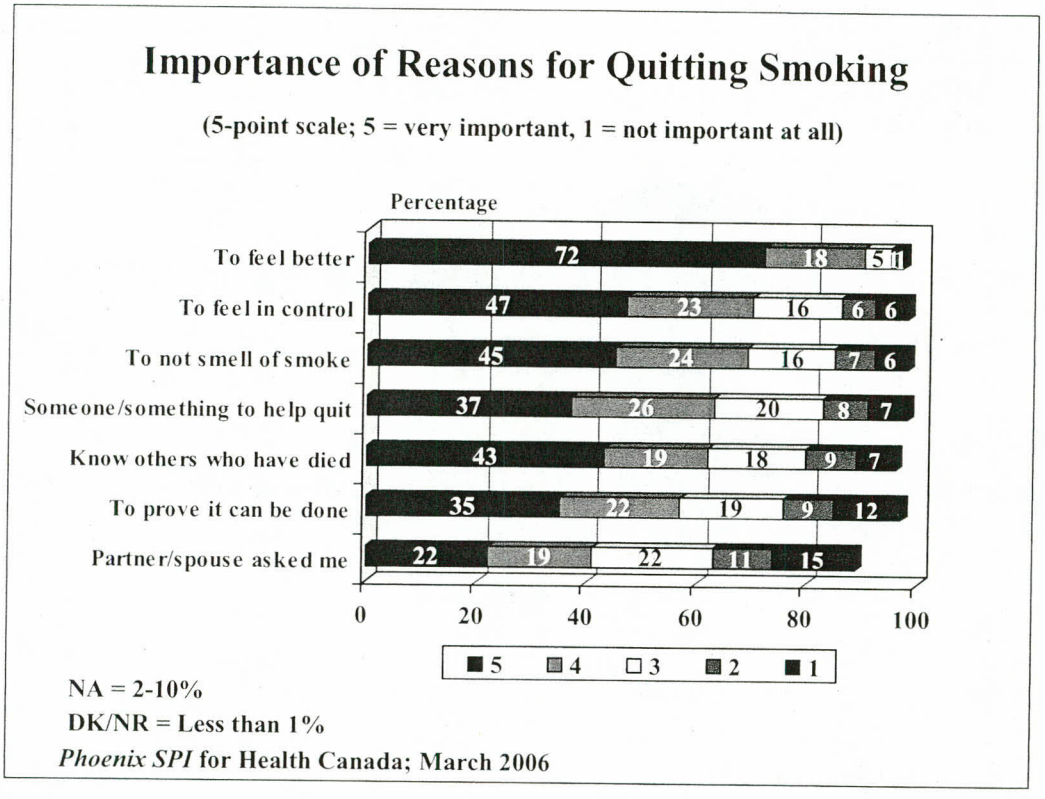
Smokers were least likely to agree that smoking gets in the way of their physical or social activities. Approximately half (52%) agreed that smoking interferes, while one-quarter (26%) expressed disagreement, and the rest were neutral (22%).

To Feel Better – Most Important Reason For Quitting Smoking

Smokers were asked to use a 5-point scale (5 = very important; 1 = not important at all) to rate the importance of the following potential reasons for quitting smoking:

- If their wife/husband/partner asked them to quit
- To feel in control of their lives
- To feel better in general
- To prove they can quit smoking if they really want to
- So they don't smell of smoke/cigarettes
- Because they know other people who have gotten sick or died because of smoking
- If there was someone or something to help them quit

Clear majorities attributed importance to all but one of these reasons why people *might* want to quit smoking. That said, the perceived importance of these reasons varied considerably. The reason viewed to be important by the overwhelming majority is the desire to feel better in general. Nine out of ten smokers rated this as an important reason to quit, with 72% saying it is *very* important. Virtually no-one (2%) said this is not an important reason. Similar proportions (69-70%) felt that feeling in control of their lives and not wanting to smell of smoke are important reasons for going smoke-free (45-47% rated these as *very* important).

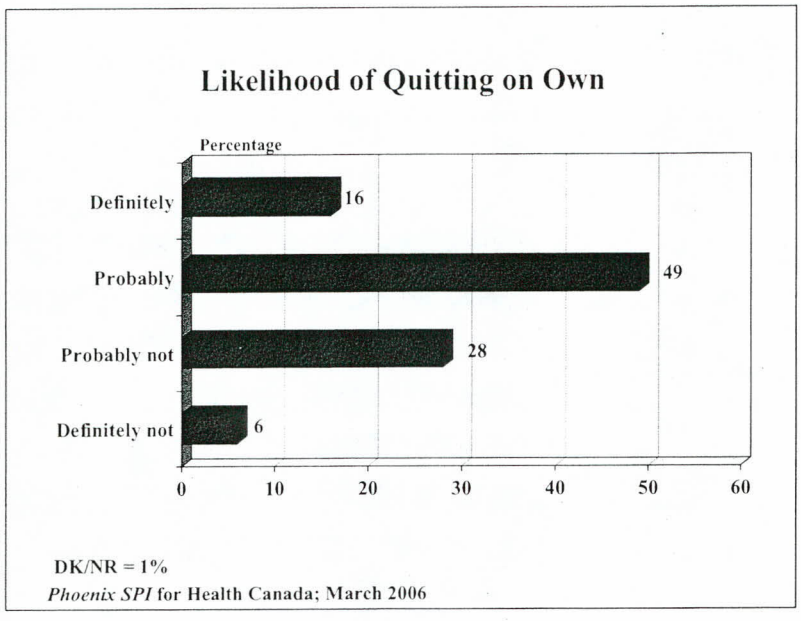


Having someone or something to help them quit (63%) and knowing others who have died from smoking (62%) were also considered important reasons to quit smoking. Moreover, respondents were more likely to attribute strong as opposed to moderate importance to each of them (37% and 43% respectively). Slightly less (57%) felt that proving they can quit smoking if they really want to is an important reason to quit (35% *very* important).

Respondents were least likely to indicate that a partner or spouse asking them to quit is important (41%). This reason and proving that quitting can be done were most likely to be rated as not important compared to the other reasons (21-26% vs. 2-16%).

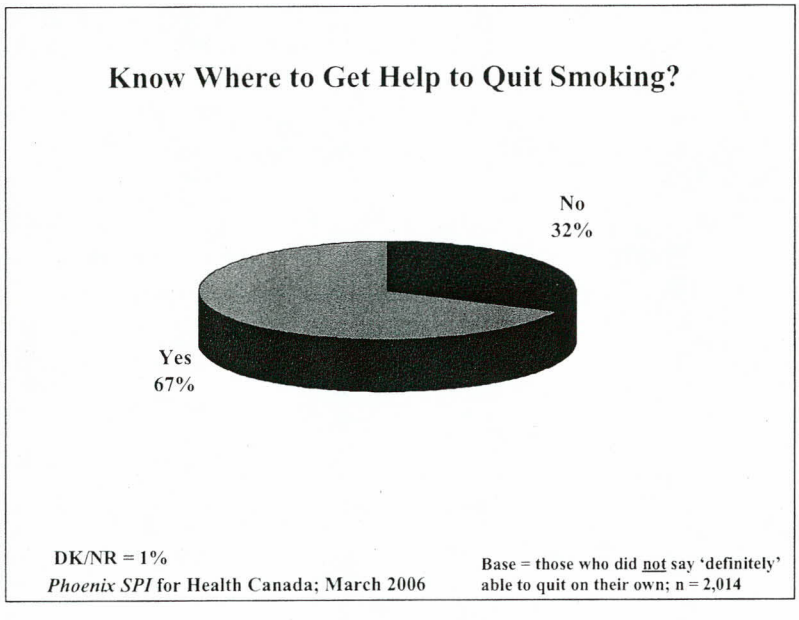
Two-Thirds Think They Can Quit on Their Own

Two-thirds think they would probably (49%) or definitely (16%) be able to quit smoking on their own. However, recall that somewhat less (57%) think they know at least a moderate amount about the types of things they can do to help themselves quit smoking. Conversely, 28% said they would probably not, and 6% definitely not be able to quit by themselves.



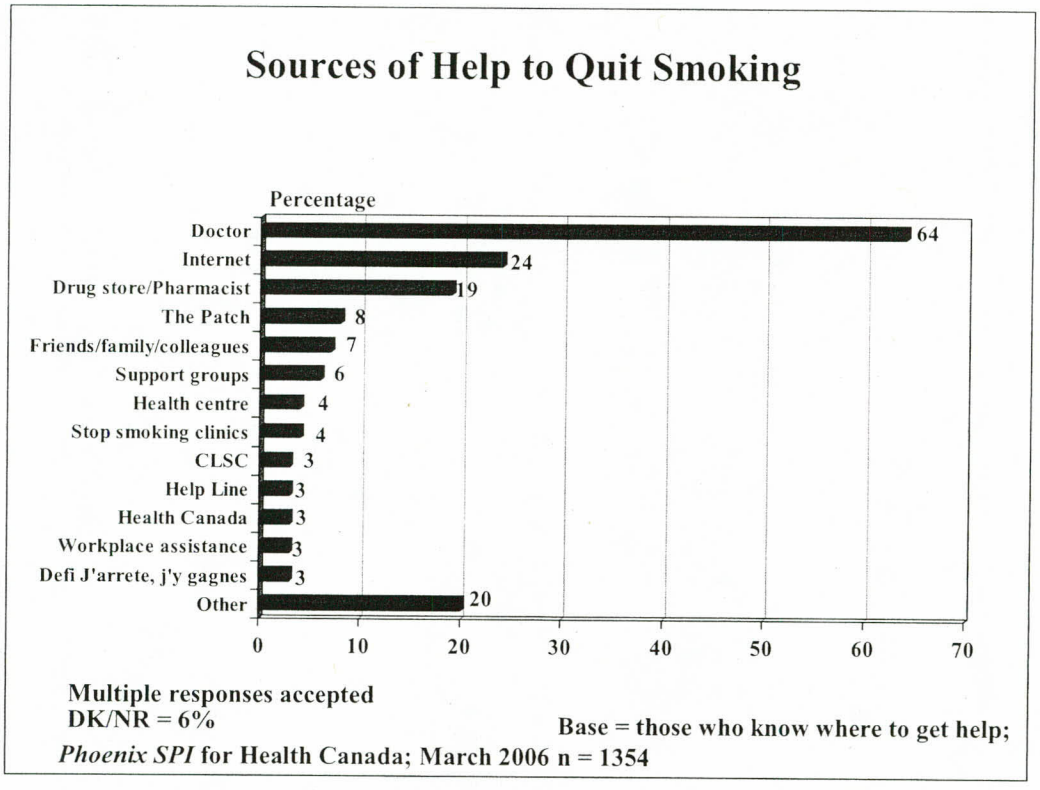
Most Think They Know Where to Get Help

Two-thirds (67%) of those who did not think they would *definitely* be able to quit on their own (n = 2,014) claimed to know where to go to get help to quit smoking. Conversely, 32% think they would not know where to go for help.



Doctor – Main Source of Assistance

Most of those who said they know where to go for help to quit smoking (n = 1,354) said they would visit their doctor. When asked in an open-ended manner to identify sources of help, a doctor was cited more than twice as often as any other source (64%). This was followed at a distance by the Internet (24%) and drug stores/pharmacists (19%).



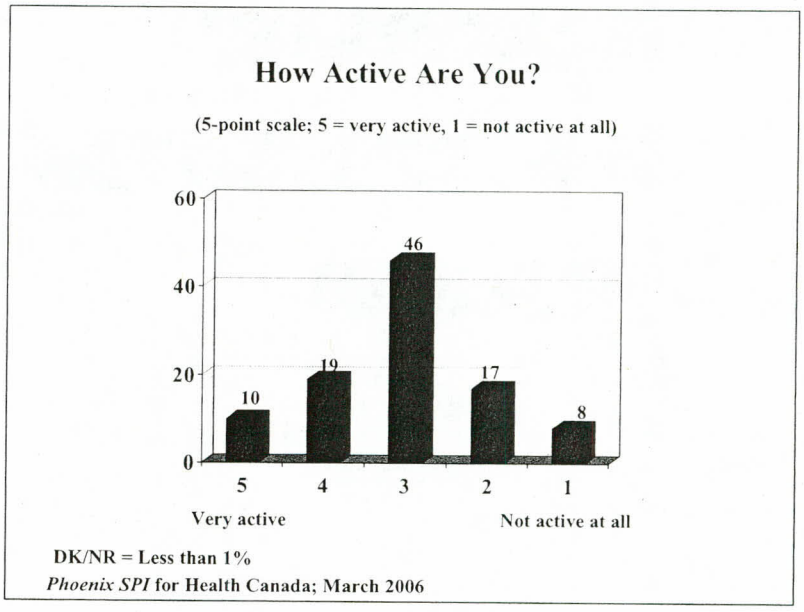
Beyond this, other sources were identified relatively infrequently – 8% pointed to the nicotine patch, 7% to friends, family or colleagues, and 6% to support groups. Small numbers said they would turn to health centres, smoking cessation clinics, CLSCs, a help line, Health Canada, workplace assistance, or Defi J'arette, j'y gagnes. The types of sources included in the 'other' category are hypnosis, the Cancer Society, laser therapy, acupuncture, the lung association, and Zyban.

PROFILE OF RESPONDENTS

The following graphs present the characteristics of surveyed smokers by activity level, Internet use, age, education, employment status, household income, racial background, language, gender, and region.

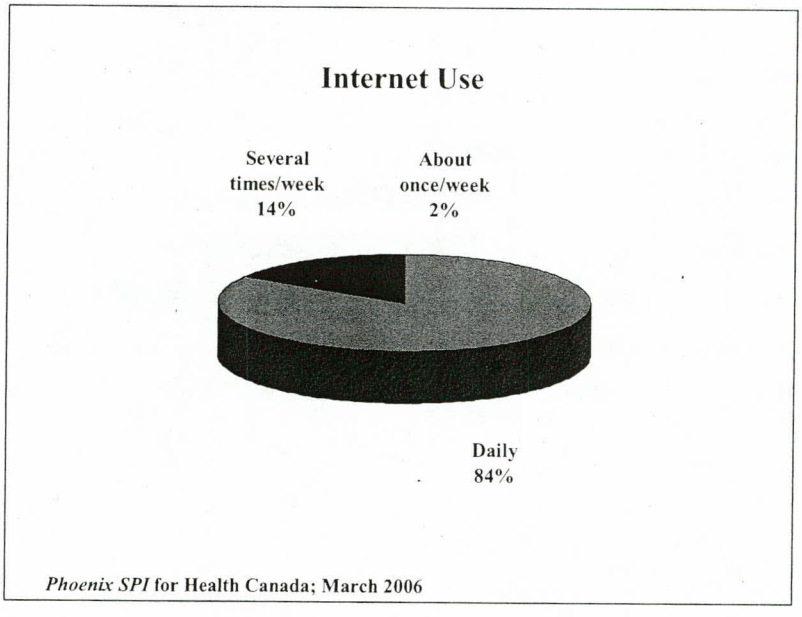
Minority Views Themselves As Active

When asked to rate how active they are (using a 5-point scale), 29% consider themselves to be at least moderately active. This includes all forms of exercise and physical activity. Conversely, almost as many (25%), think they are not active. The largest proportion (46%) were in between, characterising themselves as neither active nor inactive.

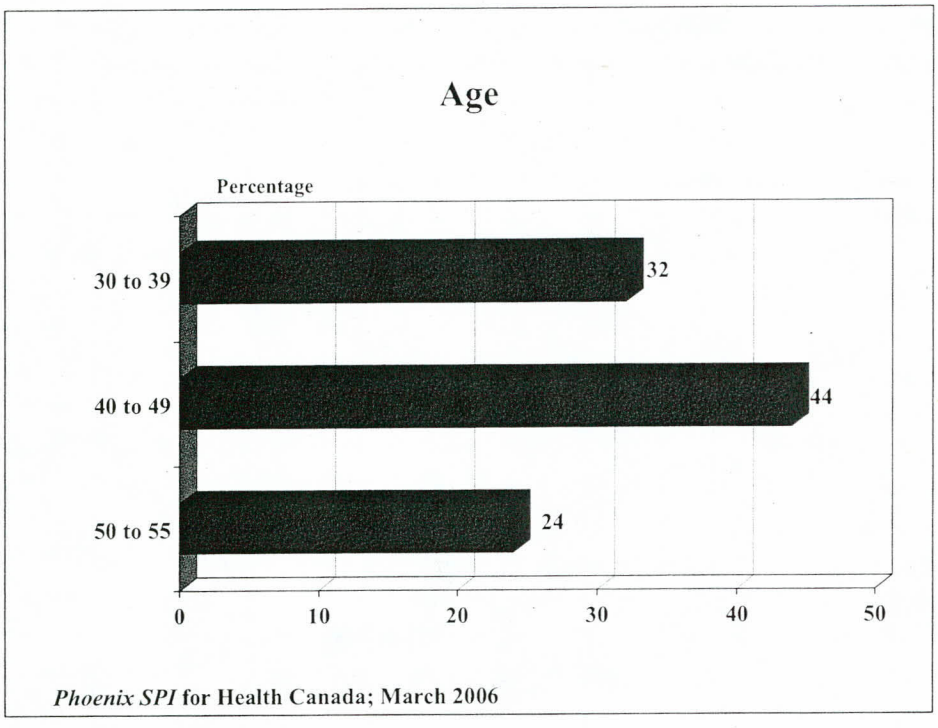


84% Use Internet Daily

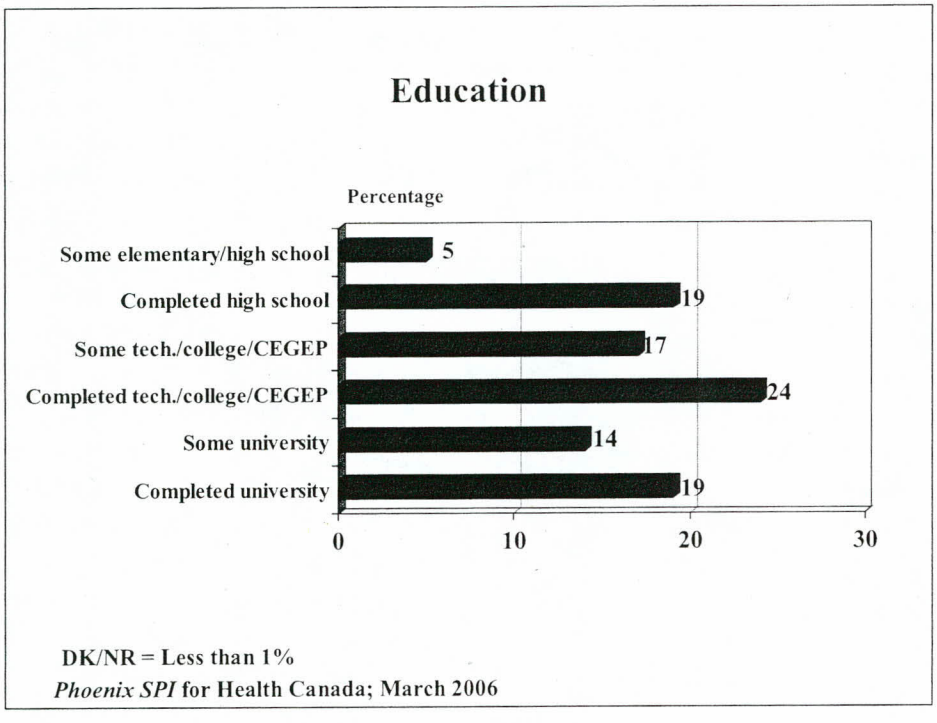
More than four in five (84%) use the Internet once a day or more, while 16% use it less often.



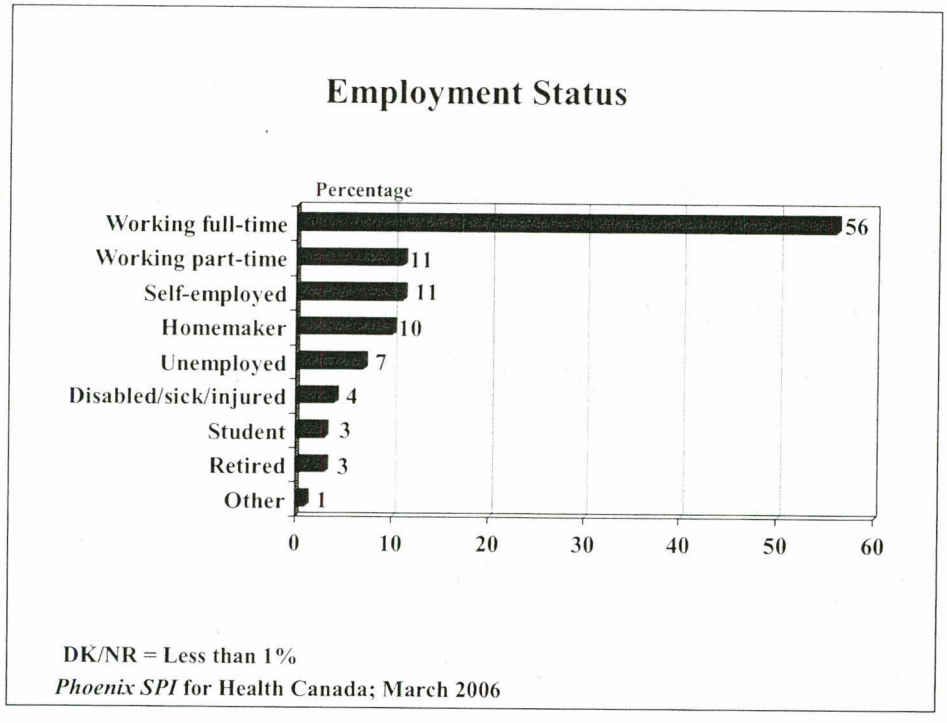
Age



Education



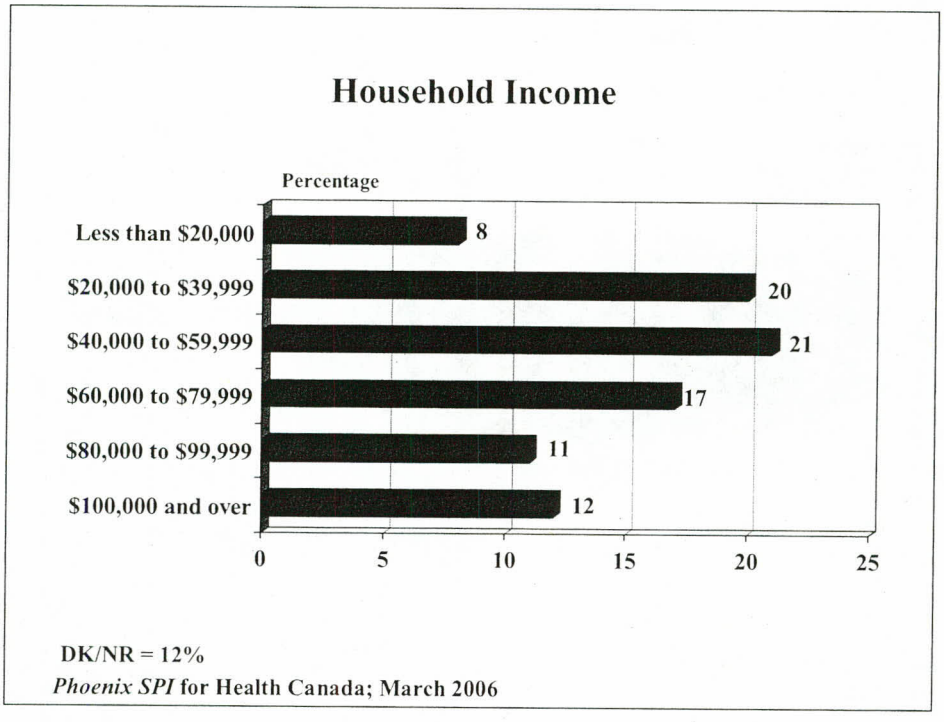
Employment Status



DK/NR = Less than 1%

Phoenix SPI for Health Canada; March 2006

Household Income



DK/NR = 12%

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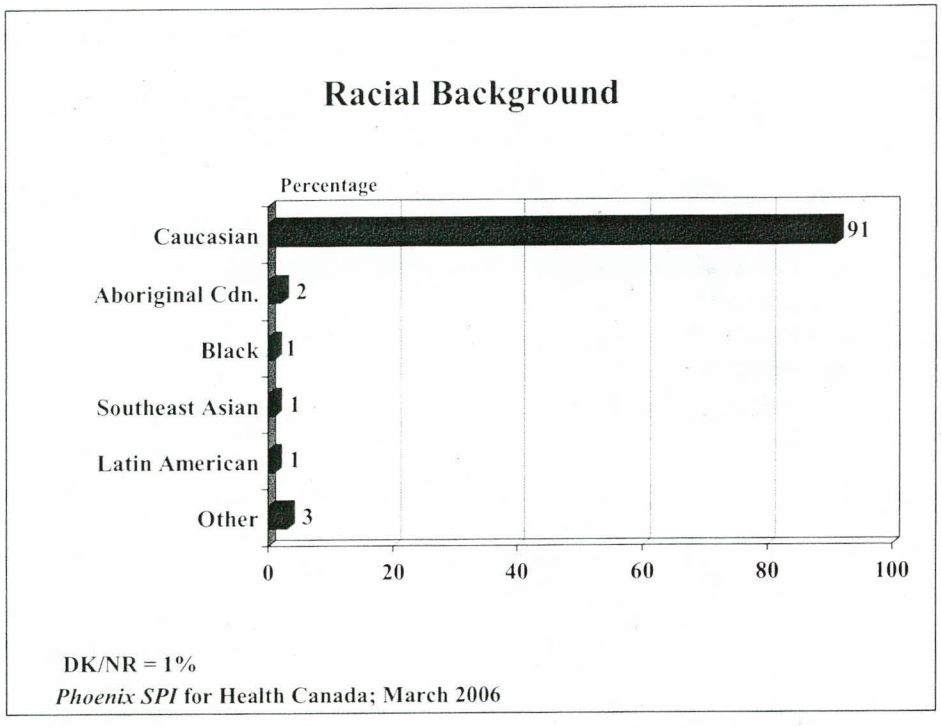
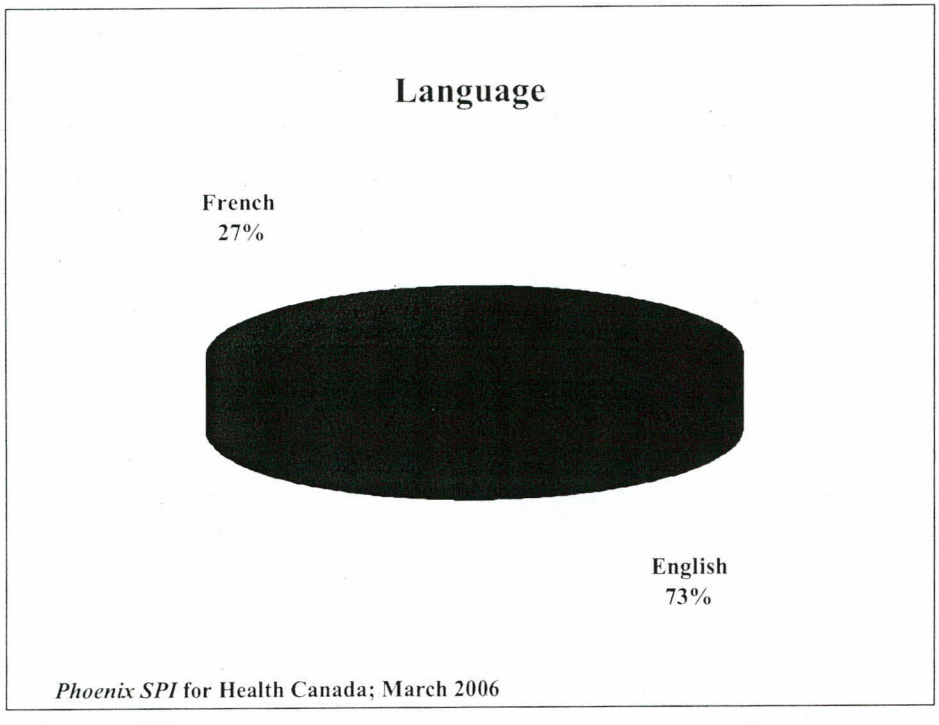
Racial Background



DK/NR = 1%

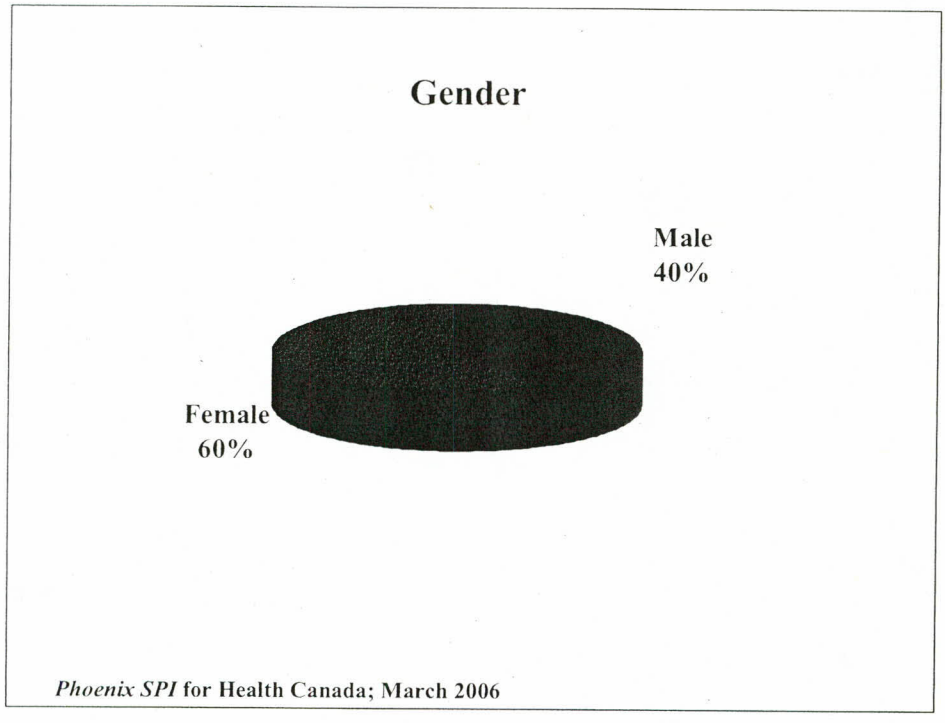
Phoenix SPI for Health Canada; March 2006

Language

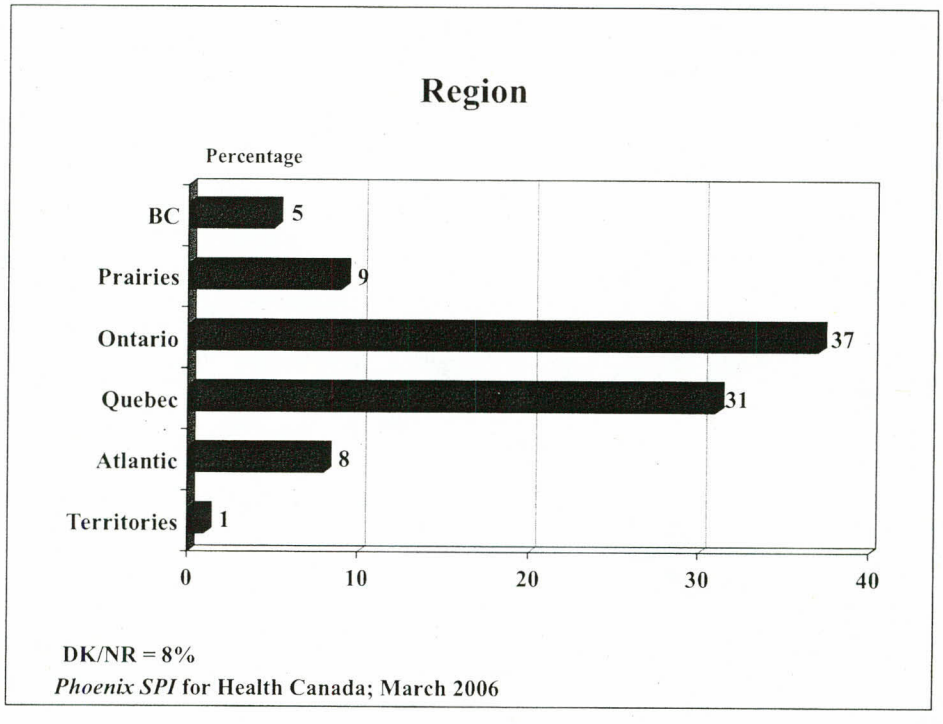


Phoenix SPI for Health Canada; March 2006

Gender



Region



INITIAL FOLLOW-UP SURVEY

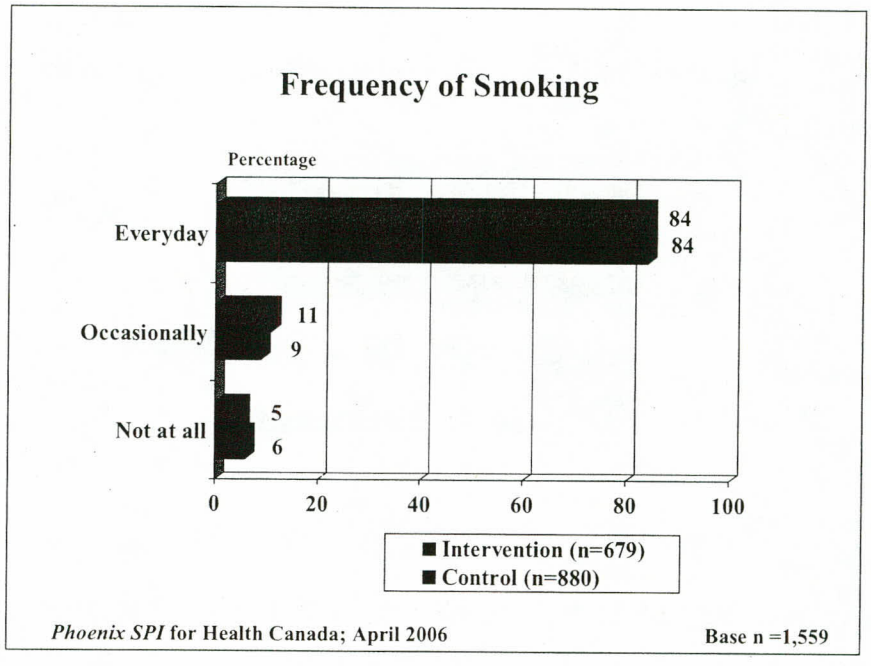
This section describes the findings of the initial follow-up survey, administered four weeks after the baseline survey. During the period leading up to this survey, the intervention group was invited to visit and try the online smoking cessation program, On the Road to Quitting (OTRTQ). Findings, therefore, are reported for the intervention group primarily, and to a lesser degree, for the control group as well. In total, 1,559 participants completed the follow-up survey – 679 from the intervention group and 880 from the control group – between March 29 and April 17, 2006. Results for the intervention sample can be considered accurate to within +/-2.3, 19 times out of 20 (adjusted for a finite population), and for the control sample, +/-1.5, 19 times out of 20 (adjusted for a finite population).

SMOKING STATUS

This section focuses on respondents' smoking behaviour.

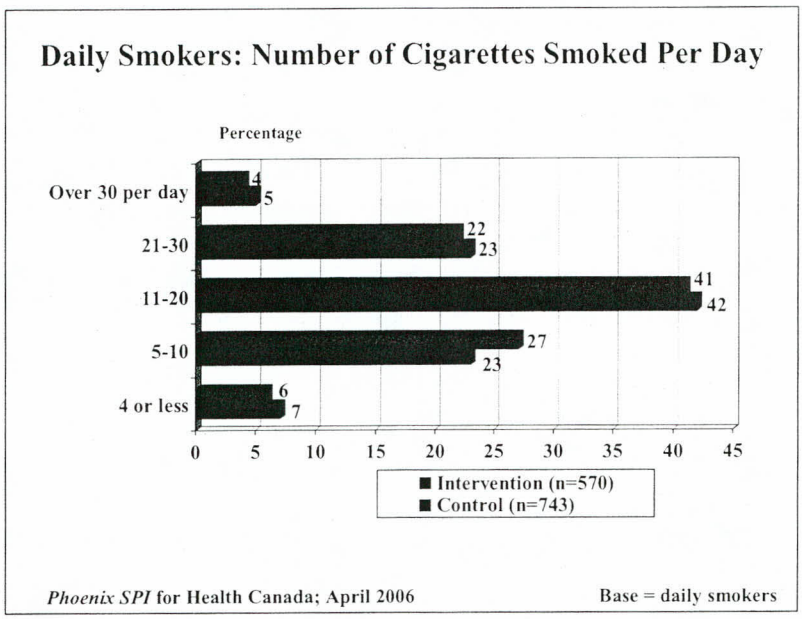
Most Smoke Every Day

The clear majority (84%) of intervention group respondents smoke cigarettes every day, while 11% smoke occasionally (defined as less than every day). Relatively few (5%) do not smoke at all. There is no substantive difference in terms of smoking frequency between the intervention and control groups.



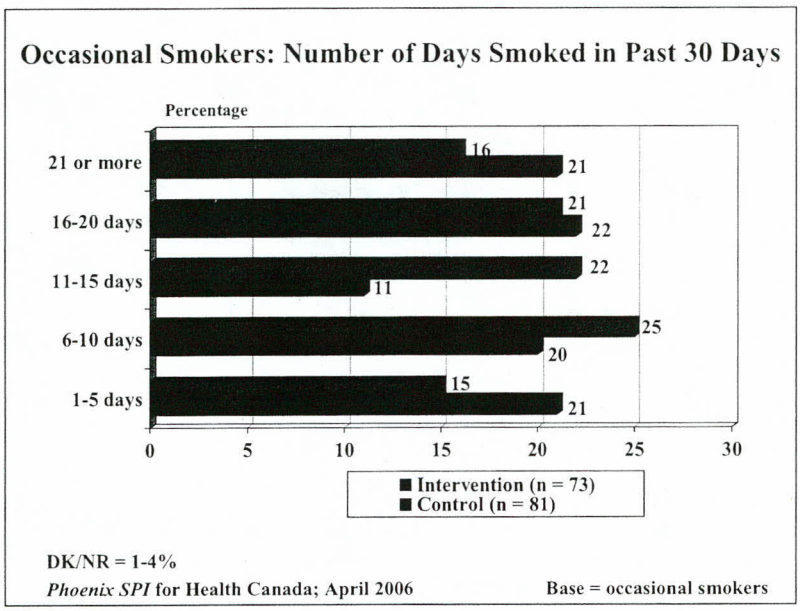
Two-Thirds of Daily Smokers Smoke Half a Pack or More Per Day

Compared to the control group, daily smokers in the intervention group were slightly less likely to smoke 11 cigarettes or more a day (67% vs. 70% control). The single largest proportion (41%) smoke between 11 and 20 cigarettes, while 26% smoke more than this (22% have 21-30 cigarettes and 4% smoke well over one pack a day). The rest of the intervention group smokes far less than one pack a day – 27% smoke 5 to 10 cigarettes, and 6% some 4 cigarettes or less. Once again, differences were quite small between the intervention and control groups.



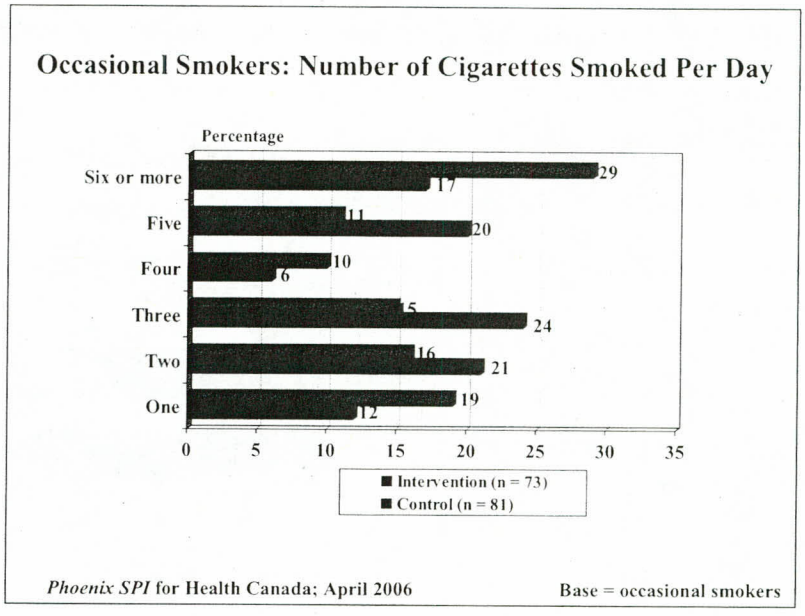
Most Occasional Smokers Smoke 15 Days or Less, Intervention Group Smokes Less Often Than Control Group

Occasional smokers in the intervention group were more likely to say they smoked on half or fewer of the past 30 days – 25% smoked on six to 10 days, 22% did so on 11 to 15 days, and 15% smoked on one to five of those days. In contrast, smokers in the control group were more likely to have smoked on more than half of the days in the previous month. While 43% of control group respondents smoked on at least 16 days, only 37% of those in the intervention group smoked with the same frequency, and fewer smoked on more than 20 days (16% vs. 21% control group).



Intervention Group Occasional Smokers Smoke More Per Day Than Control Group

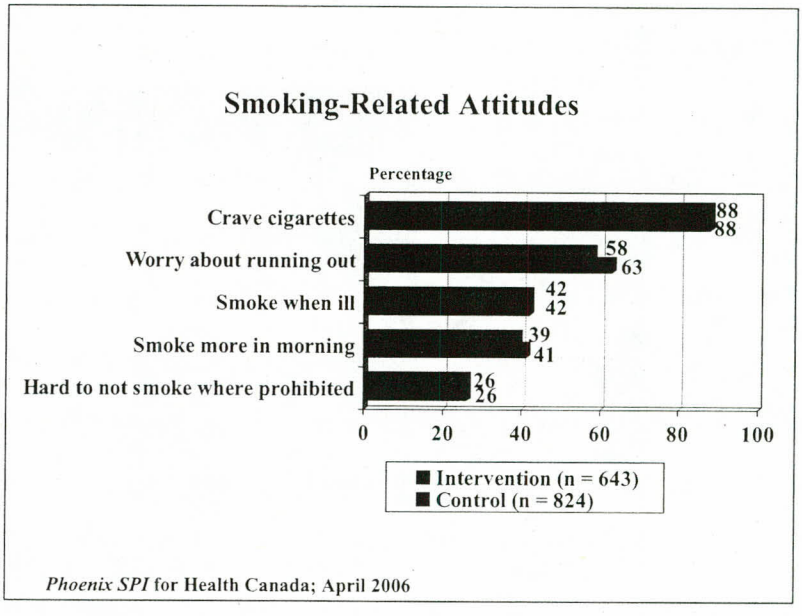
Seven in ten occasional smokers in the intervention group have five or fewer cigarettes on the days that they smoke. That said, 29% smoke six or more a day, compared to 17% of those in the control group. Looking at this from another perspective, exactly half of those in the intervention smoke four or more cigarettes, while 43% of those in the control group smoke this number of cigarettes. As well, more control group respondents have three or fewer cigarettes (57% vs. 50% intervention), although those in the intervention group were more apt to say they smoke only one cigarette on the days when they smoke (19% vs. 12% of the control group).



Smokers in the control group smoked on more days in the past month, but smoked fewer cigarettes on each of the days. Those who took the OTRTQ program smoked on fewer days, but appear to have smoked more cigarettes on the days that they did smoke.

Most Crave Cigarettes, Majority Worry About Running Out

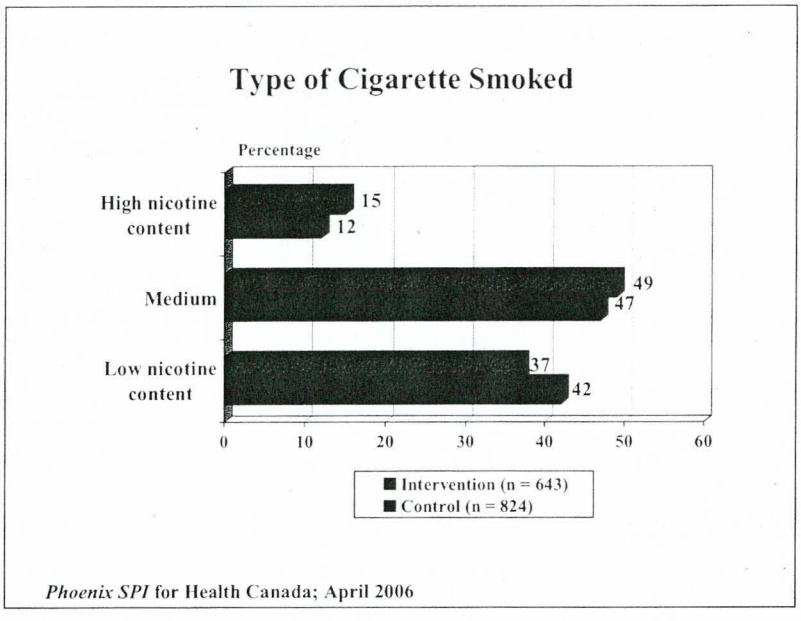
Regardless of the research group, most respondents (88% each) crave cigarettes and the majority worry about running out (58% intervention vs. 63% control). Participants were less likely to smoke when so ill that they are in bed most of the day (42% each), or to smoke more in the morning than during the rest of the day (39% vs. 41% control). Just 26% from both the intervention and control groups said they found it difficult to not smoke in places where it is forbidden, such as restaurants, theatres/cinemas, or airports.



Differences between respondents in the intervention and control groups were minimal.

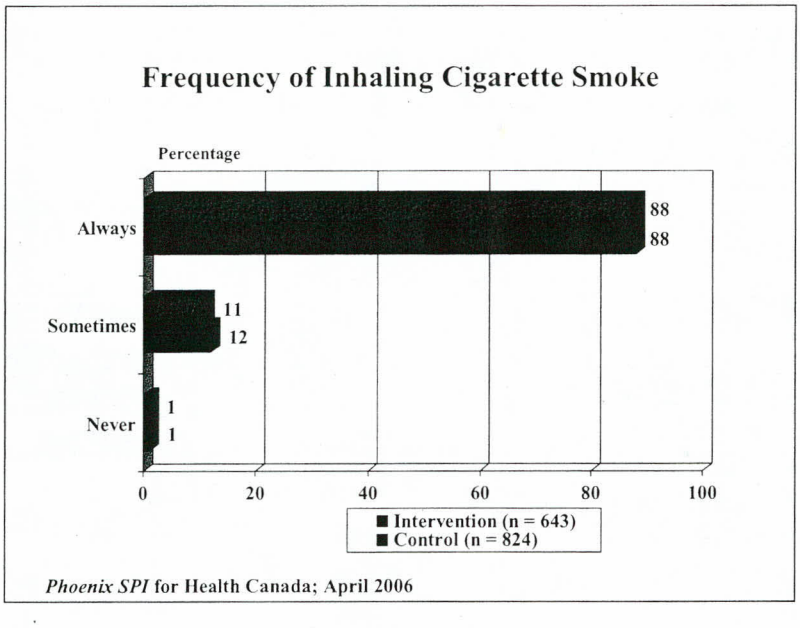
Few Smoke High Nicotine Content Cigarettes, Medium Levels Most Popular

Intervention group respondents were slightly more likely to smoke a cigarette brand with a medium (49% vs. 47% control) or high (15% vs. 12%) nicotine content. Conversely, control group participants were slightly more apt to say their brand has a low nicotine content (42% vs. 37% intervention).



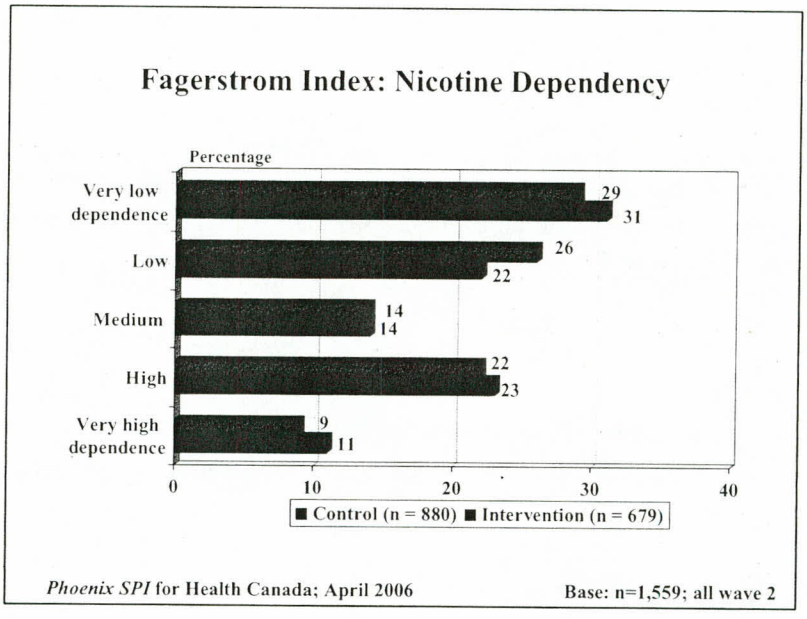
Virtually Everyone Inhales Their Cigarette Smoke

Virtually everyone inhales the smoke from their cigarette. The vast majority of those in both the intervention and control groups (88%) inhale always, while relatively few (11-12%) said they do so only some of the time. Just 1% claimed to *never* inhale their cigarette smoke.



Nicotine Dependency – Majority Have Low, to Very Low Dependency

Using a variation of the Fagerstrom Index[7], the majority of participants in both groups report a low to very low level of nicotine dependency. Control group respondents were slightly more likely to score high/very high on the index (34% vs. 31%).



Since the baseline survey, fewer respondents in the intervention group scored high/very high on the index (34% vs. 31% of those who completed the follow-up survey).[8] There was no change among members of the control group. At the other end of the spectrum, compared to the baseline results, more participants in the intervention group now report a low/very low level of nicotine dependency (55% vs. 48%).

Sub-Group Differences

Changes for Individual Respondents[9]

There has been little change since the baseline survey in the frequency of smoking among participants. While 10% of smokers in the intervention group have decreased their smoking, almost as many (9%) in the control group did the same. Overall, members of the

[7] The Fagerstron Index is used to test smokers' addiction to nicotine. Appended to the report is a description of how this rating was calculated from the data.

[8] This comparison is based on respondents who completed both waves of the survey. Those who did not complete the follow-up survey were not included in the Fagerstrom Index based on the baseline survey results.

[9] These data are based on respondents who responded to both waves of the survey. Some of the changes observed for individual respondents are not statistically significant. While caution should be exercised when analyzing these data, taken together, they are suggestive of a trend – there have been more positive changes noted for respondents who took part in the intervention compared to members of the control group who did not.

control group were slightly more likely to have not changed their habits (87% vs. 85% of those who took part in the intervention).

Few smokers have gone from being daily to occasional smokers, but those who visited the OTRTQ Web site were more likely to have cut back on the number of cigarettes they smoke per day (18% vs. 13%) and on the number of days they smoked during the past month (49% vs. 41%).

Demographic Characteristics

Turning to demographics, men, those with less formal education (high school or less), and Quebeckers were more likely to have made positive changes in the frequency of their smoking. When the focus shifts to the number of cigarettes smoked per day, women, respondents from Atlantic and Western Canada, and those with lower incomes decreased how much they smoke each day.

Quit Attempts

Not unexpectedly, those who made quit attempts in the past month reported a positive change in the frequency with which they smoke cigarettes and the number of cigarettes they smoke each day.

OTRTQ Web Site Usage (Intervention Group Only)[10]

The Web site traffic data yields a number of interesting observations about participants in the intervention group. In terms of smoking status, those who visited the site three or more times were less likely to be daily smokers (79% vs. 84-87% of those who went to the site only one or two times), and more apt to be 'lighter' smokers (i.e. those who smoke 5-10 cigarettes a day) (37% vs. 24-27%). Conversely, participants who logged into OTRTQ just once were somewhat more likely to smoke over a pack a day (25% vs. 17-19% of more frequent visitors).

More frequent visitors to OTRTQ were less likely to find it difficult to not smoke in places where it is forbidden (20% vs. 26-29%) and to worry that they will run out of cigarettes (50% vs. 59-60%). On the other hand, these participants were more apt to crave cigarettes (95% vs. 92% of those who visited twice and 85% once) and to smoke more during the morning than the rest of the day (44% vs. 37-40%). The latter finding is reinforced by the fact that more frequent site visitors were more apt to have their first cigarette of the day within five minutes of waking up (27% vs. 21% of those who visited once or twice). The likelihood of smoking high nicotine content cigarettes increased with the number of visits to OTRTQ (14-22% of those who visited three or more times).

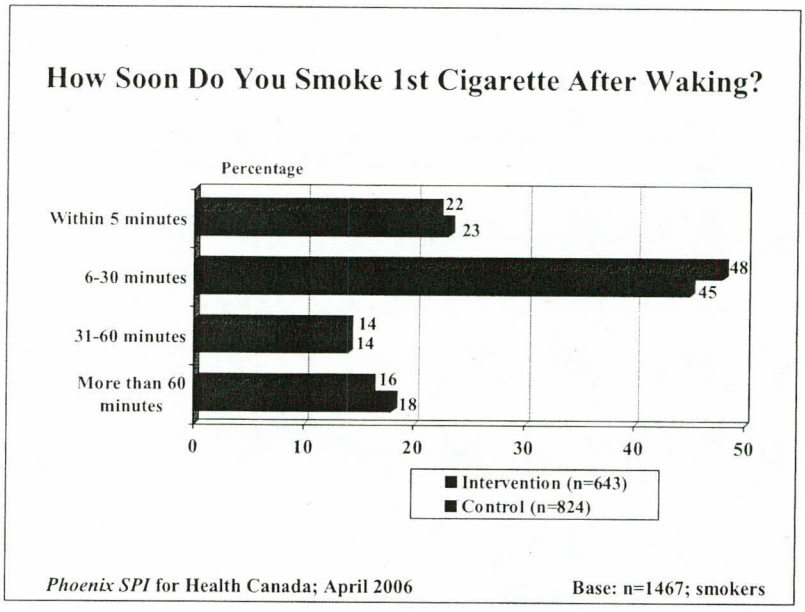
[10] These data are based on actual behaviour at the OTRTQ Web site, as obtained through site traffic statistics.

CURRENT SMOKING HABITS

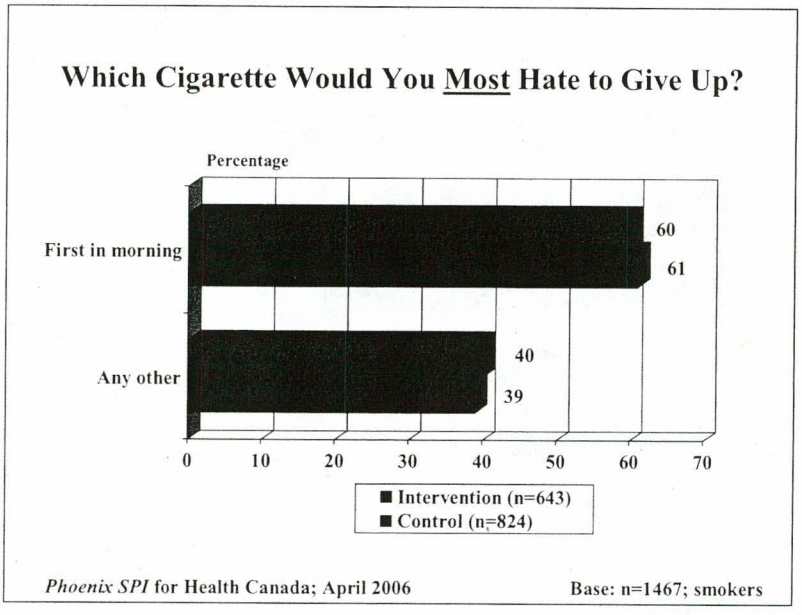
This section describes respondents' current smoking habits, including when and with whom they smoke.

Majority Smoke Within Half Hour of Waking; Most Would Hate to Give it Up

In total, 70% of the intervention group smokes their first cigarette within 30 minutes of waking – 22% do so within five minutes and 48% within 6 to 30 minutes. Virtually identical numbers in the control group smoke within half an hour of waking.

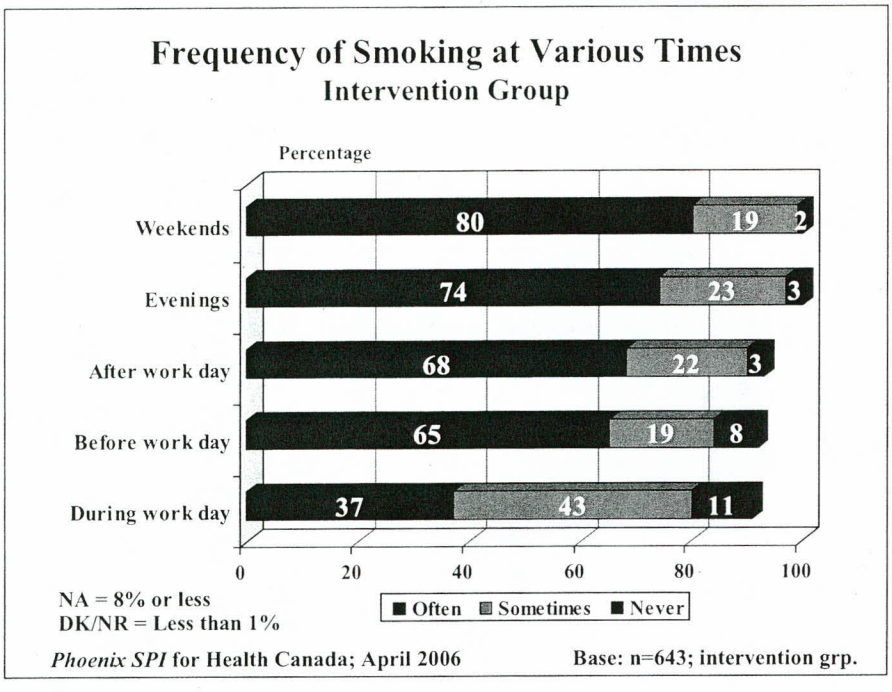


The majority of respondents in both groups would most hate to give up the first cigarette in the morning (60-61%).

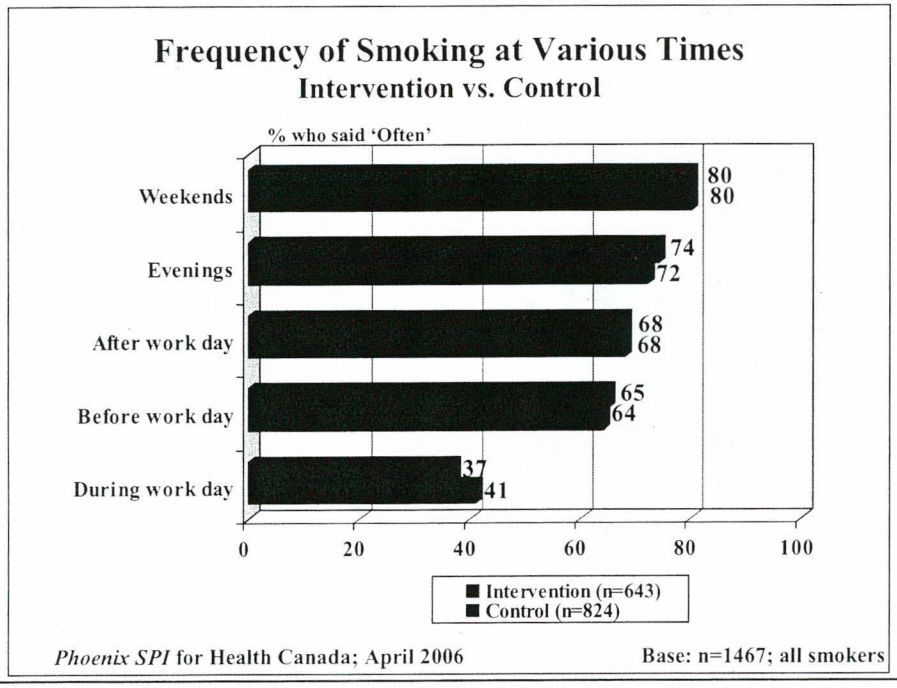


Frequency of Smoking at Various Times

Smokers in the intervention group are most likely to smoke outside their work day during their leisure time. Almost everyone smokes during their weekends (80% do so often and 19% sometimes) and in the evenings (74% often, 23% sometimes). In addition, strong majorities smoke after (68% often, 22% sometimes) and before (65% often, 19% sometimes) the work day. These smokers were far more likely to *often* (65-80%) rather than *sometimes* (19-23%) smoke during all of these times. Turning to during the work day, nearly four in five said they often (37%) or sometimes (43%) smoke while at work.

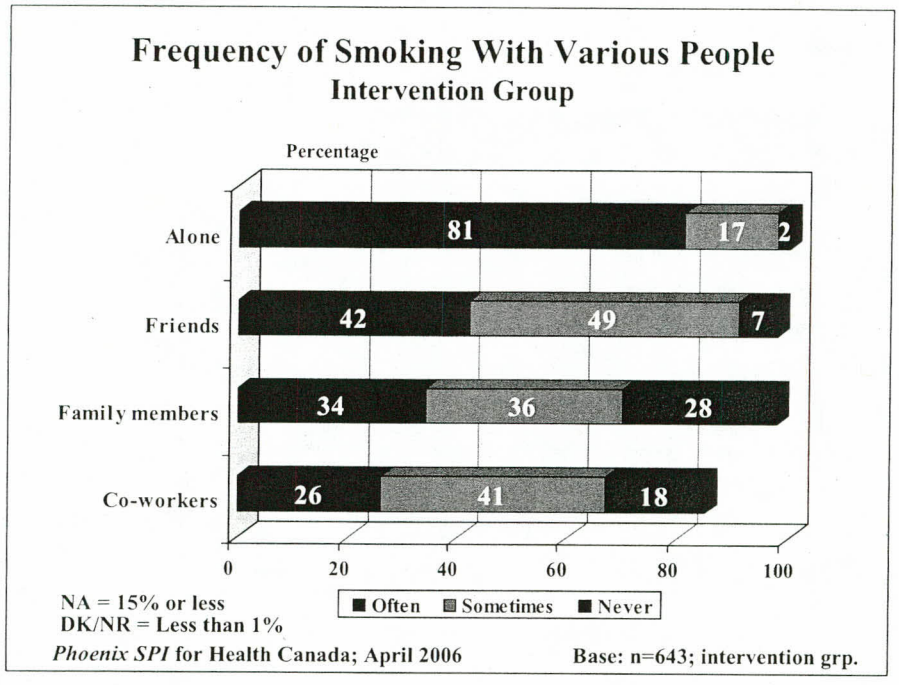


Differences between respondents in the intervention and control groups were minimal.



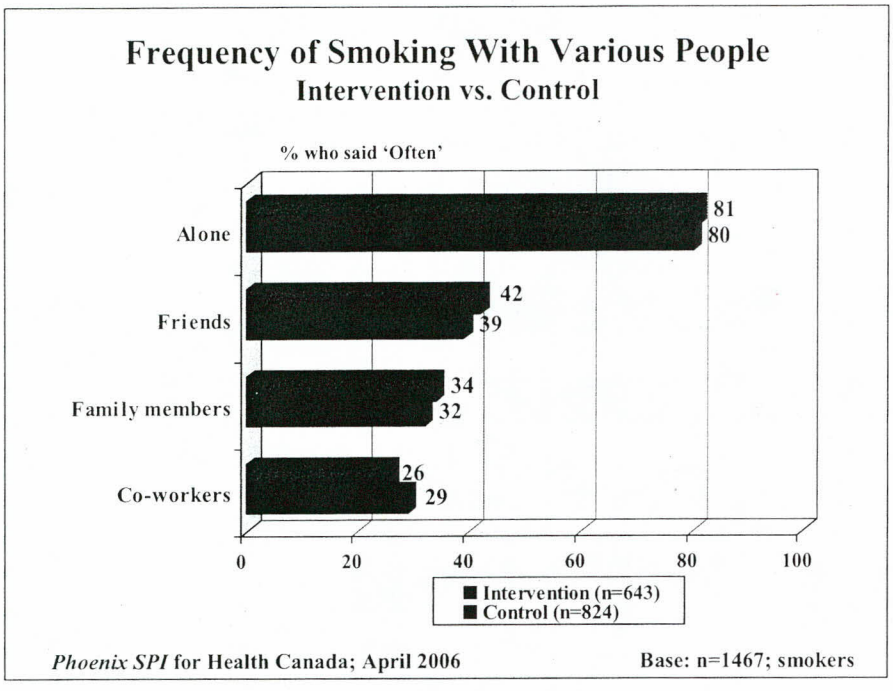
Most Likely to Smoke Alone, With Friends

Intervention group respondents are more likely to smoke alone or with friends, and less so with family members or co-workers. Four in five (81%) said they *often* smoke alone, while 17% reported doing this *sometimes*. In total, therefore, practically everyone (98%) smokes by themselves at least some of the time. When the focus shifts to friends, 42% smoke with them often, and 49% do so sometimes.



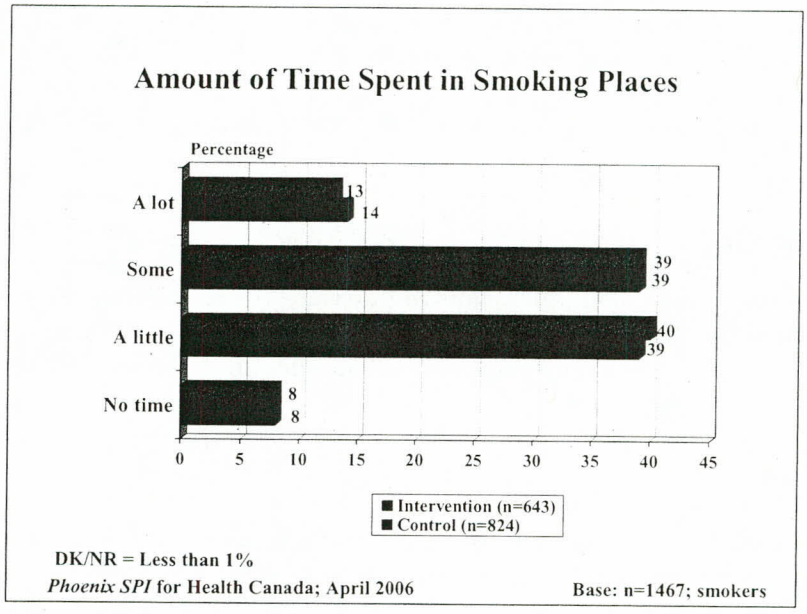
Slightly more than two-thirds (67-70%) smoke with family members or co-workers. In terms of frequency, respondents were similarly likely to do this often (34%) or sometimes (36%) with family members, and far more likely to smoke sometimes (41%), not often (26%) with their co-workers. Smokers are far more likely to *never* smoke with family (28%) or co-workers (18%), compared to other smoking partners.

When comparing respondents in the intervention group to those in the control group, there were no significant differences. For instance, the likelihood that respondents will *often* smoke in each of these situations varies by no more than 3%.



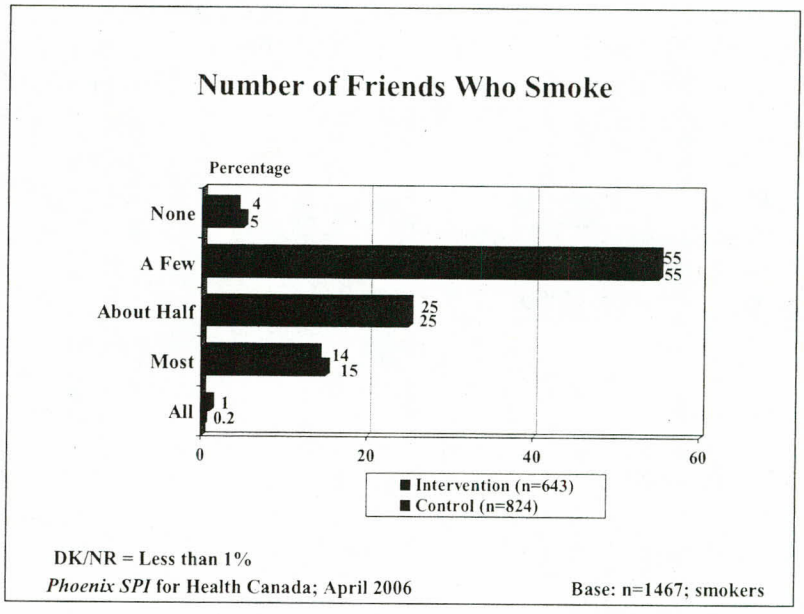
Four in Five Spend Moderate Amount of Time in Places Where Others Smoke

Four in five (79%) intervention group respondents spend a moderate amount of time in places where other people smoke – 40% spend *a little*, while 39% spend *some* time in such places. Smaller numbers spend a lot (13%) or no (8%) time in such places. There were no significant variations between the intervention and control groups.



Almost Everyone Has Friends That Smoke

Virtually everyone has friends that smoke. While the majority of respondents in both groups said that a few of their friends smoke (55%), 40% in each group reported that at least half of them are smokers. Relatively few (4-5%) said they have no friends that smoke. Once again, the responses of intervention and control group respondents are almost identical.



Sub-Group Differences

Changes for Individual Respondents

Smokers who took part in the OTRTQ program were more likely to make positive changes to their smoking habits. Compared to members of the control group, these participants smoke a little less during (20% vs. 17%) the work day and on weekends (11% vs. 8%). In addition to making changes to the times of the day that they smoke, smokers who visited the OTRTQ site were more apt to have spent less time in places where other people smoke (24% vs. 20%).

Demographic Characteristics

In terms of gender, men were more likely than women to have reduced the frequency with which they smoke on workdays and weekends. Recall that men were more apt than women to reduce the frequency of their smoking. All other demographic variations were not significant.

Quit Attempts

Compared to those who made no attempts in the four weeks between the baseline and initial follow-up surveys, those who tried to quit were more likely to reduce the frequency with which they smoke during (22% vs. 16%) and after (17% vs. 11%) the workday and on weekends (13% vs. 8%).

OTRTQ Web Site Usage (Intervention Group Only)

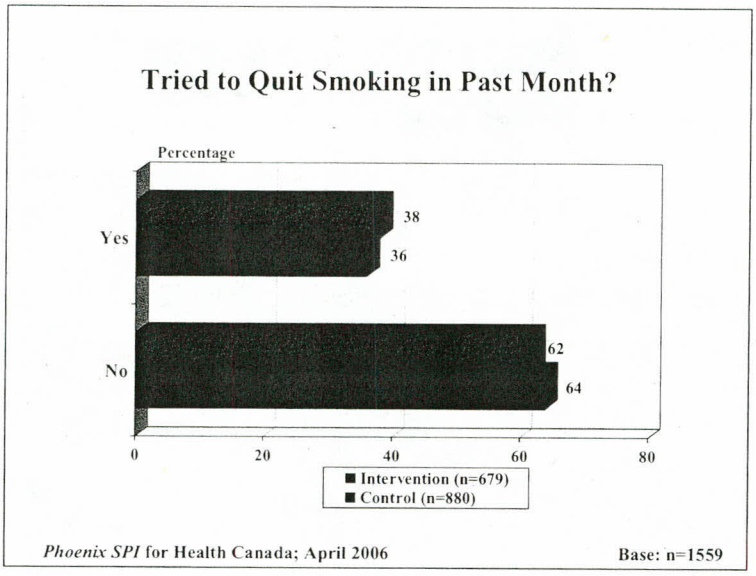
Participants who visited the Web site at least three times were slightly more apt to smoke during (84% vs. 79-81%) and after (94% vs. 88-90%) the workday at least sometimes, but less likely to do so *often* on the weekends (77% vs. 79-80%). These respondents also were the least apt to spend at least some time in places where other people smoke (47% vs. 52-54%). Shifting the focus from where to with whom they smoke, more frequent OTRTQ users were the most likely to smoke at least *sometimes* with their friends (97% vs. 88-92%) and the least apt to smoke *often* by themselves (72% vs. 80-87%). People who visited the site once only were the most likely to smoke with their co-workers (70% vs. 62-64%) and family members (72% vs. 66-69%).

RECENT ATTEMPTS TO QUIT SMOKING

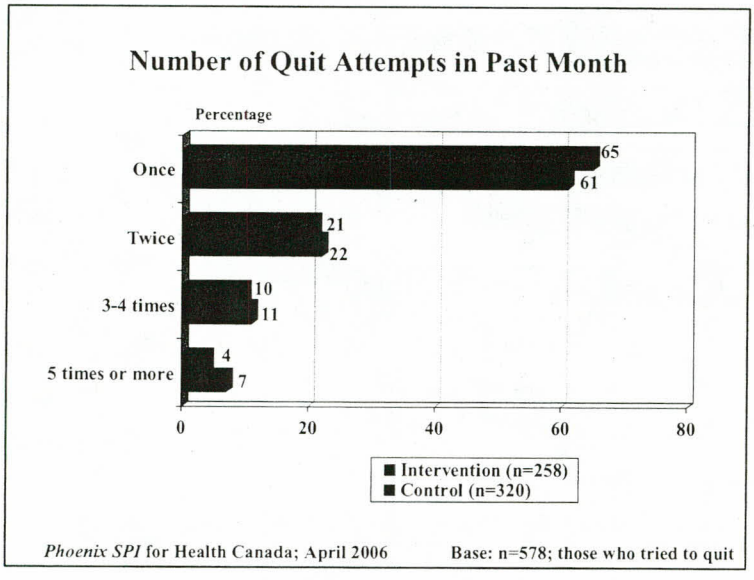
This section explores participants' attempts to quit smoking within the previous month.

Significant Minority Tried to Quit Smoking in Past Month, Most Made 1 Attempt

A sizeable minority of respondents in both groups tried to quit smoking during the previous month or so – 38% in the intervention group, 36% in the control group.

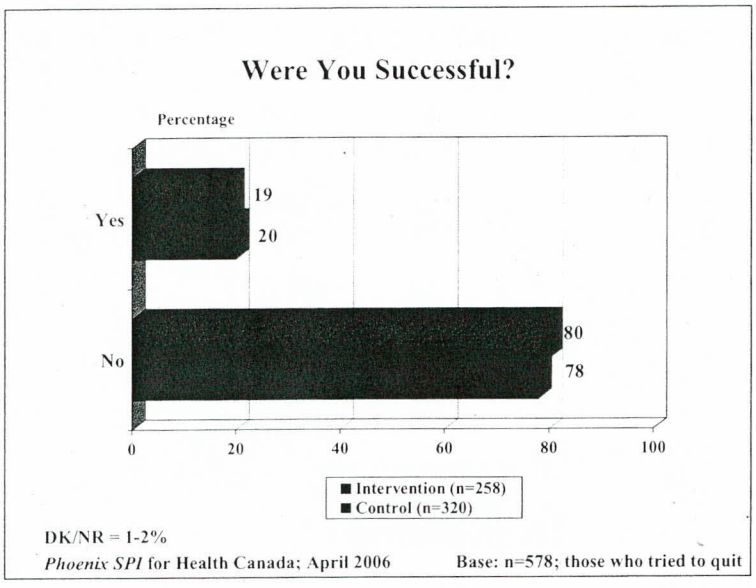


While most smokers made one attempt to quit in the previous month (65% intervention, 61% control), those in the control group were slightly more likely to have tried quitting multiple times. Respondents were asked to include only times that they went a day or more without smoking because they were trying to quit.



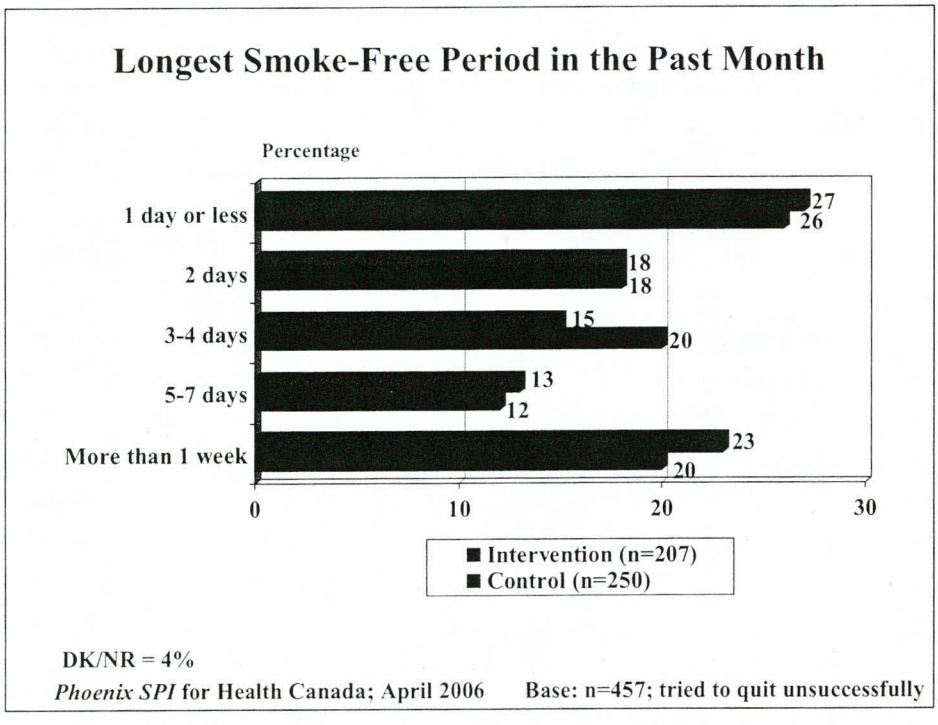
Most Did Not Successfully Quit

The vast majority (78-80%) of those who tried to quit smoking within the previous month were not successful in doing so. That said, approximately one in five said they were successful and no longer smoke (19% intervention group, 20% control group).



Vast Majority Quit for a Week or Less

Those who were not successful in their quit attempts were likely to have gone smoke-free for no more than one week – 73% of those in the intervention group and 76% in the control group. Smokers in the intervention group were slightly more apt to have remained smoke-free for eight days or more compared to their counterparts in the control group (23% vs. 20%).



Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

Members of the intervention group who visited OTRTQ only once were somewhat less likely to have tried to quit smoking during the previous month (36% vs. 41-42%). Among those who made a quit attempt, these people were slightly less apt to have been successful (18% vs. 19-21%).

READINESS TO QUIT SMOKING/STAY QUIT

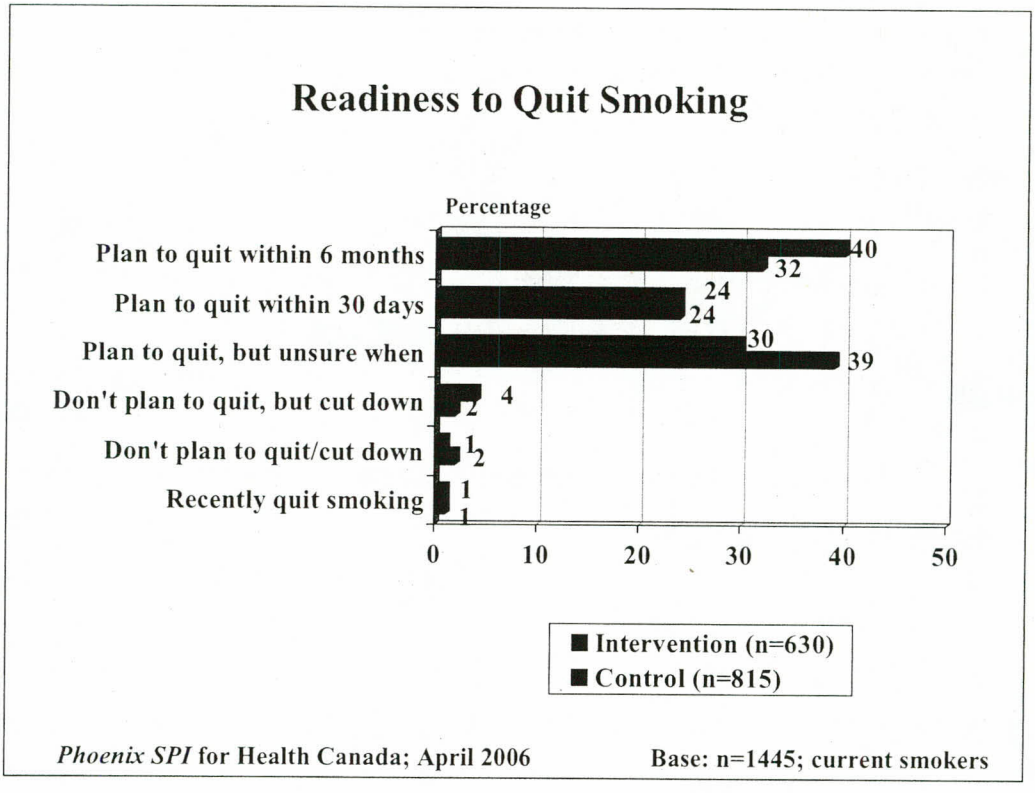
This section explores respondents' readiness to quit smoking, including their readiness to change their smoking behaviour, their knowledge about how to quit or stay quit, and their motivation and confidence vis-à-vis quitting or staying quit.

Readiness to Quit Smoking

Respondents were asked to identify which of the following statements best describes how they feel about changing their smoking:

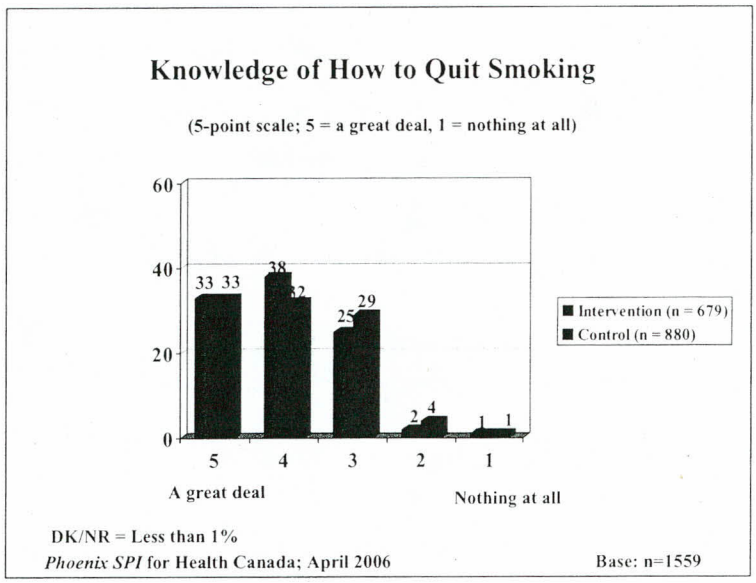
- I plan to quit smoking within the next 30 days
- I plan to quit smoking within the next 6 months
- I plan to quit smoking, but am not sure when
- I don't plan to quit, but want to cut down
- I don't plan to quit smoking or cut down
- I recently quit smoking

Almost two-thirds (64%) of the intervention group plan to quit smoking within the next half year – 40% intend to do so within six months, and 24% within the next 30 days. Fewer members of the control group (56%) plan to stop smoking within the same time period. These individuals were more likely to say they plan to quit, but do not know when (39% vs. 30% of those in the intervention group). Only a small number of smokers do not plan to quit (4-5%), while 1% of respondents in each group have already quit smoking.



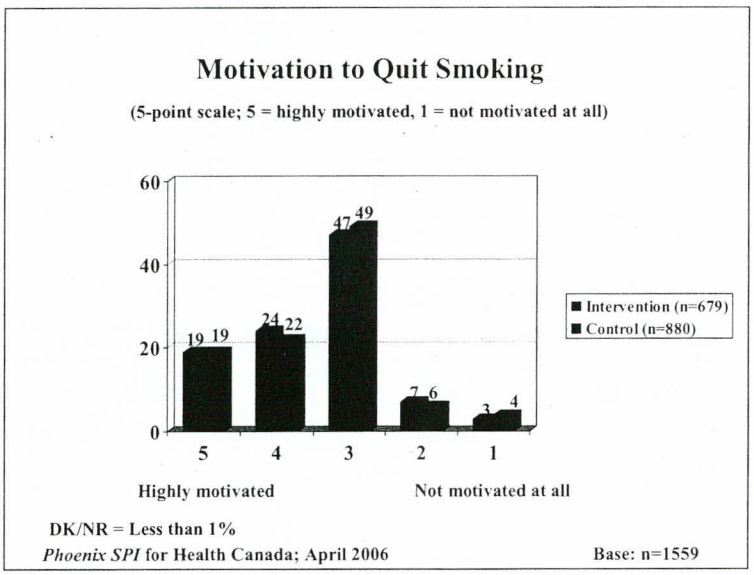
Majority Knowledgeable About How to Quit Smoking/Stay Quit

A strong majority claimed to be knowledgeable about how to quit smoking or stay quit. Intervention group participants, however, were more likely than those in the control group to say they know about the types of things they can do to help themselves (71% vs. 65%).



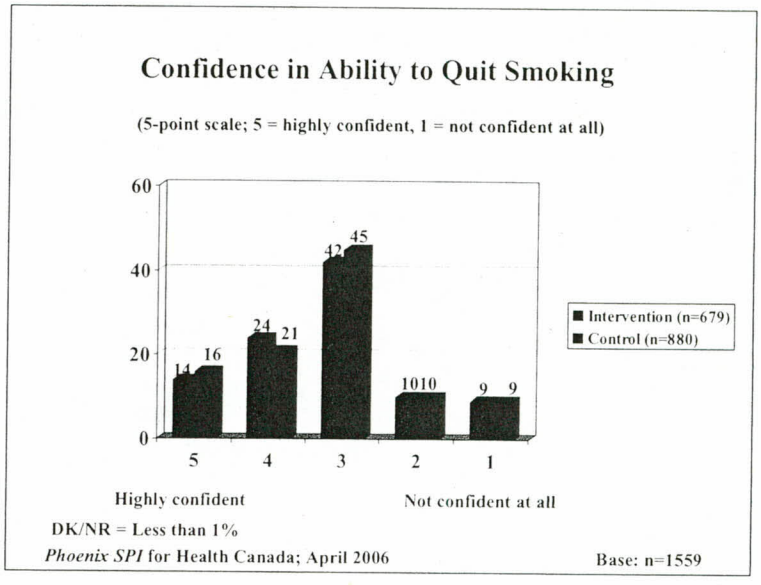
Modest Levels of Motivation to Quit Smoking/Stay Quit

There were few differences between the two groups in terms of their motivation to quit smoking. Respondents from both the intervention and control groups expressed modest levels of motivation. That is, 43% of those in the intervention group and 41% of their control-group counterparts said they are motivated to quit smoking or stay quit (i.e. offered positive scores on 5-point scale). The largest group of respondents (47-49%) indicated that they are neither motivated nor not motivated to quit smoking, or to stay quit.



Minority Confident in Ability to Quit Smoking/Stay Quit

Confidence falls short of respondents' motivation to quit smoking or to stay quit, and there are no significant variations between the intervention and control groups. Approximately four in ten (37-38%) expressed confidence in their ability to quit smoking or stay quit, while 19% are clearly not confident. The greatest proportion (42-45%) characterised themselves as in between (i.e. neither confident nor not confident).



Sub-Group Differences

Changes for Individual Respondents

Respondents in the control group were slightly more likely to report an increase in their motivation to quit/stay quit (24% vs. 21%). That said, members of the intervention group were more confident in their ability to quit or stay quit (26% vs. 22%) and more knowledgeable about what they can do (34% vs. 30%). It would appear that OTRTQ may have had a positive impact in terms of confidence and knowledge, which are important elements of a successful quit plan.

Demographic Characteristics

There were just a few noteworthy demographic differences in this area – women (25% vs. 22% of men) and lower income participants (27% vs. 22-23% of those with incomes of $40,000 or more) were more likely to report positive changes in their confidence. In terms of knowledge, college educated participants (35% vs. 28-29%) and those living in Atlantic Canada (36% vs. 30-32%) were most apt to rate their knowledge higher now than during the baseline survey.

Quit Attempts

The most noticeable differences in terms of readiness to quit or stay quit were among former versus current smokers, and those who had tried to quit versus those who had not. Former smokers and those who had made a quit attempt were more likely to report increases in their confidence and motivation vis-à-vis quitting or staying quit. That said, while there has been some overall positive change related to knowledge, there were no noteworthy variations between these groups.

OTRTQ Web Site Usage (Intervention Group Only)

Participants who visited the OTRTQ site at least three times were more likely to say they plan to quit smoking within either the next 30 days (32% vs. 22-28%) or six months (44% vs. 38-41%). Conversely, those who accessed the site only once were more inclined to have intentions to quit smoking, but to not know when this will happen (32% vs. 21-29%).

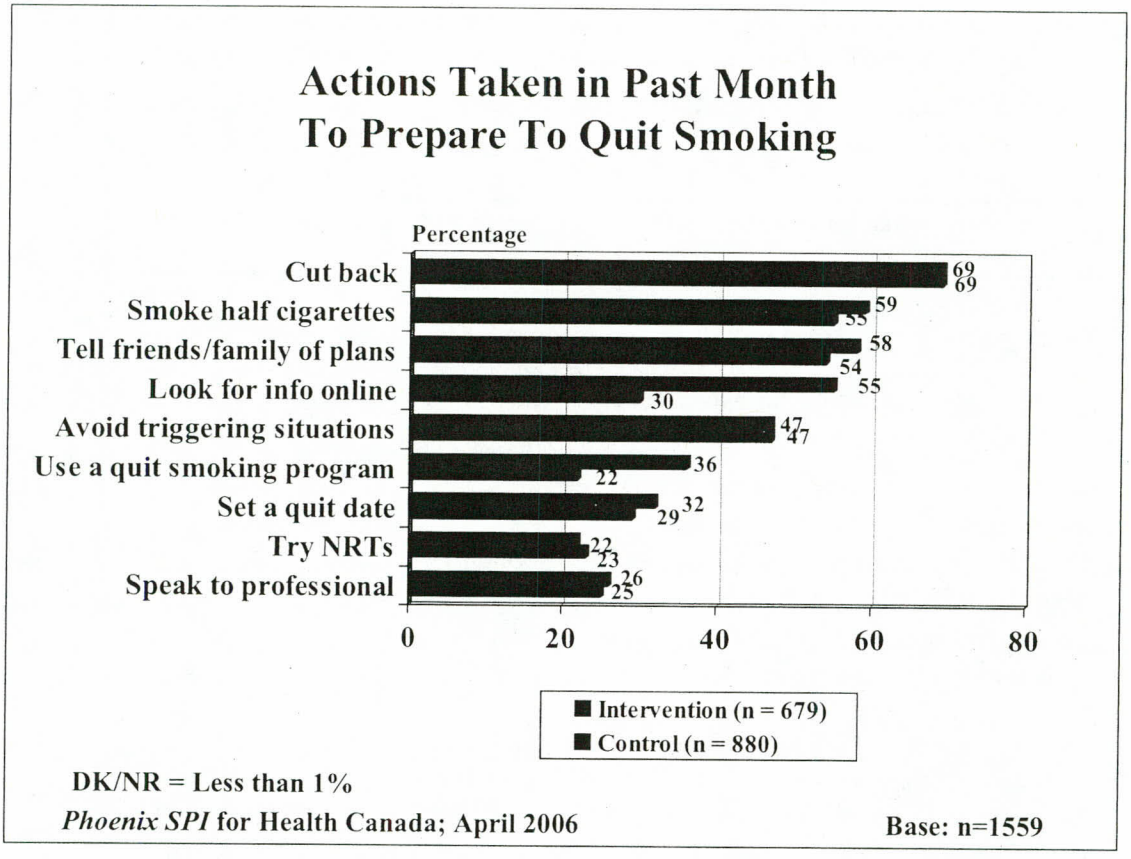
More frequent visitors of the Web site are more motivated to quit smoking or to stay quit (52% vs. 40-45%) and more knowledgeable about the things they can do to help them in this process (82% vs. 69-70%). Regardless of the number of times they used OTRTQ, participants were equally likely to feel confident that they can quit or stay quit (38-40%).

MAKING A QUIT PLAN

This section explores the activities undertaken by respondents related to quitting smoking, their reasons for quitting/not quitting, and their general knowledge about the health benefits of being smoke-free.

Cutting Back – Top Pre-Quitting Action Taken

During the previous month, respondents who had used the OTRTQ program were most likely to have taken actions to reduce how much they smoke. This includes simply cutting back on the number of cigarettes they smoke (69% for each group) and smoking less than a full cigarettes when they smoke (59% vs. 55% for control group). They were also more likely to create a non-smoking environment through telling friends and family that they intend to quit smoking (58% vs. 54% for control group) and trying to avoid situations that trigger their urge to smoke (47% for each group). In addition, more than half (55%) used the Internet to look for information or assistance related to quitting smoking (30% for control group).



In general, the more concrete steps toward quitting were less likely to be undertaken by intervention group members. These included using a quit smoking program (36%), setting a quit date (32%), speak with a family doctor, pharmacist or counsellor (26%), and trying nicotine replacement products (NRTs), such as the patch or nicotine gum (22%). It is noteworthy that most intervention group members did not view using the OTRTQ Web site as a quit smoking program.

Compared to the control group, those in the intervention group were more likely to have taken six of the nine actions within the last month. Notably, they were far more apt to have looked for information on the Internet (55% vs. 30%) and to have used a quit smoking program (36% vs. 22%)[11]. Smaller differences included the following: not smoking a full cigarette (59% vs. 55% control), telling friends and family of their plans to quit (58% vs. 54%), setting a quit date (32% vs. 29%), and speaking to a professional (26% vs. 25%).

Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

People who logged onto the OTRTQ site only once were the least likely to have set a quit date (30% vs. 35-36%), cut back on the number of cigarettes they smoke (67% vs. 69-75%), smoke less than a full cigarette (56% vs. 59-67%), spoken to a professional (25% vs. 27%), and told their friends and family about their plans to quit (56% vs. 59-62%). This reinforces the finding that one-time only visitors were most apt to have intentions to quit smoking, but to not know when they will try to go smoke-free. That is, these participants were the least likely to have taken concrete steps (i.e. set a quit date, spoken to a professional, etc.) vis-à-vis preparing to quit. As such, it is not surprising that they do not have a definite timeframe for when they plan to quit.

The next few questions were asked only of those who had not quit smoking in the past month (n = 1,426).

Most Smokers Concerned About Their Health

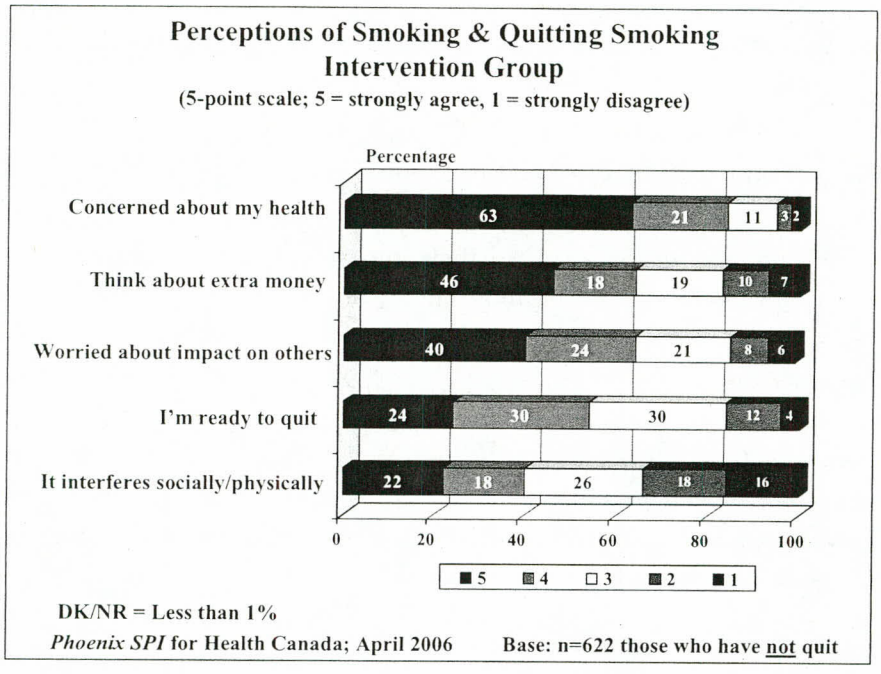
Respondents who had not quit smoking were asked to rate their agreement with the following statements about smoking (using a 5-point scale: 5 = strongly agree; 1 = strongly disagree):

- I am concerned about my health as a smoker.
- I worry about the impact of my smoking on others around me.
- I think about the extra money I'll have when I stop smoking cigarettes.
- Smoking often gets in the way of my physical or social activities.
- I seriously want to quit smoking and think I am ready.

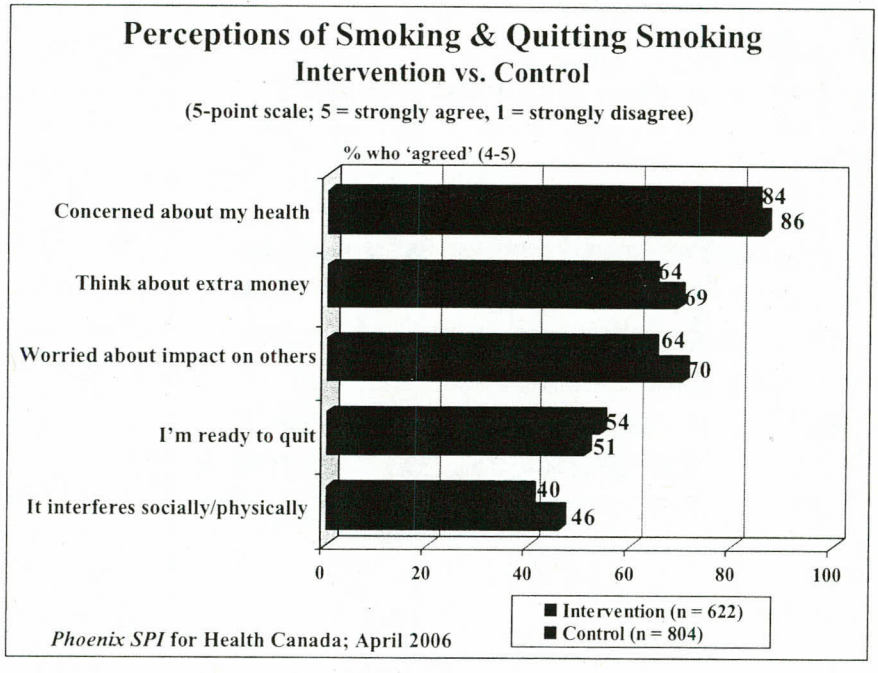
There was widespread concern among intervention group smokers about their health as smokers. Fully 84% agreed they are concerned, with 63% agreeing *strongly*. While these people worry about their own health, they are far less likely to worry about the impact of their smoking on others (64%, with 46% agreeing strongly). In addition, close to two-thirds (64%) said they think about the extra money they'll have when they stop smoking. Despite these perceptions, just slightly more than half (54%) agreed they are ready to quit smoking.

[11] The fact that members of the intervention were more likely to say that they have used quit smoking program is not unexpected since the intervention group was invited to try the web-based smoking cessation program and the control was not.

Smokers were least likely to feel that smoking gets in the way of their physical or social activities. Four in ten felt that smoking does interfere, while almost as many (34%) expressed disagreement (26% were neutral).



Respondents in the control group were more likely to agree with all statements, with one exception. They were less likely to feel they are ready to quit smoking and seriously want to stop (51% vs. 54% intervention group).



Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

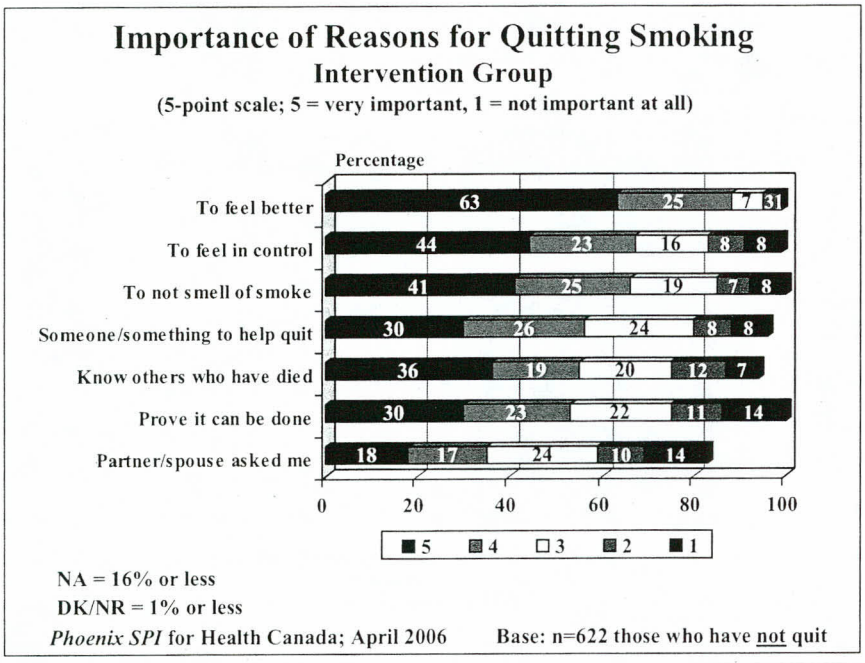
Members of the intervention group who used OTRTQ just once were the least likely to seriously want to quit (50% vs. 59-61%), feel that smoking gets in the way (34% vs. 46-48%), be concerned about their health (82% vs. 85-86%), worry about the impact of their smoking on others (63% vs. 68-69%), and think about the extra money they would have when they quit (61% vs. 66-68%).

To Feel Better – Most Important Reason For Quitting Smoking

Respondents who had not quit smoking were also asked to rate the importance of a number of potential reasons for quitting smoking in terms of their importance to them personally (using a 5-point scale: 5 = very important; 1 = not important at all):

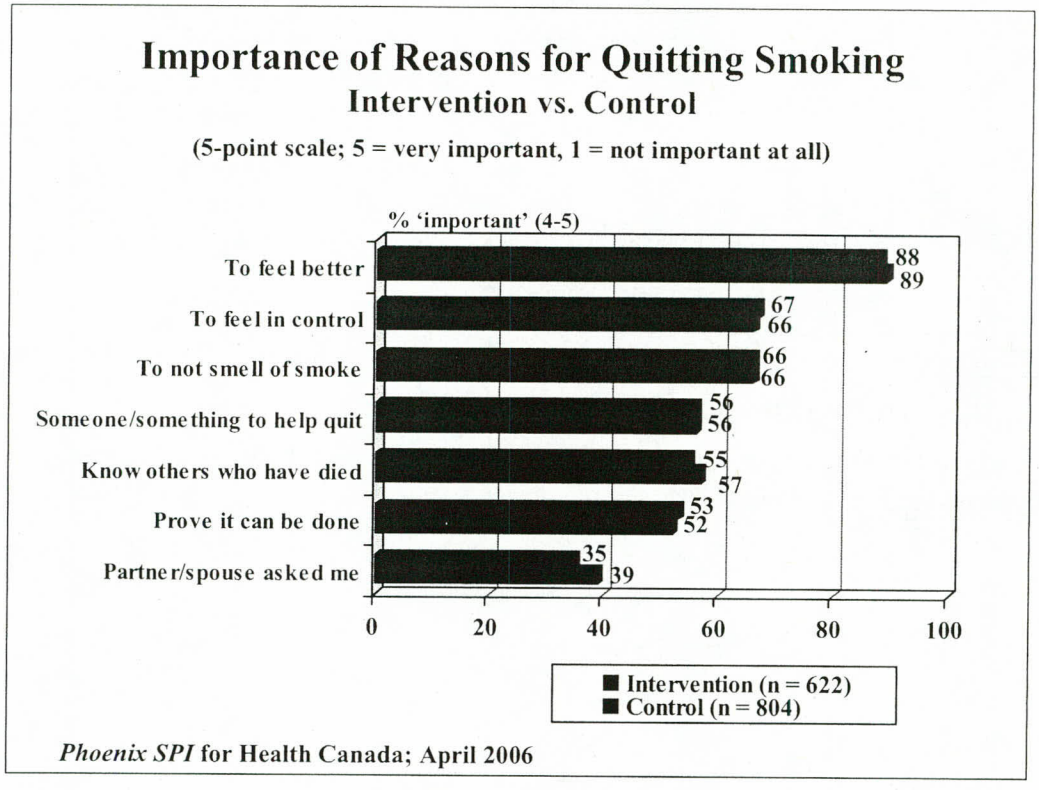
- Their wife/husband/partner asked them to quit.
- To feel in control of their lives.
- To feel better in general.
- To prove they can quit smoking if they really want to.
- So they don't smell of smoke/cigarettes.
- Because they know other people who have gotten sick or died because of smoking.
- If there was someone or something to help them quit.

A majority of respondents in the intervention group attributed importance to all but one of these potential reasons. The reason viewed to be important by most is the desire to feel better in general – fully 88% rated this as an important reason why to quit smoking, with 63% viewing it as *very* important. Other health-related reasons included feeling in control of their life (67%) and having known someone who has gotten sick or died from smoking (55%).



Two-thirds felt that not wanting to smell of smoke or cigarettes is an important reason for them to quit smoking. Smaller majorities attributed importance to having someone or something to help them quit (56%) and proving they can quit if they want to (53%). Respondents were least likely to indicate that a partner or spouse asking them to quit is important (35%). This latter reason and proving that quitting can be done were most likely to be rated as not important compared to the other reasons (24-34% vs. 4-19%).

The only noteworthy difference between the intervention and control groups was that members of the former were less likely to say their partner or spouse asking them to quit is an important reason to do so (35% vs. 39% control group). All other differences were 2% or less.



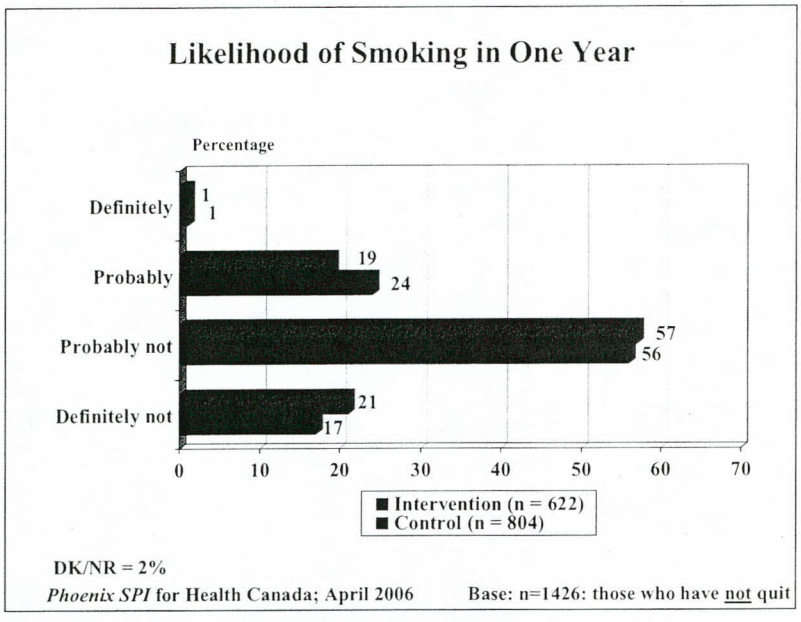
Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

The likelihood of attributing importance to all of these potential reasons to quit smoking was lowest among those smokers who visited OTRTQ once only.

Vast Majority Not Likely to be Smoking in One Year

The vast majority of those who have not quit smoking think they will be smoke-free in one year. Smokers in the intervention group, however, were more likely to feel they will not be smoking in 12 months (78% vs. 73% control). Conversely, respondents in the control group were somewhat more likely to say that they would probably or definitely still be smoking (25% vs. 20% intervention).



Sub-Group Differences

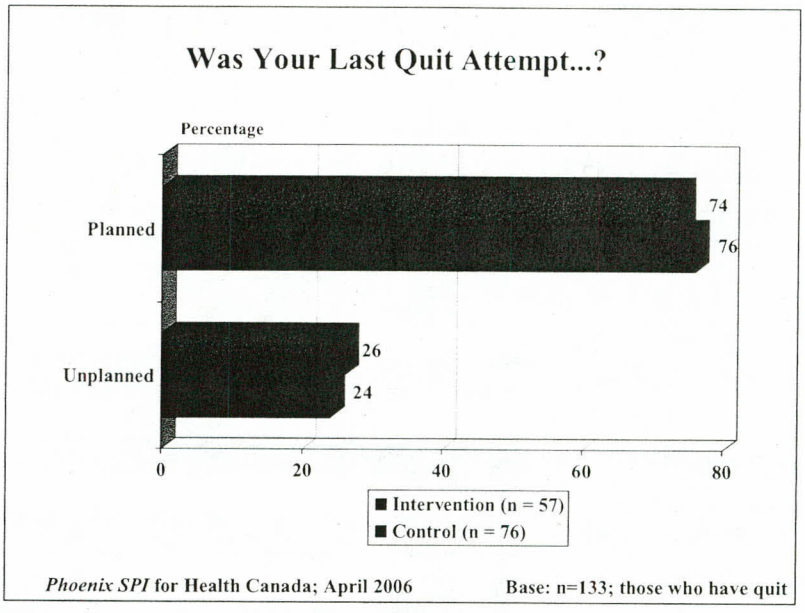
OTRTQ Web Site Usage (Intervention Group Only)

Smokers who visited the OTRTQ site once only were the least likely to think that they will have quit smoking in a year (77% vs. 81-84%).

The next few questions were asked only of those who quit smoking in the past month. In total, 133 respondents successfully quit (n = 57 in the intervention group, and n = 76 in the control group). Due to the relatively small sample size, caution should be exercized when interpreting the following results.

Three-Quarters Planned Last Quit Attempt

Most of those who quit smoking planned their last quit attempt – 74% of participants in the intervention group and 76% of those in the control group. Conversely, approximately one-quarter (24-26%) said their quit attempt was unplanned.



Respondents were provided the following information to aid in their response:

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Majority Were Ready To Quit & Concerned About Health

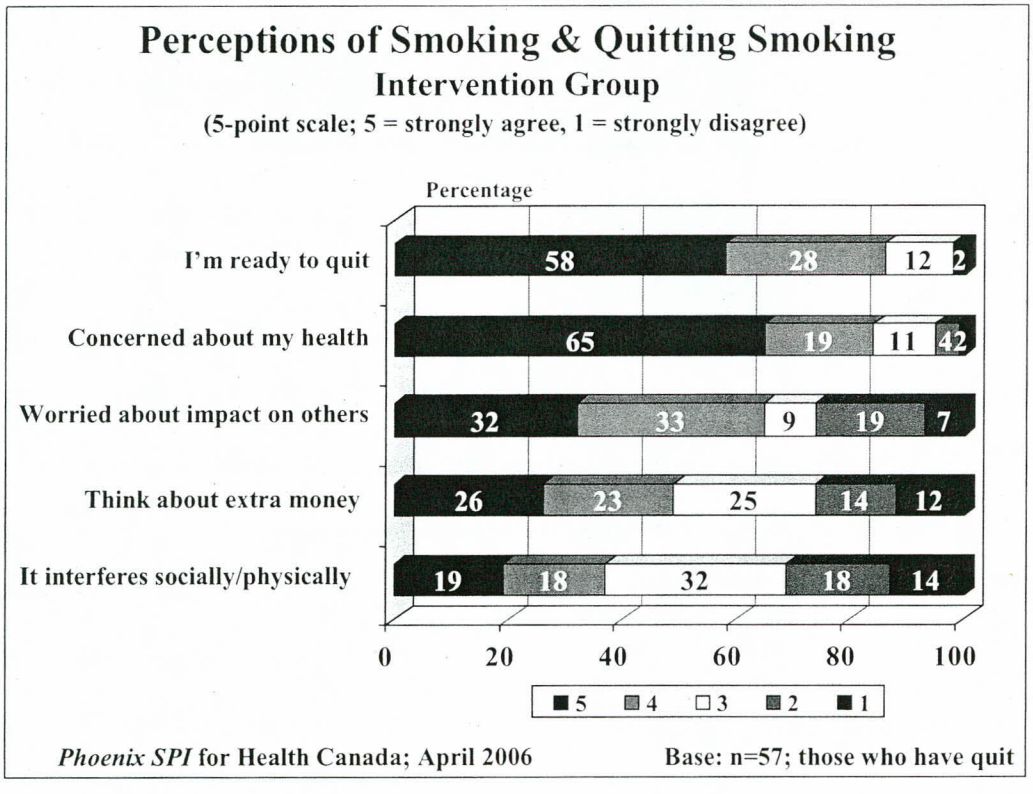
Participants who quit smoking within the last month were asked to rate their agreement with the following statements about quitting smoking:

- I was concerned about my health as a smoker.
- I worried about the impact of my smoking on others around me.
- I though about the extra money I would have when I stopped smoking cigarettes.
- Smoking often got in the way of my physical or social activities.
- I seriously wanted to quit smoking and thought I was ready.

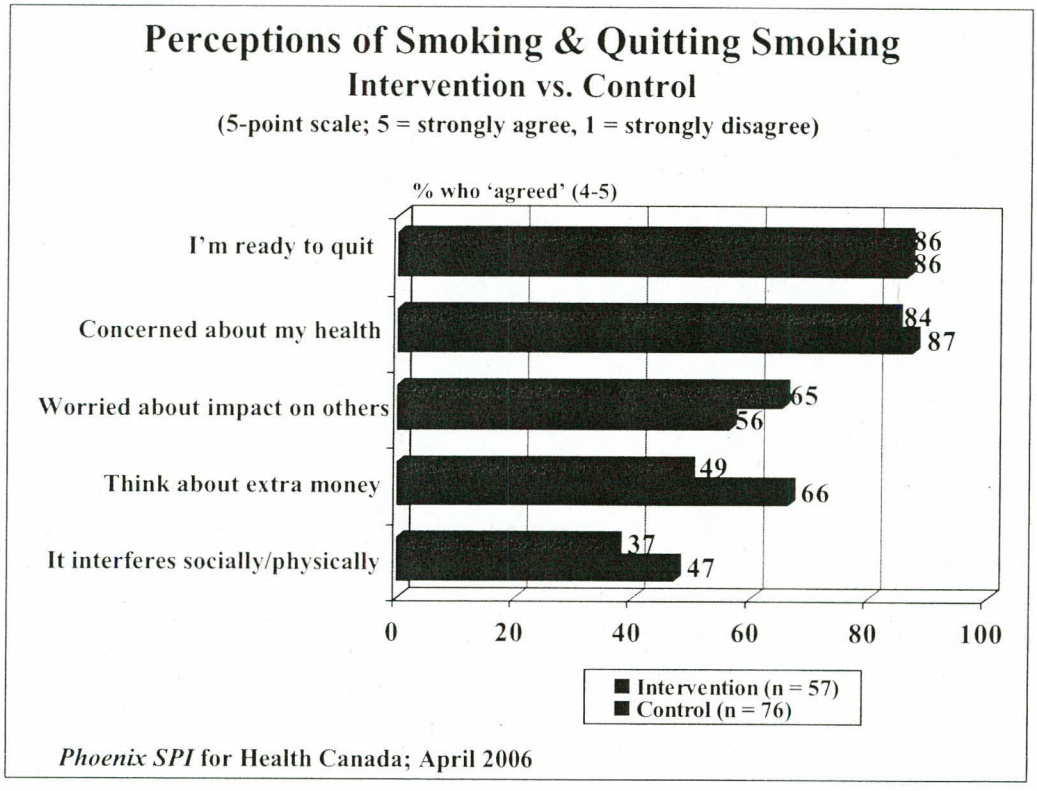
The large majority of those in the intervention group agreed that they were ready to quit (86%) and had been concerned about their health (84%). In fact, respondents were more

than twice as likely to *strongly* (58-65%) compared to *moderately* (19-28%) agree with each statement. Following this, two-thirds (65%) agreed that they worried about the impact of their smoking on others, while nearly half (49%) said they thought about the extra money they would have when they quit. That said, one-quarter (26% each) disagreed with these two statements. Regarding the latter statement, it is worth noting that almost two-thirds (64%) of those who had not quit said they think about the extra money they will have when they do stop smoking.

Intervention group non-smokers were less likely to agree that smoking interfered socially or physically – perceptions related to this issue were mixed (37% agreed, 32% neutral, 32% disagreed).



Members of the control group were much more likely to agree that they thought about the extra money (66% vs. 49% intervention group), and that smoking interfered socially and physically (47% vs. 37% intervention group). On the other hand, those in the intervention group were more likely to say they worried about the impact of their smoking on others (65% vs. 56% control group).

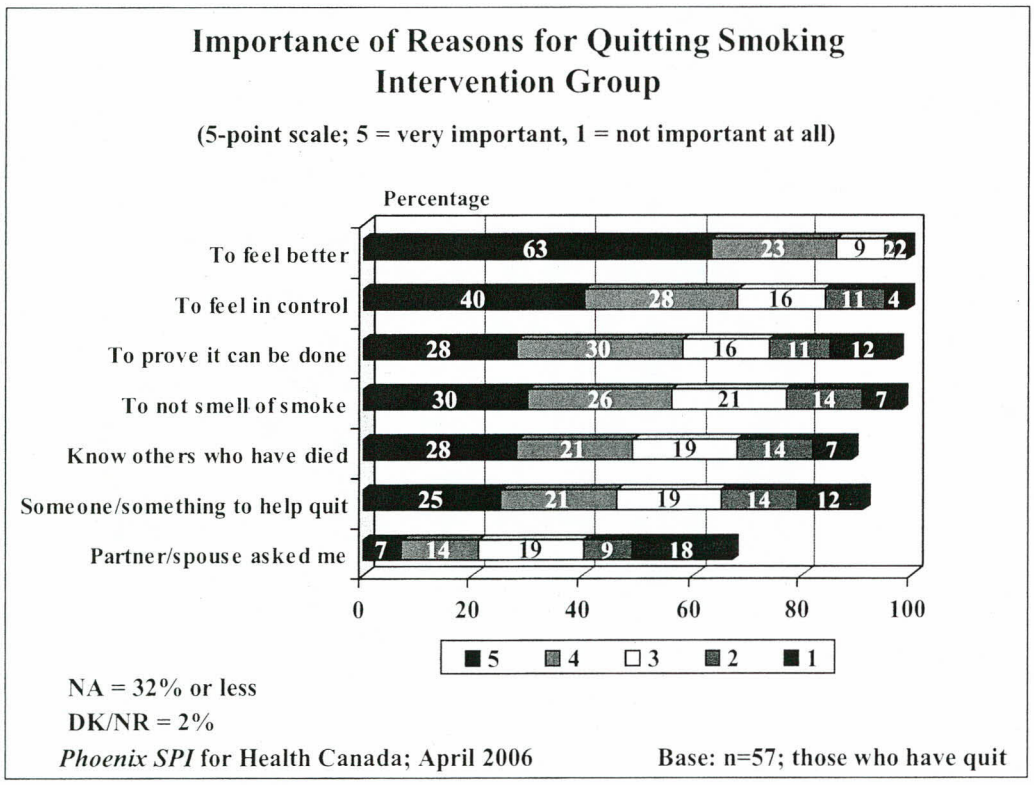

Perceptions of Smoking & Quitting Smoking
Intervention vs. Control
(5-point scale; 5 = strongly agree, 1 = strongly disagree)
% who 'agreed' (4-5)
I'm ready to quit
86
86
Concerned about my health
84
87
Worried about impact on others
65
56
Think about extra money
49
66
It interferes socially/physically
37
47
0
20
40
60
80
100
Intervention (n = 57)
Control (n = 76)
Phoenix SPI for Health Canada; April 2006

Feeling Better & In Control – Most Important Reasons For Quitting

Using a 5-point scale, respondents who quit smoking were asked to rate the importance to them personally of the following potential reasons for quitting:

- Their wife/husband/partner had asked them to quit.
- To feel in control of their lives.
- To feel better in general.
- To prove they can quit smoking if they really want to.
- So they don't smell of smoke/cigarettes.
- Because they knew other people who had gotten sick or died because of smoking.
- There was someone or something to help them quit.

Reasons that focus on personal well-being were the most likely to be seen as important by those who had quit smoking. To feel better in general was the most important of the potential reasons. Fully 86% of intervention group non-smokers attributed importance to this reason for quitting, with well over half (63%) saying it was *very* important. This was followed at a distance by feeling in control of their lives. More than two-thirds (68%) said that this was an important reason why they quit smoking. Similar numbers viewed as personally important proving they can quit (58%) and not smelling of smoke (56%). Not wanting to smell of smoke was much less important to those who have quit compared to those who had not stopped smoking (56% vs. 66% of smokers).

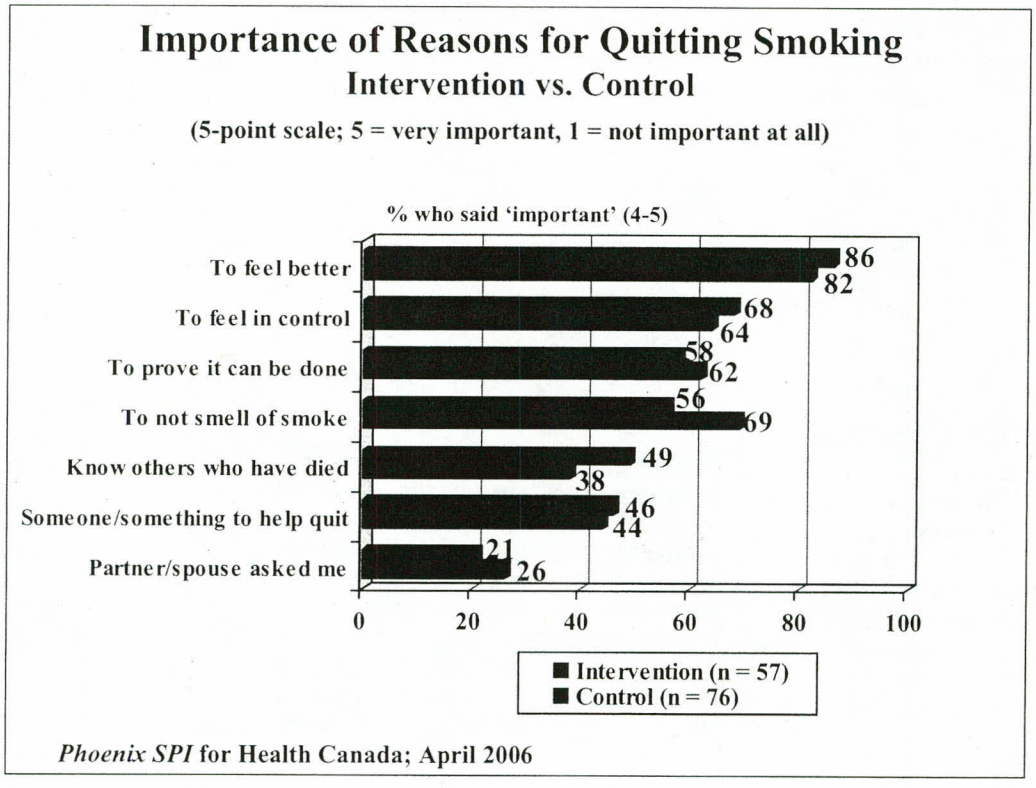


Less than half said that knowing others who had gotten sick or died (49%) and having someone or something to help them quit (46%) were important reasons. Those who had not quit were more likely to perceive these to be important reasons motivating people to stop

smoking (56% of smokers viewed each of these as important). More respondents said that a spouse or partner asking them to quit was not important (27%) than important (21%). Again, it is worth noting that while this reason was also considered the least important among smokers, more of them attributed importance to it as a potential reason to quit smoking (35% vs. 21% of those who quit).

It appears that many of the reasons that smokers view as important motivators to quit may actually be less important in practice. Aside from feeling better and in control of their lives, all of the other potential reasons were less important personally to those who quit when they made the decision to do so.

When comparing the intervention to the control group, respondents who had taken the OTRTQ program were more likely to attribute importance to feeling better (86% vs. 82%), in control (68% vs. 64%), and knowing others who had died (49% vs. 38%). Interestingly, reasons that did not deal with health and addiction were more likely to be important to control group smokers, including to prove it could be done (62% vs. 58% intervention group), to not smell of smoke (69% vs. 56%), and because a partner or spouse had asked (26% vs. 21%).

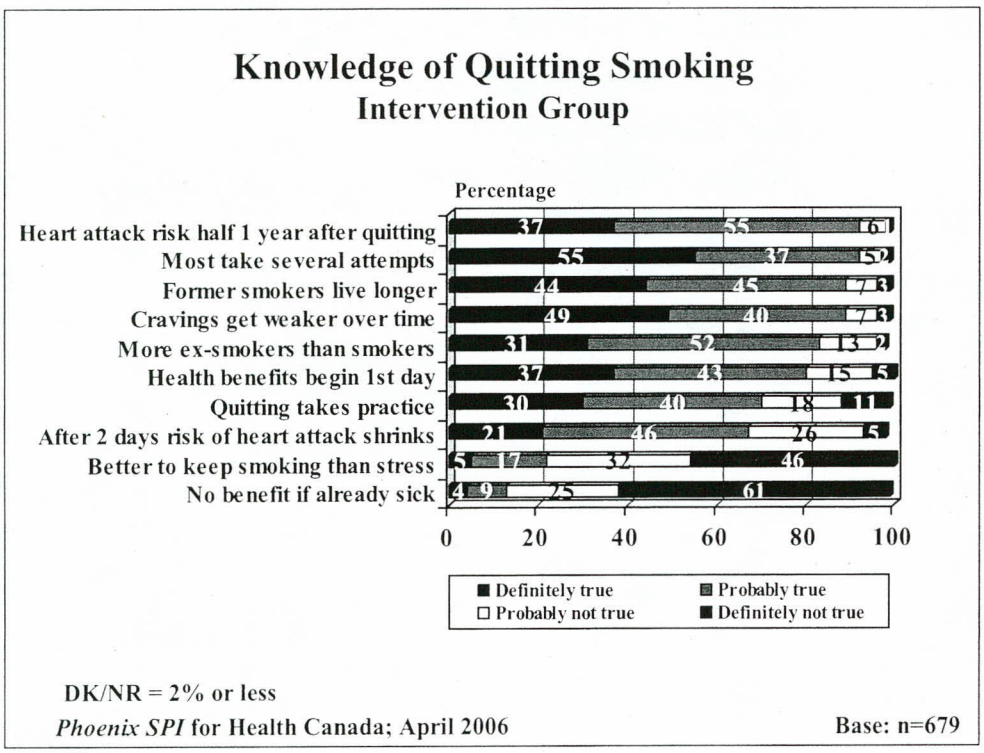


Most Tend to be Knowledgeable about Quitting Smoking

Everyone was asked to indicate whether they thought a number of statements were true or not (using a 4-point scale: definitely true, probably true, probably not true, definitely not true). The statements were:

- Former smokers can expect to live longer than those who continue to smoke.
- Within one year of quitting smoking, the risk of having a smoking-related heart attack is cut in half.
- There is not health benefit to quitting smoking after you already have a smoking-related disease.
- The health benefits of quitting smoking begin within one day of quitting.
- The chances of having a heart attack start to go down within 2 days of quitting smoking.
- After quitting, the cravings for nicotine will get weaker over time.
- For some smokers, it is better to keep smoking than risk the stress and disruption of quitting.
- There are now more ex-smokers than smokers in Canada.
- Most smokers who quit take several attempts to do so.
- Quitting takes practice.

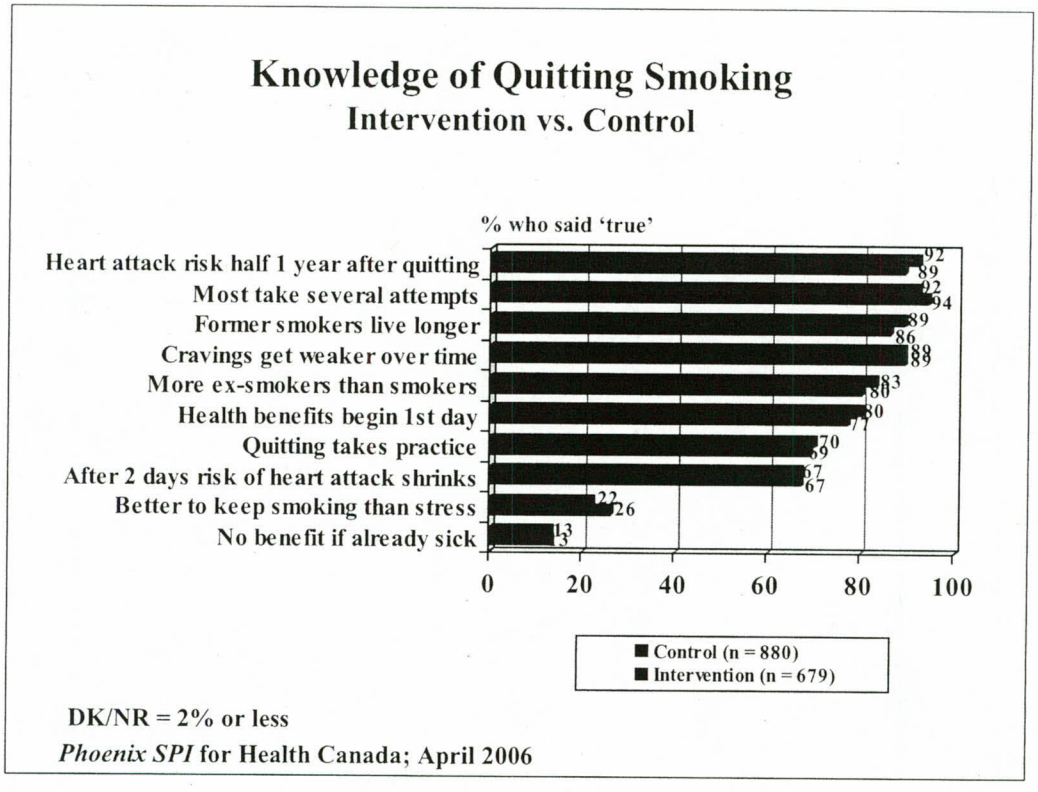
Respondents generally felt that the risk of heart problems diminishes after quitting smoking. Nearly everyone in the intervention group (92%) believes it is true that the risk of a smoking-related heart attack is cut in half upon quitting, while two-thirds (67%) think that the risks of having a heart attack go down within two days of being smoke-free. In both cases, however, people were more likely to feel these statements are *probably* (46-55%) not *definitely* (21-37%) true.



Focusing on quitting smoking, 92% agreed that it takes several attempts to quit, with 55% saying this is *definitely* true. Similarly, 89% believe that the cravings diminish over time (49% think this is *definitely* so). A smaller majority (70%) think that quitting takes practice, although more feel this is *probably* (40%) rather than *definitely* (30%) true. In addition, most believe that former smokers live longer (89%), that there are more ex-smokers than smokers (83%, but only 31% *definitely* think this is true), and that the health benefits begin the first day after quitting (80%, with 37% saying *definitely* true).

The large majority think it is <u>not</u> true that there is no health benefit from quitting if they already have a smoking-related diseases (86%, with 61% saying this is *definitely* <u>not</u> true), and that for some it is better to keep smoking (78%, with 46% thinking it is *definitely* not so).

Differences in knowledge related to quitting smoking between those who took the OTRTQ program and those in the control group were small and did <u>not</u> exceed 3% for any of the statements.



Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

There appears to be some correlation between the number of times participants visited the OTRTQ site and their knowledge about quitting smoking. People who used the site once only were somewhat less knowledgeable about these issues compared to those who accessed the site more often.

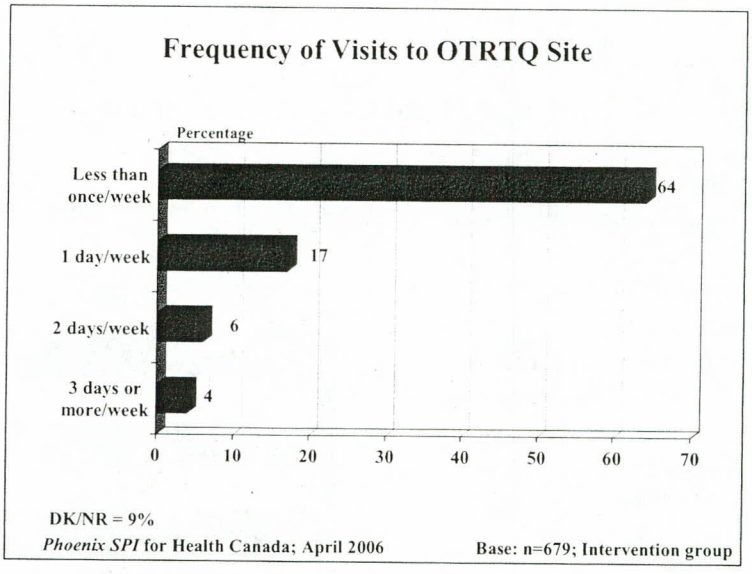
Those who claimed to be knowledgeable about the types of things they can do to help themselves quit smoking or stay quit tended to be more knowledgeable about *most* of these issues related to quitting smoking.

USE & PERCEPTIONS OF OTRTQ

The section describes respondents' use and perceptions of the OTRTQ online smoking cessation program. Since a control-intervention methodology was used, the questions in this section were asked only of the intervention group participants (n = 679).

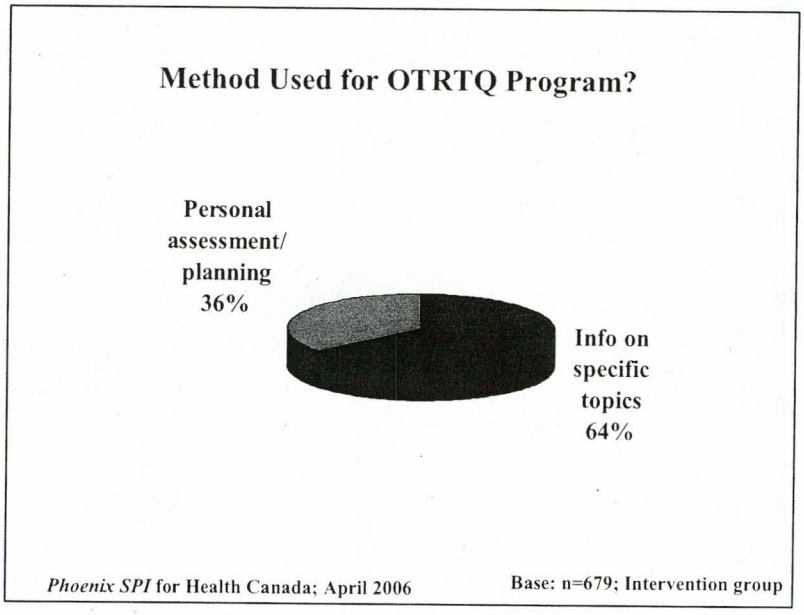
Infrequent Use of OTRTQ

Almost two-thirds (64%) of those who used the OTRTQ program visited the website less than once a week. Among those who used the program more often, 17% visited once per week, while 10% did so at least two days a week.



Two-Thirds Used OTRTQ as Information Tool

The majority (64%) used the OTRTQ program to obtain information on specific topics of interest to them. Conversely, 36% used OTRTQ as a personal assessment and planning guide. Respondents were told that OTRTQ could be used in either of these two ways.



Sub-Group Differences

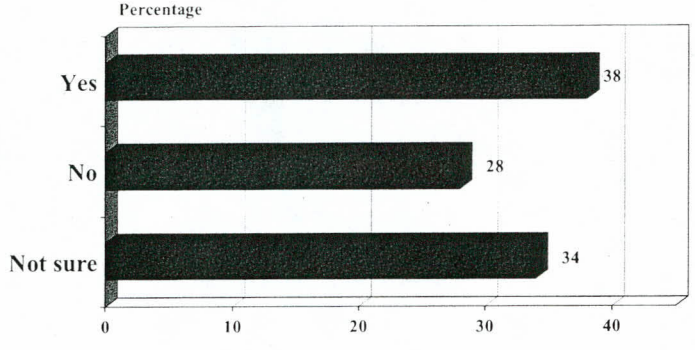
OTRTQ Web Site Usage (Intervention Group Only)

More frequent visitors to the OTRTQ site were more likely to use it as a personal assessment and planning guide (50% vs. 34-36%), while those who accessed the site only once or twice were more apt to have used the program to obtain information only (64-66% vs. 50%).

Minority Reviewed or Used Guide

Approximately four in ten (38%) said they reviewed and/or used the *Guide to becoming a non-smoker* when they explored the OTRTQ Web site. Respondents were reminded that this is a guide that complements the information on the site, and is accessed through a large icon on the top-right hand part of the site's homepage. Despite this information, 34% were not certain whether they had used or reviewed the Guide. In total, more than one-quarter (28%) said they did not use the Guide.

Did You Review *Guide to Becoming a Non-smoker?*

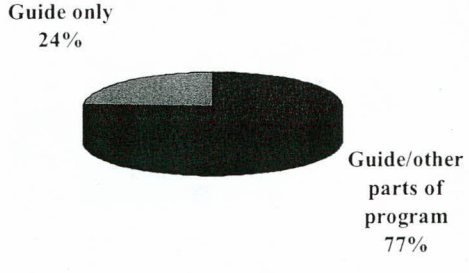


Phoenix SPI for Health Canada; April 2006 Base: n=679; Intervention group

Most Used Guide & Other Parts of OTRTQ

More than three-quarters (75%) of those who had reviewed the *Guide to becoming a non-smoker* (n = 260) claimed to also have used other parts of the OTRTQ program and Web site. Almost one-quarter (24%) said they reviewed/used the Guide only.

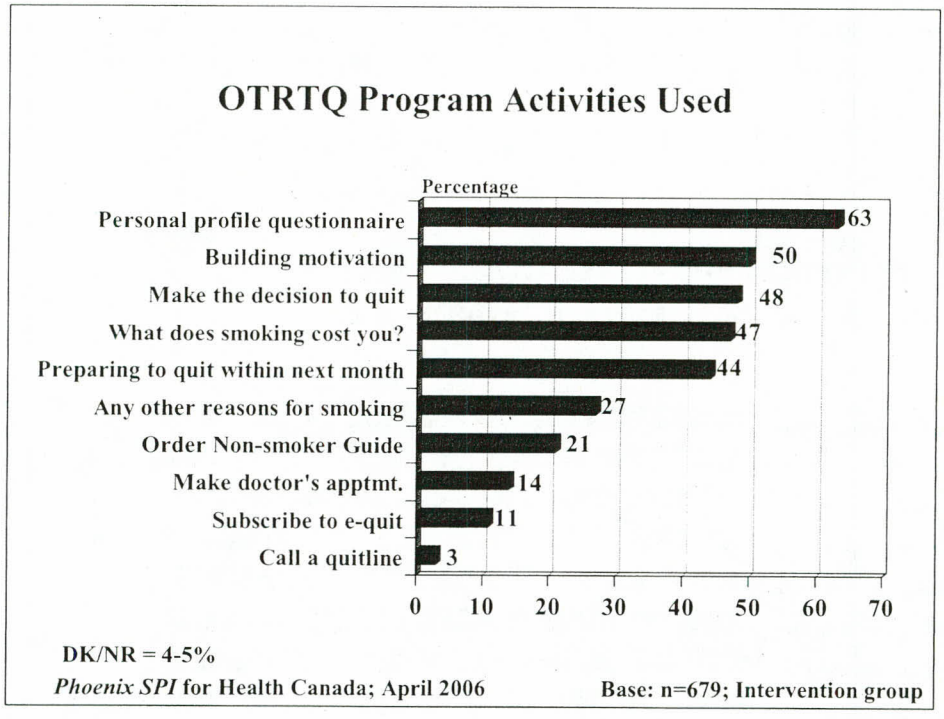
Use the Guide only?



Phoenix SPI for Health Canada; April 2006 Base: n=260; reviewed guide

Mixed Levels of Use of OTRTQ Activities – 'Personal Profile' Tops List

Use of the OTRTQ program activities varied considerably, with a majority of respondents having used only two items. Participants were most likely to have created their 'Personal Profile', with well over half (63%) saying that they filled out the questionnaire. This was followed at a distance by 'Building Motivation', which was used by exactly half of the intervention group.



Smaller but similar proportions did the activities 'Making the decision to quit' (48%) and 'What does smoking cost you?' (47%), while slightly less tried 'Preparing to quit within the next month: Steps to success' (44%).

The rest of the OTRTQ activities were used by substantially smaller numbers. These included 'Writing down any other reasons you have for smoking' (27%), 'Ordering the Guide to becoming a non-smoker' (21%), 'Make a doctor's appointment' (14%), and 'Subscribe to e-quit' (11%). Few said they 'called a quitline' (3%).

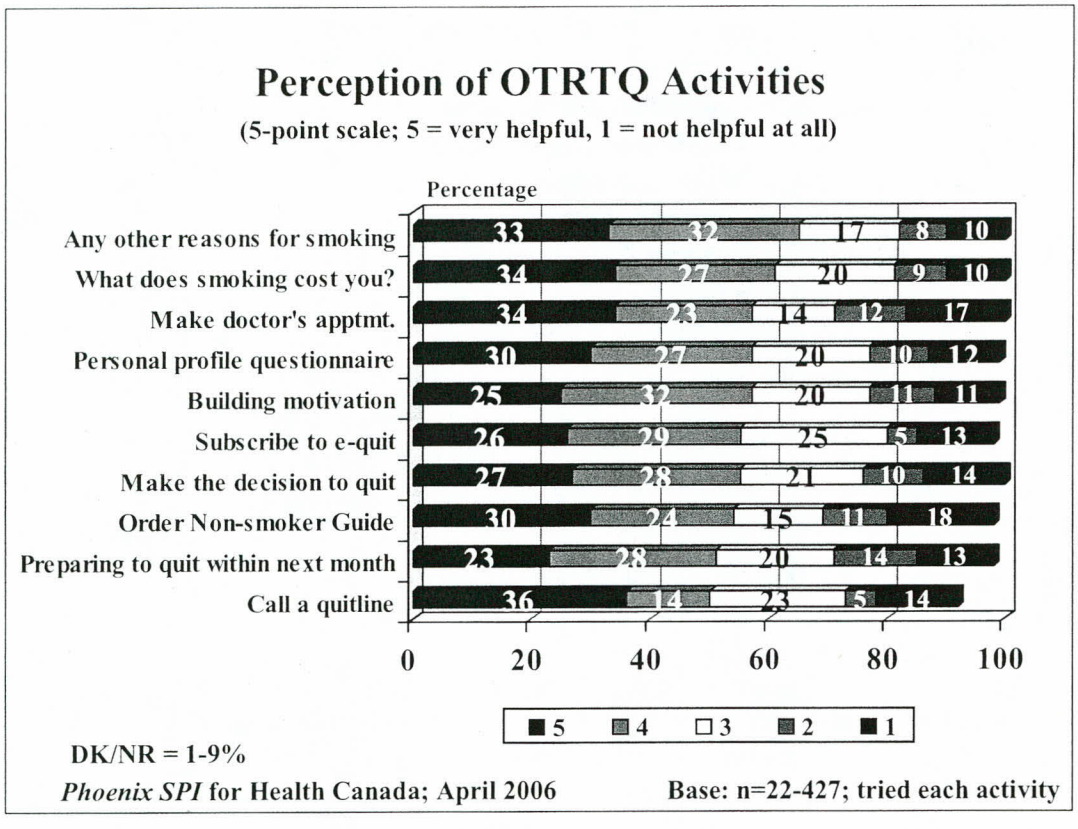
Majorities View as Helpful <u>All</u> Activities Used

Respondents were asked to evaluate how helpful the activities they used were, using a 5-point scale (5 = very helpful, 1 = not helpful at all). The activities rated included:

- Questionnaire to create your personal profile.
- What does smoking cost you?
- Write down any other reasons you have for smoking.
- Making the decision to quit.

- Preparing to quit within the next month: Steps to success.
- Building motivation.
- Call a quitline.
- Subscribe to e-Quit.
- Ordering the Guide to becoming a non-smoker.
- Make a doctor's appointment.

At least half of the participants who used an activity viewed each OTRTQ activity that they used to be helpful, although two stood slightly above the rest. Among those who wrote down reasons for smoking, 65% felt that the exercise was helpful, with 33% saying it was *very* helpful. It is worth noting that this activity was not among the most used program items (only 27% tried this activity). In addition, 61% of those who used the 'what smoking costs them' section considered this to be helpful (34% said *very* helpful).



Identical majorities (57% each) also found make a doctor's appointment, the personal profile questionnaire, and building motivation to be helpful activities. Recall that relatively few (14%) used 'make an appointment'. Together with calling a quitline and subscribing to e-quit, it was among the least used OTRTQ program items.

Similar proportions (54-55%) viewed as helpful e-quit, make the decision to quit, and the non-smoker Guide. Slightly less attributed value to the steps to success and quitline in terms of being helpful activities. That said, those who used the quitline were more than twice as likely to say it was *very* (36%) not *moderately* (14%) helpful.

The proportion that did not assess a given activity to be helpful ranged from 18 to 29%. Respondents were most likely to view making a doctor's appointment and ordering the Guide as not helpful (29% each).

Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

With only a couple of exceptions (Steps to Success, quitline), use of the OTRTQ activities increased with the frequency of visits to the Web site. That is, the more times participants accessed the site, the more likely they were to have used the activities. This same pattern was reflected in assessments of the helpfulness of each of the activities they used on the site. One noteworthy variation was perceptions of 'Make a doctor's appointment'. While 68% of those who visited the site twice felt that this was a helpful exercise, fewer of the most frequent visitors (64%) considered this to be useful to them (and only 51% of those who visited once only).

OTRTQ Seen to Have Impact in All Areas

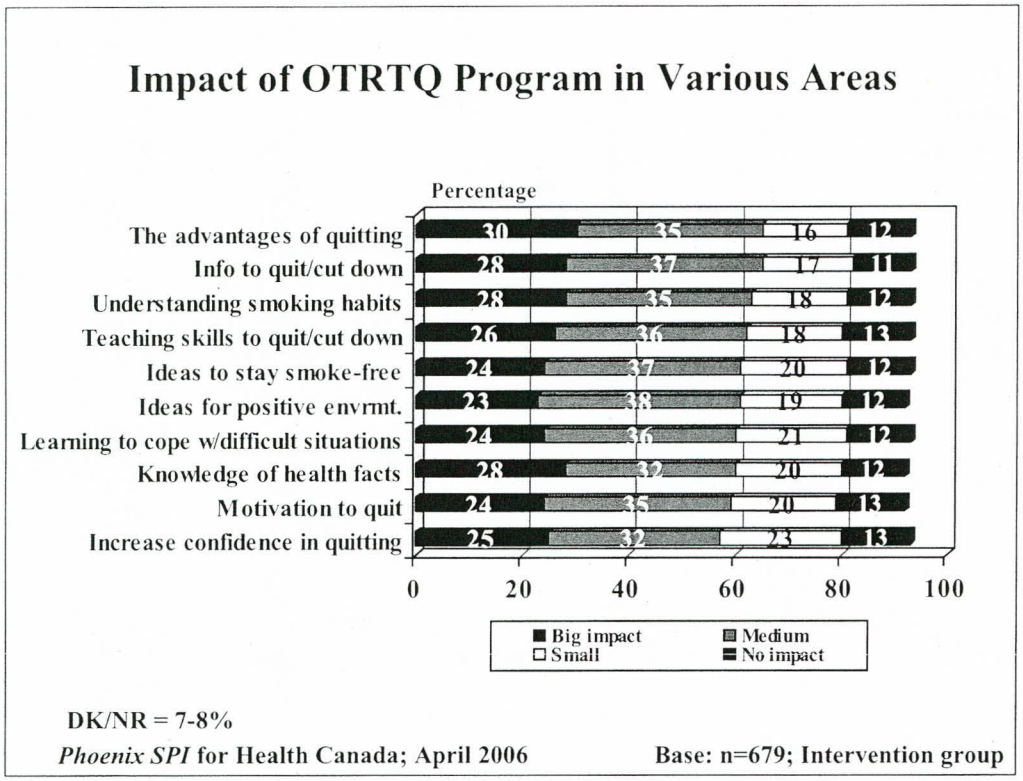
Intervention group respondents were asked to evaluate the impact of OTRTQ in the following areas (using a 4-point scale: big impact, medium, small or no impact):

- Helping to understand their smoking habits, such as when they smoke and why.
- Helping to understand the advantages of quitting smoking.
- Increasing their knowledge about health facts and smoking.
- Increasing their motivation to quit smoking.
- Increasing their confidence that they can quit smoking or stay quit.
- Teaching new skills to help them quit smoking or cut down.
- Providing information to help them quit smoking or cut down.
- Providing ideas about how to create a positive environment for themselves.
- Helping to identify difficult situations and develop ways to cope with them.
- Giving ideas to help them stay smoke-free once they have quit smoking.

Moderately positive assessments (57-65% range) were offered by OTRTQ users in terms of the program's impact in each of these areas. In all cases, however, the impact was more likely to be perceived as *medium* (32-38%) rather than *big* (23-30%). In addition, the differences in assessments of the program's impact in these areas were quite small. That is, the assessments tended to mirror one another, regardless of the specific area being assessed.

The program was most likely to be seen as having an impact in terms of helping people understand the advantages of quitting, as well as providing information to help people quit or cut down (65% each). Following this, similar proportions (60-63%) felt that the OTRTQ program had an impact in terms of helping them understand their smoking habits, teaching them skills to quit/cut down, giving them ideas to stay smoke-free and to create a positive environment, learning to cope with difficult situations, and increasing their knowledge about health facts and smoking. Respondents were least likely to think that OTRTQ had an

impact on their motivation to quit (59%) or on their confidence in their ability to quit or to stay quit (57%).



Perceptions that the program had little-to-no impact in these areas ranged from 28-36%, and was highest in relation to increasing confidence that that they can quit smoking or stay quit.

Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

Those who visited the Web site only once were less likely to feel that the OTRTQ program had positive impacts. Conversely, those who accessed the site more than once were more apt to view the program as having at least a moderate impact in various areas. People who logged onto the site twice were more likely to think that OTRTQ had an impact in areas:

- Understanding smoking habits (70% vs. 65% who went more often)
- Understanding advantages of quitting (70% vs. 65%)
- Increasing knowledge about health facts (67% vs. 65%)
- Providing information to help quit/cut down (72% vs. 69%)
- Helping identify situations and ways to cope (65% vs. 63%)

Notice that these are the types of things that would be helpful for smokers who are considering the possibility of changing their smoking behaviour, but who are not yet ready to make the commitment to take action and go smoke-free.

Those who visited OTRTQ more often were more likely to feel that the program had a moderate to big impact in areas that would help them develop a strategy or plan of action to help them quit:

- Increasing motivation to quit (65% of those who visited three times vs. 61%)
- Increasing confidence to quit (66% vs. 62%)
- Teaching skills needed to quit/cut back (69% vs. 68%)
- Providing ideas to create a positive environment (74% vs. 66%)
- Giving ideas to stay smoke-free (71% vs. 68%)

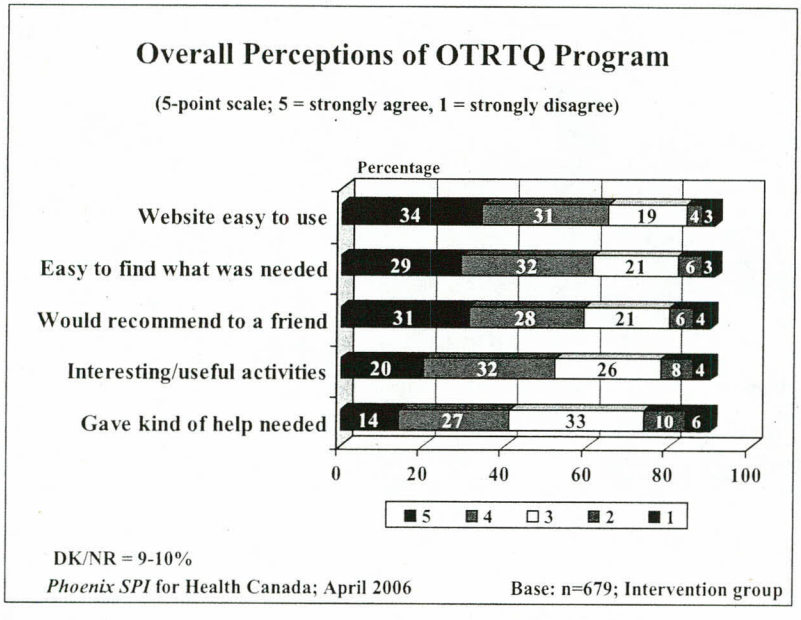
It might be that those who visited the site at least three times were ready to take action and quit smoking, while those who accessed it less often were still contemplating quitting smoking.

Mainly Positive Overall Perceptions of OTRTQ

Respondents were asked to rate their level of agreement with a number of statements about the OTRTQ program overall (using a 5-point scale: 5 = strongly agree, 1 = strongly disagree). The areas being assessed included the following:

- They would recommend the program to their friends who smoke.
- They got the kind of help they needed from the program.
- The activities were interesting and useful.
- The OTRTQ website was easy to use.
- It was easy to find what they needed on the website.

Respondents tended to offer more positive assessments of the Web site itself, rather than the actual program. Two-thirds (65%) agreed that the site is easy to use, with one-third (34%) *strongly* agreeing with this. In addition, slightly less, but still a majority, felt that it was easy to find what they needed on the site (61%) and would recommend it to a friend (59%).



Turning more specifically to the program, a slim majority (52%) agreed that the activities were interesting or useful. Those who did not agree were more likely to offer neutral (26%) not negative (12%) assessments. Significantly fewer respondents (41%) felt that they got the kind of help they needed from the program (only 14% agreed *strongly*). Among the rest, 33% were neutral and 16% expressed disagreement with the statement.

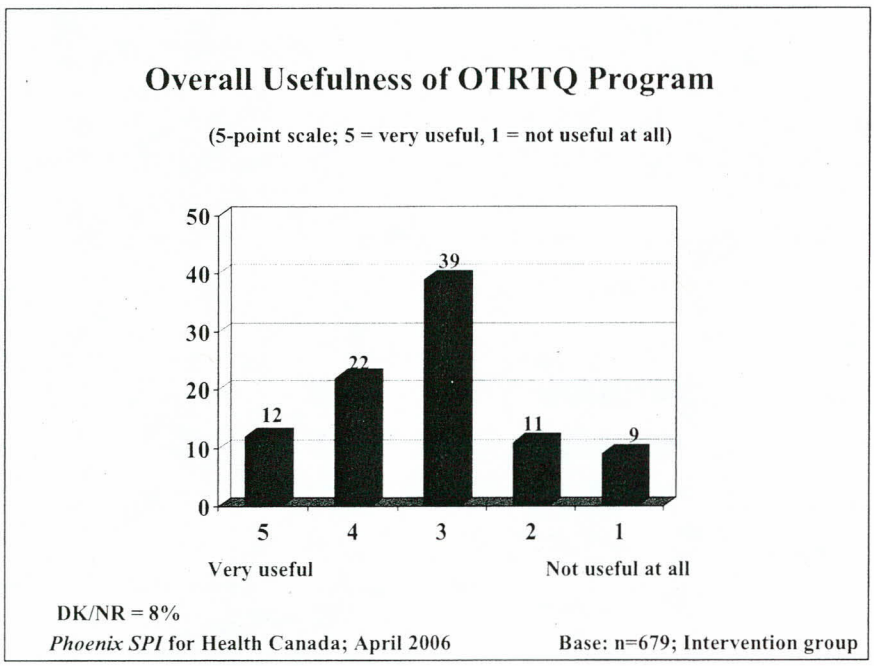
Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

Not unexpectedly, those who visited the OTRTQ site only once were the least likely to offer positive assessments of the program. The most notable difference between those who visited more than once was recorded for getting the help they needed (54% of those who visited at least three times vs. 45% of those who went twice). By a wide margin, more frequent visitors of the site were more apt to attribute value or usefulness to the program in terms of helping them try to quit or cut back (50% vs. 31-37%).

Mixed Assessments of Overall Usefulness of OTRTQ

A minority of respondents (34%) viewed the OTRTQ program to be usefulness in terms of helping them to try to quit smoking or cut down on the amount they smoke (i.e. scores of 4-5 on 5-point scale). Conversely, one in five of respondents did not consider OTRTQ to be useful, while the greatest proportion (39%) were neutral, viewing the program as neither useful nor not useful. Clearly, respondents were divided in terms of the value or utility they attribute to the OTRTQ program.



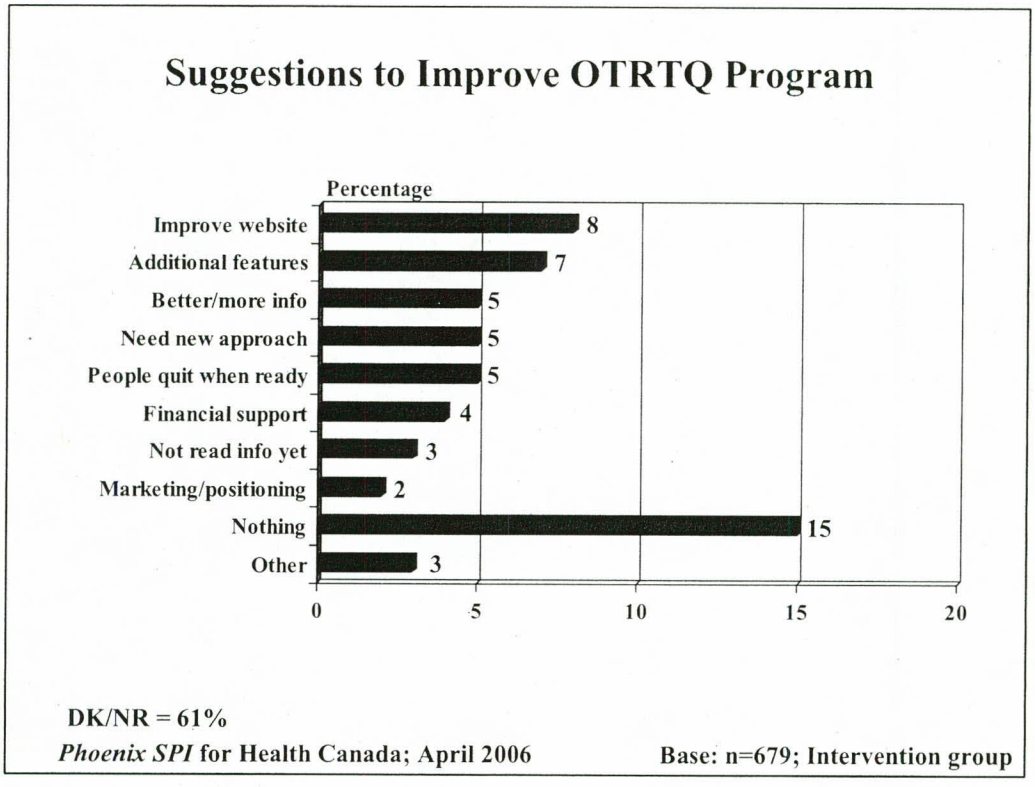
Sub-Group Differences

OTRTQ Web Site Usage (Intervention Group Only)

By a wide margin, more frequent visitors of the site were more apt to attribute value or usefulness to the program in terms of helping them try to quit or cut back (50% vs. 31-37%).

Range of Suggestions to Improve Program, None Dominate

Three-quarters (76%) of participants offered no suggestions to improve the OTRTQ program, with 15% saying there should be no changes and 61% simply not offering any response. Those that offered more substantive feedback pointed to a variety of improvements, ranging from content to features. However, none dominated in terms of frequency. Improvements to the site itself were suggested by 8% and additional features by 7%. These included graphics and video, support features, personalizing the site, less clutter, and improved links.



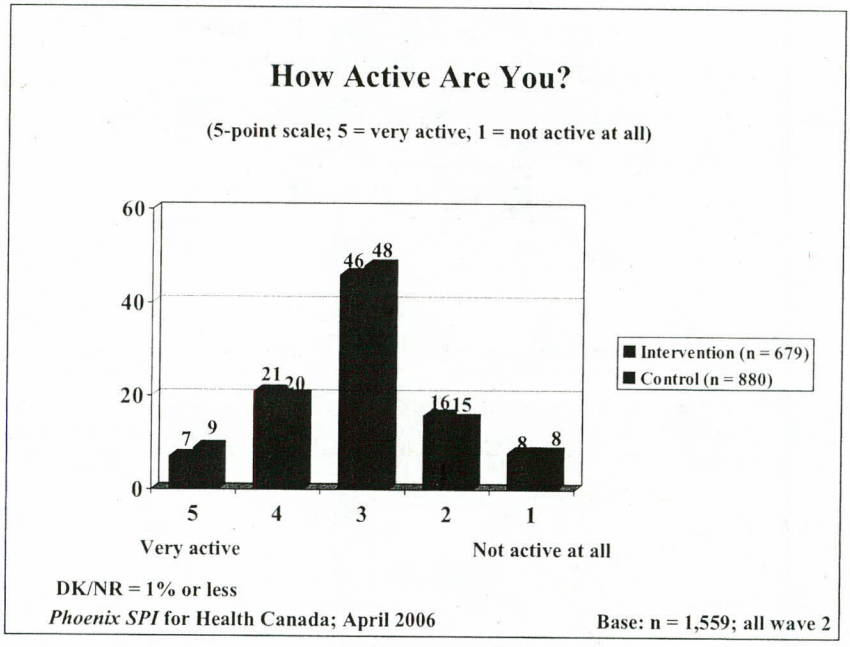
An additional 5% pointed to a new approach, saying that the current one was predictable or preachy. Similarly, 5% each would like more or better information, or simply said that people will quit when they are ready. Smaller numbers (2-4%) suggested support features, financial support, adding new features, and better marketing of OTRTQ.

Three percent had not read enough of the information yet.

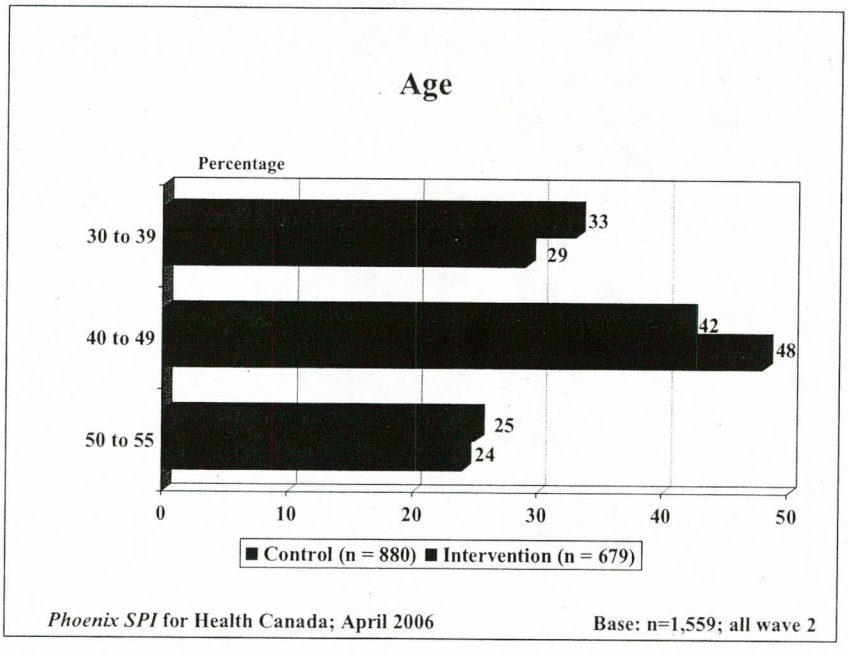
PROFILE OF RESPONDENTS

The following graphs present the characteristics of intervention and control group participants by their degree of physical activity, employment status, age, gender, language, and region.

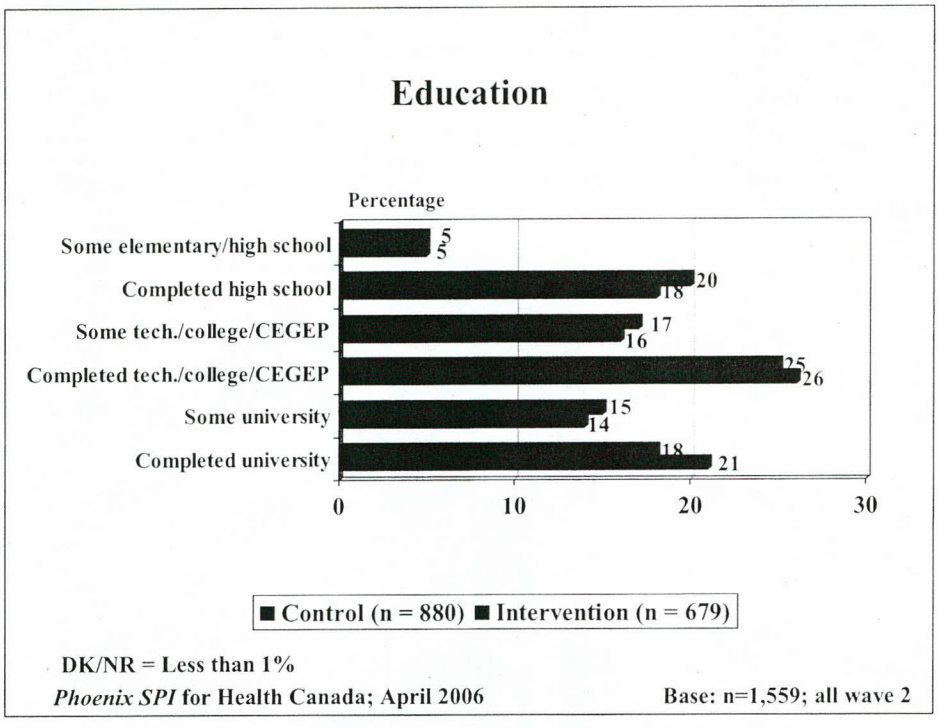
Level of Physical Activity



Age



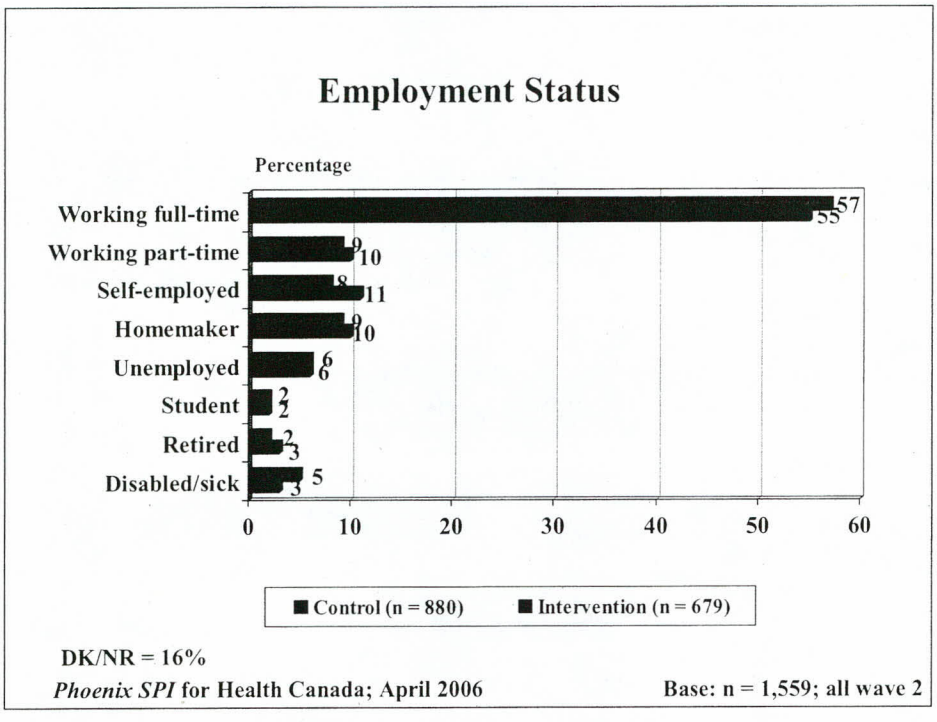
Education



DK/NR = Less than 1%

Phoenix SPI for Health Canada; April 2006 Base: n=1,559; all wave 2

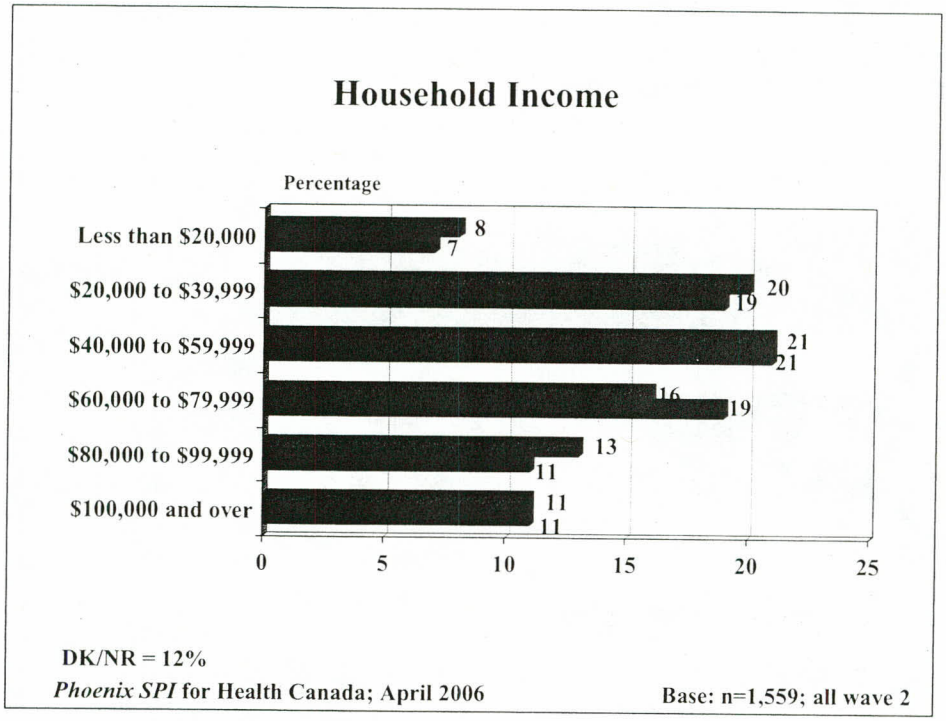
Employment Status



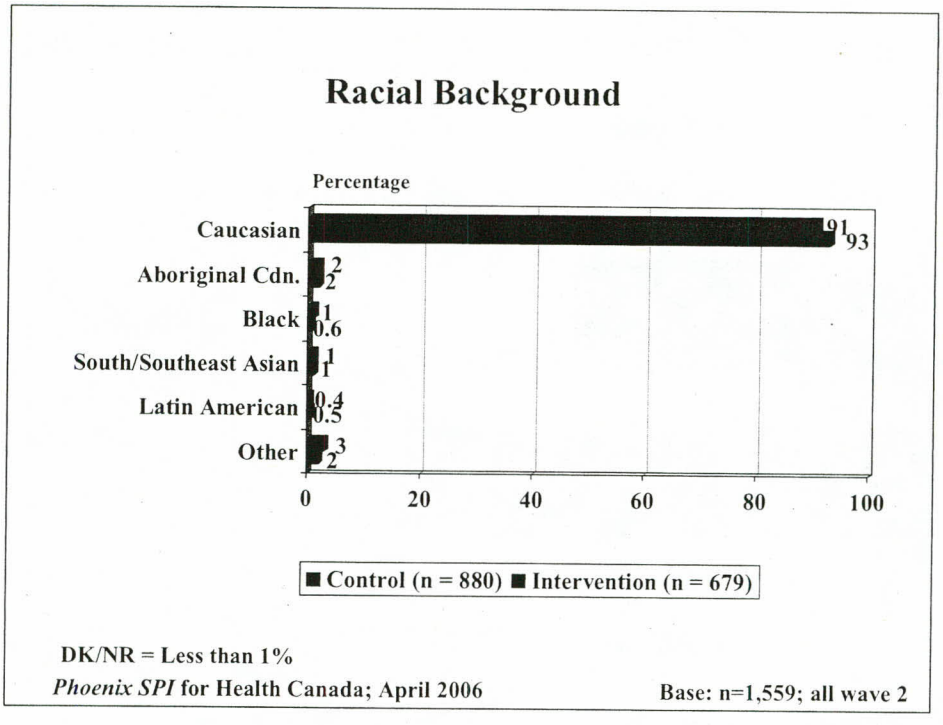
DK/NR = 16%

Phoenix SPI for Health Canada; April 2006 Base: n = 1,559; all wave 2

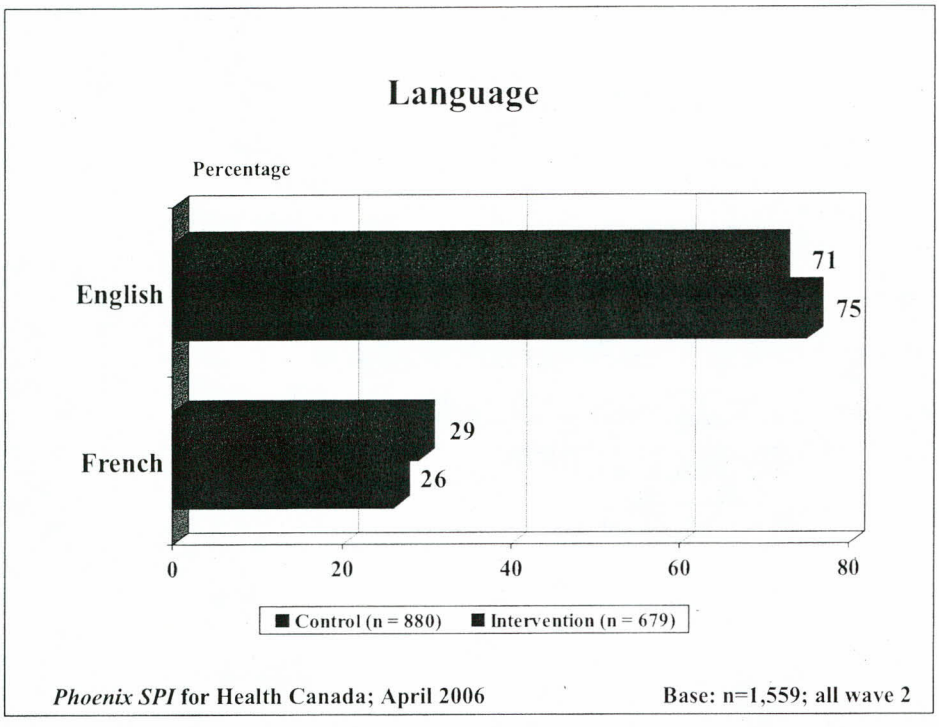
Household Income



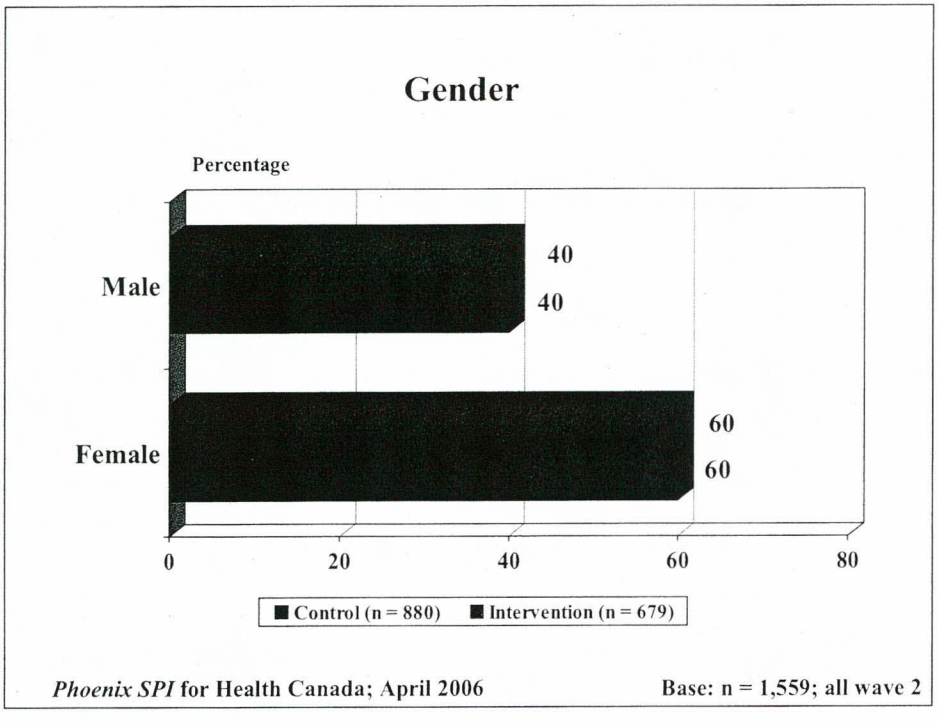
Racial Background



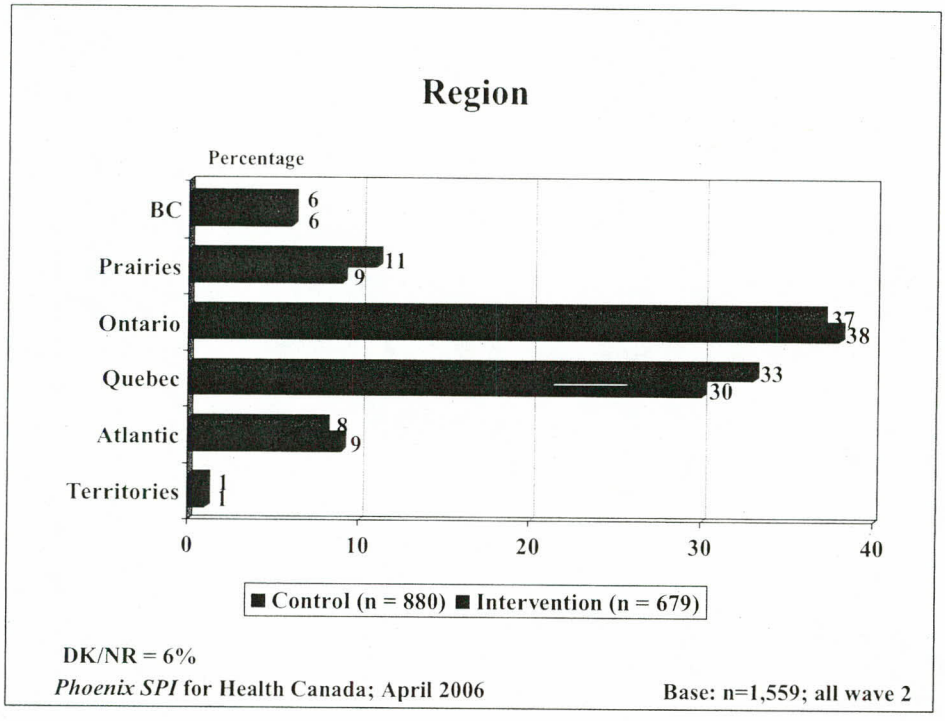
Language



Gender



Region



DK/NR = 6%

Phoenix SPI for Health Canada; April 2006

Base: n=1,559; all wave 2

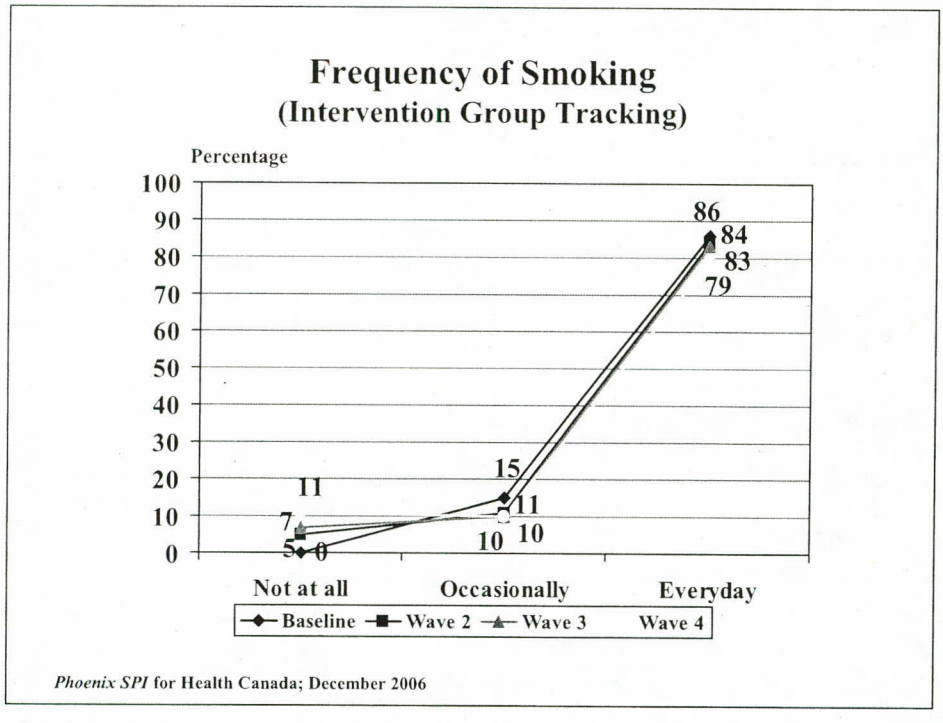
ADDITIONAL FOLLOW-UP SURVEYS

Findings in this section compare participants' smoking attitudes and behaviours over each of the four waves of this research program. Unless otherwise indicated, results are reported for the intervention group, followed by noteworthy differences in the control group.

SMOKING STATUS

Minor Movement in Smoking Frequency Over Time

The likelihood of being smoke-free increased slightly as time went on, from zero to 5-7% in the second and third waves of the study, and 11% in wave four. There was a correspondingly small decrease in the number of occasional smokers (from 15% to 10-11% in subsequent waves) and everyday smokers (from 86% to 79% in wave four). There was little change between the intervention and control group.



Small Decrease in Heavy Smokers, Similar Increase in Light Smokers

Although overall differences were small, the number of daily heavy smokers (over 20 cigarettes a day) did decrease, and while the number of light smokers (10 cigarettes or less a day) increased. Since the initial baseline the number of daily heavy smokers decreased erratically, from 29% to 26% in Wave two, 30% in wave three, and 24% in wave four. Between the baseline and final waves, there was an increase in the number of

light smokers in the intervention group (from 28% to 32% in the final wave). The proportion of median smokers (11-20 cigarettes a day) was virtually unchanged.

Daily Smokers: Number of Cigarettes Smoked Per Day

No. of Cigarettes	BASELINE (N =2,040)	WAVE 2 (N = 1,313)		WAVE 3 (N =884)		WAVE 4 (N =643)	
	All %	I %	C %	I %	C %	I %	C %
>30	5	4	5	4	6	2	6
21-30	24	22	23	26	25	22	24
11-20	44	41	42	45	47	44	47
5-10	23	27	23	24	19	28	18
<5	5	6	7	2	4	4	5

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Among those in the control group, the number of light smokers decreased steadily between waves two and four (from 30% to 23%), while the number of median smokers increased steadily over the same period (from 42% to 47%).

Frequency of Smoking for Occasional Smokers

The proportion of occasional smokers in the intervention group who smoked for fewer than 11 days in the past month rose initially but ultimately decreased by the fourth wave of research (from 42% to 40% in wave two, 49% in wave three, and 33% in wave four). The proportion of occasional smokers who smoked for approximately half of the last month (16-20 days) steadily declined (from 25% to 21% in wave two, and 16% in final waves). By contrast, by the final wave there had been a discernible increase in the proportion of occasional smokers who smoked for half the month (11-20 days) (from 17% to 22%) or on most days in the last month (+20 days) (from 16% to 28%).

Intervention group participants were less likely to smoke on 16 or more days in the previous month through waves two (41% baseline vs. 37% intervention, and 43% control) and three (41% baseline vs. 32% intervention and 38% control). However the final wave reveals that the proportion of control group participants that had smoked on 16 days or more had actually decreased considerably since the baseline (32% vs. 41% baseline). Those in the intervention group were similar to the baseline (44% vs. 41% baseline).

Occasional Smokers: Number of Days Smoked in Past 30 Days

No. of Days	BASELINE (N =347)	WAVE 2 (N =154)		WAVE 3 (N =96)		WAVE 4 (N =76)	
	All %	I %	C %	I %	C %	I %	C %
>20	16	16	21	16	24	28	18
16-20	25	21	22	16	14	16	14
11-15	17	22	11	18	16	22	25
6-10	21	25	20	27	16	16	14
<6	21	15	21	22	28	16	27

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Number of Cigarettes Smoked Largely Unchanged

In the initial follow-up waves, occasional smokers were increasingly likely to smoke one to three cigarettes on the days that they smoked (from 49% to 50% in wave two, and 54% in wave three). This number ultimately declined slightly below the baseline (45% in wave four). The likelihood of smoking six or more cigarettes increased by 5% in the final wave (from 29% to 34% in wave four), compared to the earlier waves showing little difference from the baseline (27-29%). The proportion smoking four or five cigarettes remained stable (21-23%).

Occasional Smokers: Number of Cigarettes Smoked Per Day

No. of Cigarettes	BASELINE (N = 347)	WAVE 2 (N = 154)		WAVE 3 (N = 96)		WAVE 4 (N = 76)	
	All %	I %	C %	I %	C %	I %	C %
Six+	29	29	17	27	22	34	16
Five	13	11	20	7	26	6	25
Four	10	10	6	13	6	16	5
Three	17	15	24	18	12	13	16
Two	21	16	21	18	18	19	16
One	11	19	12	18	18	13	21

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Smokers in the control group were more likely than those in the intervention group to smoke between one and three cigarettes in the second (57% vs. 50% intervention) and final (53% vs. 45% intervention) waves. Over time, they were also increasingly more likely to smoke between four and five cigarettes (26-32% vs. 20-22% intervention). They were ultimately much less likely to smoke six or more cigarettes (16% vs. 34% intervention).

Steady Decrease in Pro-Smoking Attitudes, But Majority Still Crave Cigarettes

Participants in the OTRTQ quit smoking program were increasingly *less* likely to claim pro-smoking attitudes applied to them. Over the course of this research they became considerably less likely to worry about running out of cigarettes (from 62% baseline, to 56-58% in waves two and three, to 50% in wave four). They were also somewhat less likely to smoke while they were very sick (from 45% baseline, to 40-42% in subsequent waves), and to find it hard not to smoke in places where it is forbidden (from 29% to 26%). Additionally, after an initial slight increase (from 37% baseline to 39% in wave two), participants grew less likely to smoke more in the morning than during the rest of the day (33% in wave three to 30% in wave four). However, the majority of smokers still crave cigarettes, and their likelihood of doing so has not changed significantly (84-86%).

Smoking-Related Attitudes

Attitudes	BASELINE (N = 2,387)	WAVE 2 (N =1,467)		WAVE 3 (N =980)		WAVE 4 (N =719)	
	ALL %	I %	C %	I %	C %	I %	C %
Crave cigarettes	86	88	88	84	89	84	90
Worry about running out	62	58	63	56	65	50	57
Smoke when ill	45	42	42	40	40	41	39
Smoke more in morning	37	39	41	33	35	30	36
Hard to not smoke where prohibited	29	26	26	26	24	26	23

Note: I = Intervention Group; C = Control Group

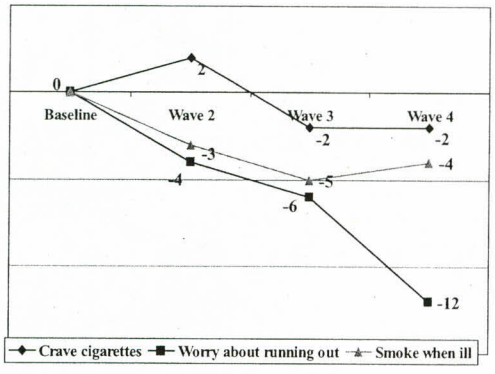
Phoenix SPI for Health Canada; December 2006

The number of participants in the control group who smoked while very sick decreased steadily over time (from 45% baseline to 40-42% in waves two and three, and 39% in wave four). The likelihood of finding it hard not to smoke where prohibited also decreased (from 29% baseline to 26% subsequently). After increases early in tracking, so too did the likelihood of worrying about running out of cigarettes (from 62% baseline to 63-65% in waves two and three, and 57% in wave four), and smoking more in the morning (from 37% baseline to 41% in wave two and 35-36% in waves three and four). The likelihood of craving cigarettes increased slightly but as time went on (from 86% baseline to 88-90% subsequently).

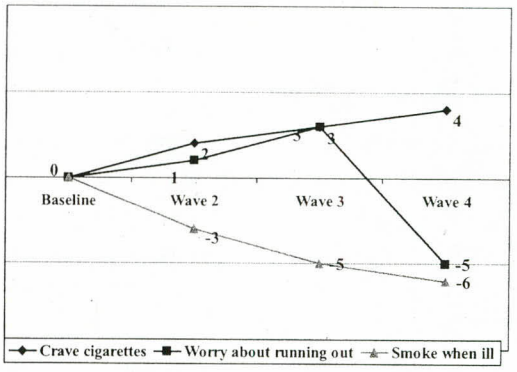
Over time, the gap widened steadily between the baseline and the intervention group in terms of their likelihood of worrying about running out of cigarettes (-12% gap in wave four). Control group participants moved furthest from the baseline results in terms of their likelihood of smoking while ill (-6% gap in wave four).

Smoking-Related Attitudes:
Intervention vs. Control Variations

+/- variation in intervention group



+/- variation in control group



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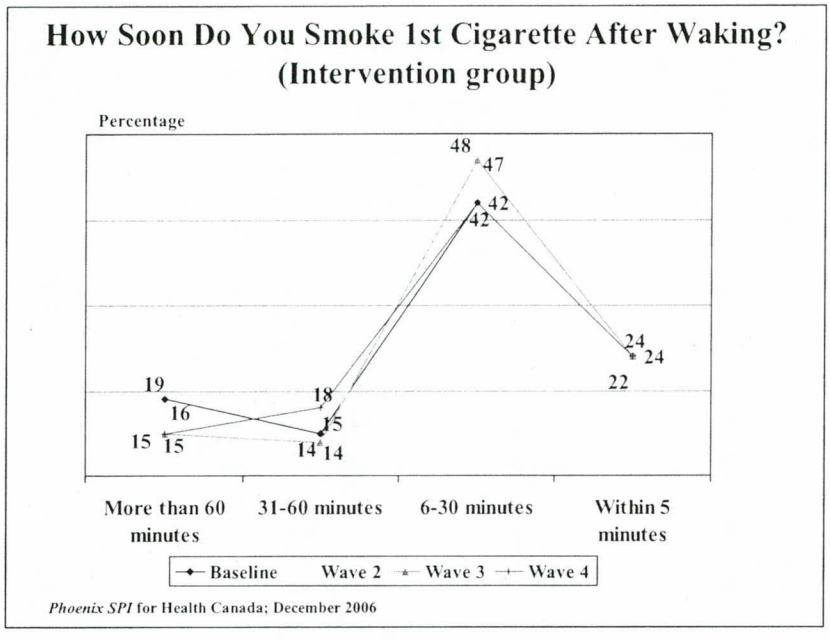
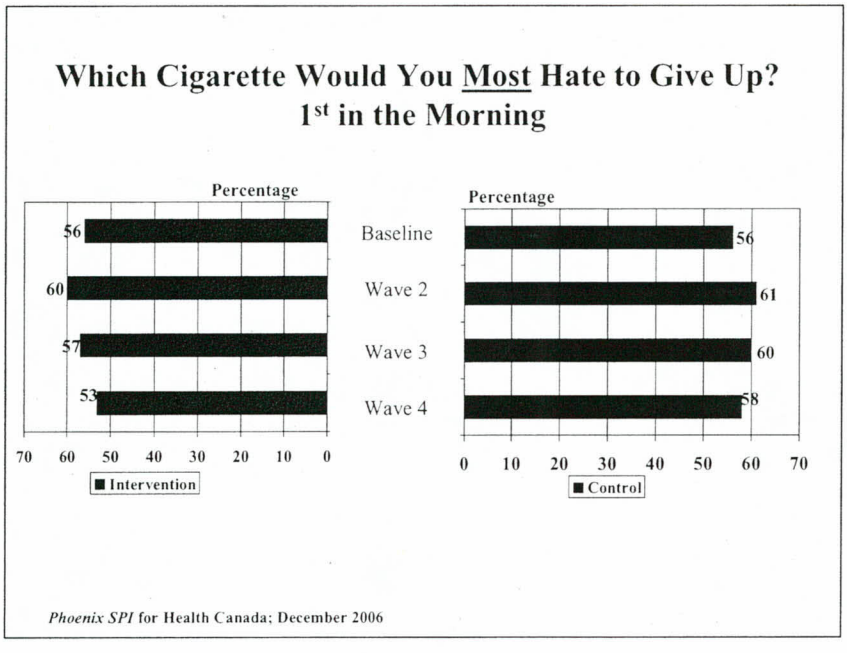
Minor Change in Delay of First Cigarette

Over the course of this study minor changes occurred in the time waited before smoking the first cigarette of the day. The likelihood of waiting more than 60 minutes decreased slightly over time (from 19% baseline to 15-16% subsequently), while the number of smokers who waited 31 to 60 minutes ultimately increased (from 14-15% to 18% in wave four). The greatest movement occurred among those who waited 6 to 30 minutes. This group was largest at waves two and three (47-48%), but eventually returned to baseline proportions. A relatively constant 22-24% waited no more than five minutes for their first cigarette.



First in Morning Remains Most Hated Cigarette to Give Up

Consistently over time, the majority of smokers would most hate to give up the first cigarette of the morning. Smokers in wave two of both the intervention and control groups were the most likely to feel this way (60% intervention, 61% control). Those in the intervention group were less likely than those in the control group to feel this way in each of the last two follow-up waves (53-60% intervention vs. 56-61% control).



Decreased Likelihood of Often Smoking at Structured Times

By the final wave of research, participants were less likely to *often* smoke at each potential time. However, the degree of change varied significantly (3% to 12%). *Often* smoking during the most structured parts of the day tended to decrease progressively over time. The greatest progress occurred regarding smoking during work (from 43% to 37% in waves two and three and 31% in wave four), followed by before work (from 70% to 65% in waves two and three and 62% in wave four), and after work (from 72% to 68-69% in waves two and three and 65% in wave four). The smallest changes occurred during 'free time' such as weekends (from 80% to 79% in wave four) and evenings (from 77% to 73% in wave four).

Frequency of Often Smoking at Various Times

Times of Day	BASELINE (N =2,387)	WAVE 2 (N =1,467)		WAVE 3 (N = 980)		WAVE 4 (N = 719)	
	ALL %	I %	C %	I %	C %	I %	C %
Weekends	82	80	80	83	80	79	79
Evenings	77	74	72	76	73	73	70
After work	72	68	68	69	70	65	69
Before work	70	65	64	65	61	62	62
During work	43	37	41	37	35	31	35

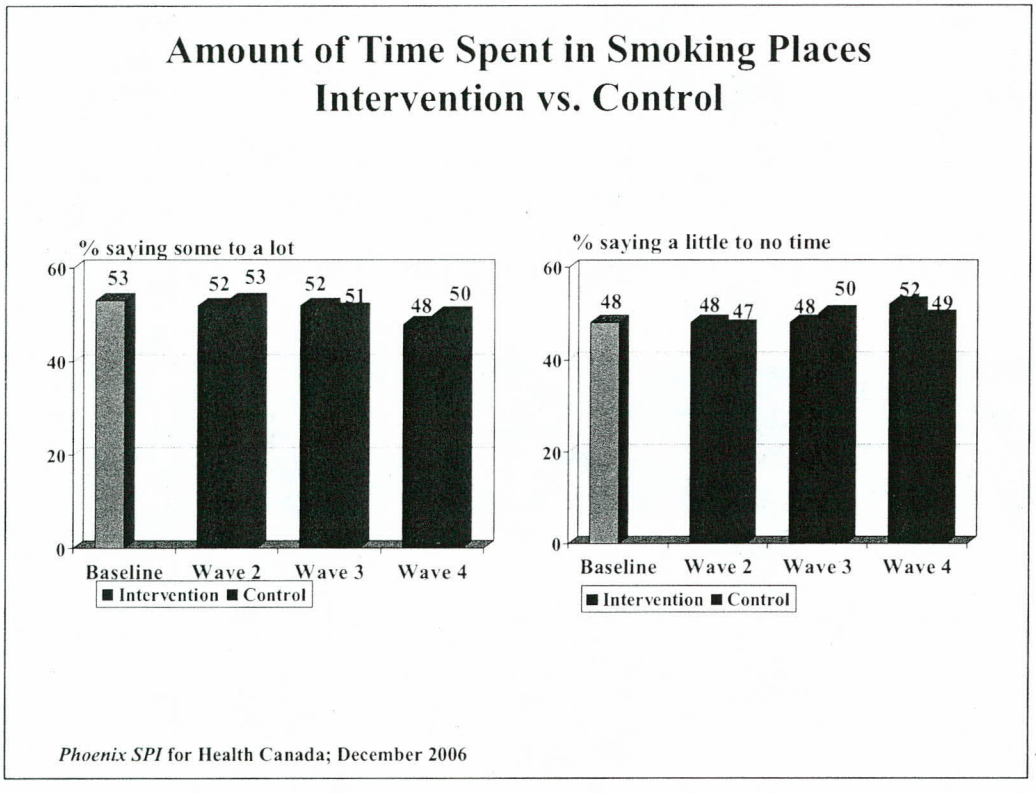
Note: I = Intervention Group; C = Control Group

***Phoenix SPI* for Health Canada; December 2006**

The likelihood of smoking at each of these times had decreased for the control group as well. Their progress was slightly superior to that of the intervention group in terms of smoking in the evening (compares 70-73% control vs. 73-76% intervention). By the end of the study, they were less likely to have decreased their smoking after work (compare 65% intervention and 69% control in wave four) and during work (compare 31% intervention vs. 35% control in wave four).

Very Little Change in Amount of Time Spent in Smoking Places

Participants exhibited little to no change in the amount of time they spend in places where other people smoke; however, they were less likely to spend some to a lot of time in such places by the final wave of research (51-53% vs. 48% in wave four). Differences between the intervention and control groups were minor.



Changes for Individual Respondents[12]

Intervention vs. Control Group

There has been relatively little change since the baseline survey in the overall smoking status of participants (i.e. regular, occasional, or former smoker). That said, more people had made positive changes to their smoking status at the six-month follow-up compared to the first follow-up survey (14% have gone from daily to occasional or former smokers vs. 9% one month following the intervention). There was no difference, however, between the intervention and control groups at the end of the research – individual members of each group were equally likely to have reduced their smoking or quit all together.

[12] These data are based on respondents who responded to all four waves of the survey. Some of the changes observed for individual respondents are not statistically significant.

At the six-month follow-up, more regular smokers have cut back on the number of cigarettes they smoke per day (22% vs. 15% at the one-month follow-up). Of particular importance, however, is the fact that members of the intervention group were more likely to have reduced their smoking: 29% smoke fewer cigarettes per day compared to just 17% of the control group. And, compared to the first follow-up findings, this change is of much greater magnitude (there was just a 5% difference between the two groups one month following the intervention: 18% vs. 13%). In short, there has been an increasingly positive change in the behaviour of regular smokers, both overall and particularly among members of the intervention group.

Turning to smoking patterns, more participants *now* spend less time in places where other people smoke than at the beginning of the research (27% vs. 22% at the one-month follow-up). When the focus shifts to the intervention and control groups, respondents who took part in the intervention continue to be more likely than those who did not to have made a positive change in this area (34% vs. 23% in the six-month follow-up, compared to the first follow-up survey: 24% vs. 20%). Again, it is worth noting that the extent of the change is much greater now than it was just one month following the intervention.

In addition, since the one month follow-up, respondents overall have made modest changes in terms of the frequency with which they smoke during (24% vs. 18%) and after (14% vs. 13%) work, and on weekends (12% vs. 10%). Turning to differences between the two research groups, by the final wave of the survey, members of the intervention were slightly less apt to smoke during (26% vs. 23%) and after (18% vs. 12%) the work day, as well as on weekends (13% vs. 11%). Since the first follow-up, moreover, the differences between individual members of each group are more pronounced – while those who took part in the intervention were more likely to have made positive changes, the differences between the intervention and control group ranged from just 1-3% after the baseline survey, compared to 2-6% at the end of the research study.

Demographic Characteristics

In terms of frequency of smoking among individual participants, there were a few noteworthy demographic variations. The likelihood of having made positive changes in the frequency of their smoking increased with education (8-17%) and income (from 11% of those reporting household earnings under $40,000 to 18% of those reporting earnings over $80,000). As well, the following were more likely to smoke less now than they did at the time of the baseline survey: men (15% vs. 13%) and participants from Atlantic Canada (17%) and Ontario (16%). Turning to the number of cigarettes smoked per day, demographic differences were less pronounced – those more educated (24% vs. 21% of those with college or less), those earning over $80,000 (25% vs. 19-22% earning less than $80,000 annually), and Quebeckers (24% vs. 21-22% elsewhere) were most apt to smoke less.

Men (30% vs. 26% women), those with a high school education or less (31% vs. 26% each), participants earning less than $40,000 annually (32% vs. 26-29%), and Quebeckers (30% vs. 24-28% elsewhere) were more likely to spend *less* time in places where other people smoke. Focusing on smoking patterns, men were slightly more apt to smoke less often during the various times of day. With the exception of smoking during the work day, participants with a high school education or less were less apt to have reduced the amount they smoke after the work day (10% vs. 13-19%) and on weekends (9% vs. 12-13%). The only variation worth noting in terms of income is the frequency of smoking on weekends – people earning less than $40,000 a year were the least apt to have made a positive change since the baseline survey (8% vs. 11-13%). Regionally, Quebeckers were least likely to have reduced their frequency during all these times – during the work day (19% vs. 24-27% elsewhere), after work (8% vs. 16-19%), and on the weekends (11% for Quebec and Ontario vs. 14-16%).

Nicotine Dependency – Modest Improvement Over Time

The majority of participants in both groups[13] continue to report a low to very low level of nicotine dependency[14] six months following the first follow-up survey. In addition, there has been a modest increase in the proportion of participants scoring low/very low on the index since the first follow-up survey (i.e. Wave 2): (Wave 2: 55% of the intervention group, 53% of the control group; Wave 4: 58% each).

Fagerstrom Index: Nicotine Dependency

Nicotine Dependency	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	I %	C %	I %	C %	I %	C %
Very low dependence	29	31	28	31	34	34
Low	26	22	26	23	24	24
Medium	14	14	16	14	16	12
High	22	23	21	22	22	21
Very high dependence	9	11	9	9	5	10

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

[13] This comparison is based on respondents who completed all waves of the survey. Those who did not complete all survey waves were not included in the Fagerstrom Index based on the baseline survey results.

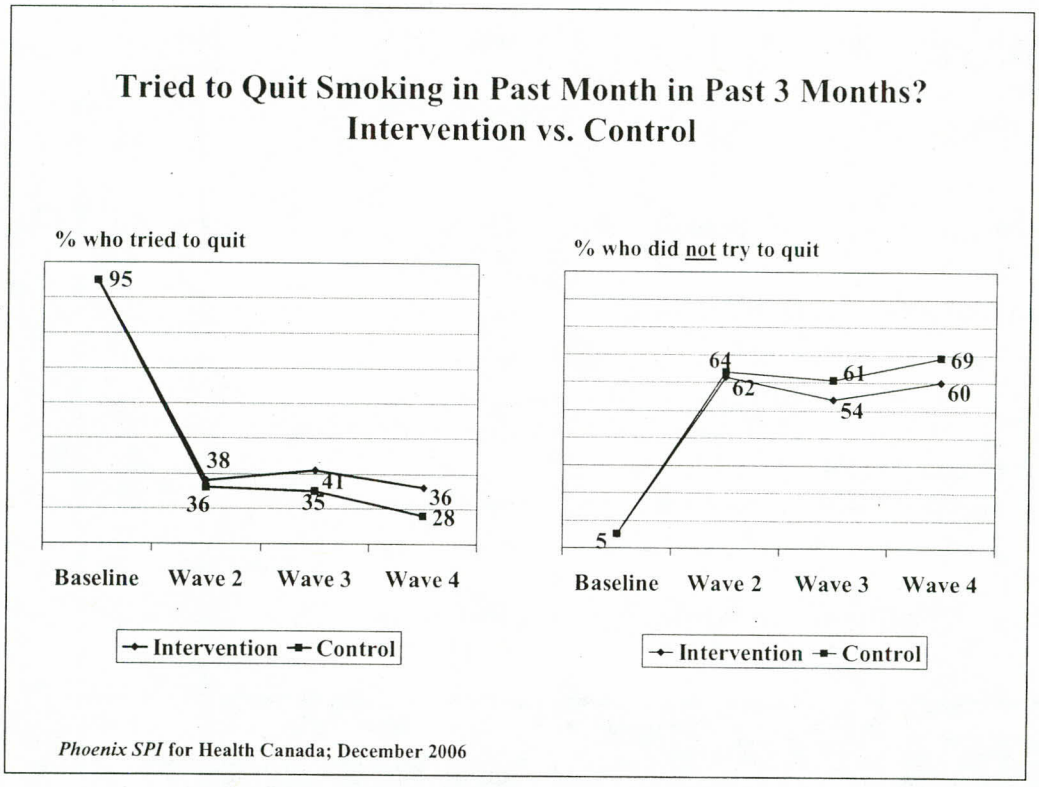
[14] A variation of the Fagerstrom Index is used here. The Fagerstron Index is used to test smokers' addiction to nicotine. Appended to the report is a description of how this rating was calculated from the data.

At the other end of the spectrum, members of the control group remain slightly more likely to score high/very high on the index (Wave 2: 34% vs. 31%; Wave 4: 31% vs. 27%). That said, since the beginning of the research, fewer respondents in both groups reported a high to very high level of nicotine dependency on the index (Intervention: 31% vs. 27%; Control: 34% vs. 31%).

READINESS TO QUIT SMOKING/STAY QUIT

Intervention Group More Likely to Attempt Quitting

Nearly all participants in both groups had made an attempt to quit smoking in the past (95%). In the follow-up waves, with a focus on quit attempts in the previous three months, intervention group participants were consistently more likely than those in the control group to have made a quit attempt in each wave (compare 38% vs. 36% in wave two, 41% vs. 35% in wave three and 36% vs. 28% in wave four). Conversely, control group smokers were more likely to have not made a quit attempt (compare 64% vs. 62% in wave two, 61% vs. 54% in wave three, and 69% vs. 70% in wave four).



Motivation to Quit Less Likely to Decrease Over Time

Although their motivation to quit (scores of 4-5) smoking decreased somewhat over time, this was less pronounced among intervention group participants (compare 46% baseline to 43% intervention and 38% control in wave four). Both groups were slightly more prone to feel *highly* motivated in subsequent waves than they were in the baseline wave. The number of participants not motivated to quit smoking increased steadily over time in both groups (from 7% to 10% in wave two, 12-13% in wave three and 13-15% in wave four).

Motivation to Quit Smoking

Level of Motivation (1-5)	BASELINE (N =2,387)	WAVE 2 (N =1, 559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
5: Highly motivated	16	19	19	18	18	18	19
4	30	24	22	20	19	25	19
3	48	47	49	49	51	42	50
2	5	7	6	7	6	7	7
1: Not at all motivated	2	3	4	6	6	8	6

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

More Decisive About Ability to Quit Smoking

Over time, participants in the intervention group were less likely to be unsure (scores of 3) about their ability to quit smoking (from 46% baseline to 42% wave two, 40% in wave three, and 39% in wave four). However, they were slightly more likely to become unconfident (scores of 1-2) (from 18% baseline to 19% wave two, 21% wave three and 23% wave four), and confident (36% baseline to 38-39% subsequently).

Confidence in Ability to Quit Smoking

Level of Confidence (1-5)	BASELINE (N =2,387)	WAVE 2 (N =1, 559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
5: Highly confident	15	14	16	13	17	16	17
4	21	24	21	26	19	22	22
3	46	42	45	40	46	39	42
2	11	10	10	9	8	13	8
1: Not at all confident	7	9	9	12	10	10	10

Note: I = Intervention Group; C = Control Group

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While slightly less likely to be confident in their ability to quit smoking in the mid-point of the study (36% vs. 38% wave two, and 36% vs. 39% wave three), members of the control group were ultimately just as confident as their intervention group counterparts (38-39% wave four). The proportion of those not confident in their ability to quit remained relatively static over time (from 18% baseline to 18-19% subsequently).

Significantly Increased Knowledge of How to Quit Smoking

Participants were more likely to claim to be knowledgeable (scores of 4-5) about the types of things they can do to quit smoking or stay quit after the initial baseline wave (from 57% to 71% in wave two). By the end of the research, the size of this group had increased to 75%. As well, participants were less likely to feel uninformed following their use of the website (scores of 1-2), from 10% to 2-3% subsequently.

Knowledge of How to Quit Smoking

Level of Knowledge (1-5)	BASELINE (N =2,387)	WAVE 2 (N =1, 559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
5: A great deal	29	33	33	37	38	36	40
4	28	38	32	35	32	39	33
3	33	25	29	25	26	22	24
2	8	2	4	3	4	1	3
1: Nothing at all	2	1	1	0.2	1	1	1

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Members of the control group were also more likely to feel knowledgeable about how to quit smoking or stay quit. In fact, they were ultimately more likely to feel strongly about this (40% vs. 36% intervention wave four).

Steady Growth of Those Who Plan to Quit, But Unsure When

While initially just over one-quarter (29%) had planned to quit but were unsure when, the size of this group has steadily grown over time (30% in wave two, 38% in wave three) to 41% of participants. Erratically changing, the number of those who plan to quit smoking within 30 days (from 31% to 11% in wave four) or within 6 months (from 39% to 27% in wave four) fell well below their initial strength.

The number of those who had recently quit smoking increased with each subsequent wave (from 0-1% initially to 8% in wave three and 12% in wave four).

Readiness to Quit Smoking

Attitudes	BASELINE (N = 2,387)	WAVE 2 (N =1,445)		WAVE 3 (N =1,064)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
Plan to quit within 30 days	31	24	24	31	26	11	13
Plan to quit within 6 months	39	40	32	17	15	27	26
Plan to quit, don't know when	29	30	39	38	42	41	42
Don't plan to quit, but cut down	1	4	2	6	5	6	5
Don't plan to quit/cut down	0.3	1	2	2	1	3	2
Recently quit smoking	-	1	1	8	11	12	12

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Changes for Individual Respondents

Intervention vs. Control Group

Since the baseline survey, individuals overall are slightly more motivated to quit or stay quit (25% vs. 23%), more confident that they can do this (27% vs. 24%), and more knowledgeable about how to do this (37% vs. 32%). When the focus shifts to the differences between members of the control and intervention groups, there is only one notable variation – individuals who took part in the intervention claim to be *slightly* more knowledgeable about what they can do to quit or stay quit (38% vs. 36%).

Demographic Characteristics

There were a number of noteworthy demographic differences in this area, but only a few consistent patterns. Looking first at gender, women were *slightly* more confident that they could quit/stay quit (28% vs. 26%), but men were slightly more apt to say they are motivated to do so (26% vs. 24%). Less-educated participants (i.e. those with high school or less) were the least likely to be motivated (20% vs. 25-27%), confident (20% vs. 28-30%), and knowledgeable about how to quit or stay quit (32% vs. 36-41%). The likelihood of being motivated to quit smoking or stay quit increased with income level (from 23% of those with annual incomes under $40,000 to 27% of those reporting

incomes over $80,000). That said, participants with annual household incomes under $40,000 were more likely to say they are knowledgeable about the types of things they can do to quit/stay quit (44% vs. 33-36%).

Quit Attempts

Over time, the most noticeable differences in terms of readiness to quit or stay quit were among former versus current smokers, and those who had tried to quit versus those who had not. This is the same pattern that emerged after the first follow-up survey one month after the intervention. Former smokers and those who had made a quit attempt were more likely to report increases in their motivation (60% of former smokers vs. 19% of regular and 33% of occasional ones; 29% of those who made quit attempts vs. 16% of those who had not), confidence (smoking status: 61% vs. 21-23%; quit attempts: 26% vs. 21%), and knowledge vis-à-vis quitting or staying quit (smoking status: 43% vs. 36-37%; quit attempts: 40% vs. 34%).

MAKING A QUIT PLAN

Increased Likelihood to Use Quit Smoking Program, Smoke Half Cigarettes, Set a Quit Date

Across the various waves of the study, positive change occurred in participants' likelihood of engaging in three quit-smoking activities. Participants were more likely to smoke half cigarettes (58% vs. 58-65%), use a quit smoking program other than OTRTQ (0% vs. 35-40%), and to have set a quit date (26% vs. 31-33%) compared to earlier. Participants were substantially less likely to have told friends or family of their plans to quit (72% vs. 53-58%), tried NRTs (57% vs. 22-29%), or to have spoken to a professional (46% vs. 26-33%) after the initial wave of the study.

Actions Taken in Past 3 Months to Prepare to Quit Smoking

Actions	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N =1075)		WAVE 4 (N = 711)	
	ALL %	I %	C %	I %	C %	I %	C %
Cut back	79	69	69	73	70	75	69
Smoke half cigarettes	58	59	55	58	56	65	57
Tell friends/family of plans	72	58	54	58	50	53	46
Look for info online	52	55	30	56	33	43	34
Avoid triggering situations	48	47	47	54	44	50	44
Use a quit smoking program	-	36	22	40	29	35	27
Set a quit date	26	32	29	33	27	31	24
Speak to a professional	46	26	25	33	29	28	31
Try NRTs	57	22	23	29	28	25	24

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

At first, participants seemed to be less likely to have cut back on the number of cigarettes they smoked (from 79% baseline to 69% in wave two), but in subsequent waves they were increasingly more likely to do so (73% in wave three, and 75% in wave four). Conversely, while participants became somewhat more likely to look for information about quitting online (from 52% baseline to 55-56% in waves two and three), they were eventually much less likely to do so (43% in wave four).

The *decline* in actions taken to prepare to quit smoking was most noticeable among control group participants. The likelihood that they would take each action did not increase in any of the follow-up waves (compared to the baseline survey), except for setting a quit date. Furthermore, they were less likely than the intervention group to

undertake these actions in all but one case – speaking to a professional (31% vs. 28% in wave four).

Less Concerned About Most Smoking Aspects Over Time – Except Money

OTRTQ participants were less likely by the last wave of research to agree they were concerned about most smoking-related issues – except one. Participants remained similarly likely to agree they thought about the extra money they will have when they quit smoking (from 66% baseline to 61-64% subsequently). Before the intervention, varying majorities of those *who had not yet quit* agreed with each of the statements about quitting smoking (52-87%). However, over time the size of these groups dropped steadily among intervention group members. In each post-baseline wave, participants were less likely to be concerned about their health (from 87% to 84% wave two, 80% wave three, and 78% wave four), worry about the impact of their smoking on others (from 77% to 61-64% subsequently), feel that they are ready to quit (from 59% to 54% wave two, 48% wave three, and 45% wave four), and believe that smoking interferes with their physical and social activities (from 52% to 40% wave two, 39% wave three, and 36% wave four).

Perceptions of Smoking & Quitting Smoking

5-point scale % agree (scores of 4-5)	BASELINE (N =2,387)	WAVE 2 (N = 1,426)		WAVE 3 (N = 964)		WAVE 4 (N = 711)	
	ALL %	I %	C %	I %	C %	I %	C %
Concerned about my health	87	84	86	80	82	78	85
Worried about impact on others	77	64	70	63	64	61	65
Think about extra money	66	64	69	61	66	62	63
I'm ready to quit	59	54	51	48	43	45	44
It interferes socially/physically	52	40	46	39	41	36	39

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Those who did not participate in the OTRTQ program followed a similar but slightly less pronounced pattern of decline in terms of concern about the impact on others, and concern that smoking interferes with their activities. They were also more likely to be concerned about their health.

Importance of Reasons for Quitting Declined Steadily Over Time

The number of participants who had not yet quit smoking that attributed importance (scores of 4-5) to *each* potential reason for quitting decreased as time went on. However, the *ranking* of the top three was unchanged. The majority still attributed importance to feeling better (from 90% to 87-88% in waves two and three, and 82% in wave four), to feeling in control (from 70% to 67% in wave two, 65% in wave three and 61% in wave four), and to not smelling of smoke (from 69% to 66% in wave two and 57-58% subsequently).

Importance of Reasons for Quitting Smoking

5-point scale % saying important (scores of 4-5)	BASELINE (N = 2,387)	WAVE 2 (N = 1,426)		WAVE 3 (N =964)		WAVE 4 (N = 711)	
	ALL %	I %	C %	I %	C %	I %	C %
To feel better	90	88	89	87	87	82	87
To feel in control	70	67	66	65	66	61	46
To not smell of smoke	69	66	66	58	61	57	61
Know others who have died	62	55	57	52	55	49	54
Someone/something to help quit	63	56	56	53	53	50	52
Prove it can be done	57	53	52	55	47	51	52
Partner/spouse asked me to	41	35	39	33	31	33	36

Note: I = Intervention Group; C = Control Group

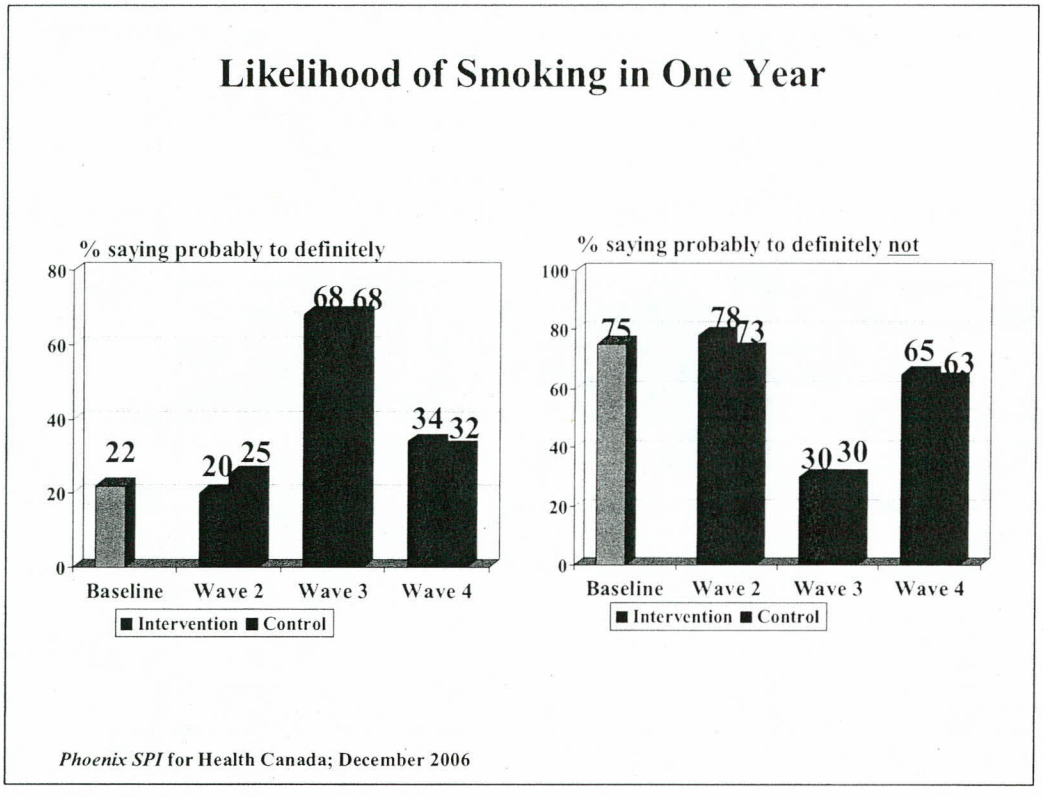
***Phoenix SPI* for Health Canada; December 2006**

Over time, participants were also less likely to attribute importance to knowing others who have died (from 62% to 55% in wave two, 52% in wave three, and 49% in wave four), having someone or something to help them quit (from 63% to 56% in wave two, 53% in wave three and 50% in wave four), and because their partner or spouse had asked them (from 41% to 33-35% subsequently). Proving to oneself that it can be done was the only reason that did not experience a considerable drop in importance over time (from 57% to 51-55% subsequently), although even this was down noticeably at the end.

Among control group participants, feeling better in general experienced very little decline in importance (90% to 87-89%), while feeling in control dropped considerably in the last wave (from 70% to 66% in waves two and three to 46% in wave four). The control group was also more likely than the intervention group to attribute importance to not smelling of smoke (from 66% to 61% control group vs. 66% to 57-58% intervention) and knowing others who had died (from 57% to 54-55% control group vs. from 55% to 49-52% intervention group).

Presently More Likely to Be Smoking in One Year Than at Beginning of Study

While initially three-quarters of participants believed that they will not be smoking in one year, this number dipped substantially in wave three (30%). Interestingly, the final wave resulted in a majority who believe they will not be smoking, but remained a smaller majority than in the baseline (65%).

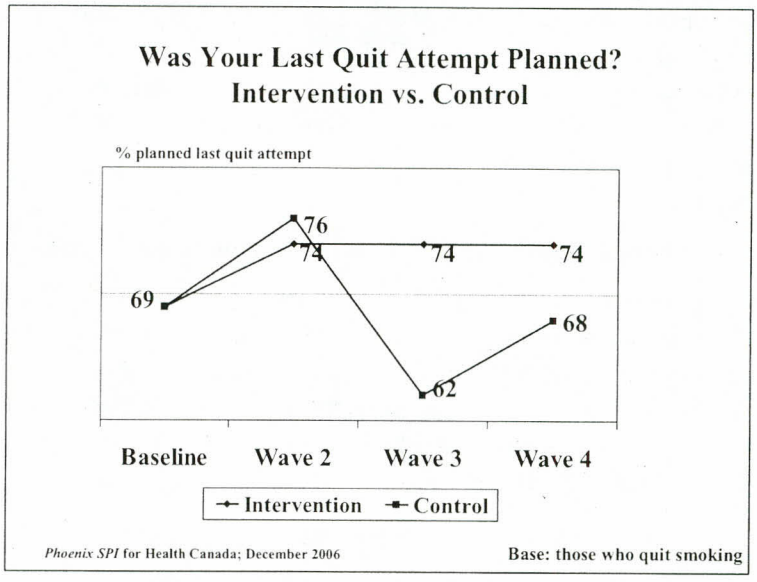


Differences within the control group were minor and followed a similar pattern.

The following set of questions was asked of those who had successfully quit smoking and remained smoke-free.

Three-Quarters Planned Last Quit Attempt – Consistent Over Time

Among those who had quit, 74% had planned their last quit attempt in each follow-up wave. The majority of those who had quit but had not participated in the OTRTQ program had also planned their last quit attempt. However, the size of this majority fluctuated considerably (from 76% in wave two to 62% in wave three and 68% in wave four).



Concern for Health and Readiness to Quit – Key Factors in Quitting

Those who had successfully quit smoking tended to be slightly more concerned about their health since the baseline study (87% baseline vs. 90-95% in waves three and four). As one might expect, they were also considerably more likely to feel that they are ready to quit (59% baseline vs. 84-95% subsequently). However, they tended to be less likely to agree that they worry about the effects of their smoking on others (77% vs. 62-76%), that they think about the extra money (66% vs. 49-63%), and that smoking interferes with their physical and social activities (52% vs. 37-47%). Participants were most likely to agree with each of these during the third wave of research.

Perceptions of Smoking & Quitting Smoking

5-point scale % agree (scores of 4-5)	BASELINE (N = 2,387)	WAVE 2 (N = 133)		WAVE 3 (N = 111)		WAVE 4 (N = 98)	
	ALL %	I %	C %	I %	C %	I %	C %
Concerned about my health	87	84	87	95	84	90	78
Worried about impact on others	77	65	56	76	56	62	56
Think about extra money	66	49	66	63	52	57	57
I'm ready to quit	59	86	86	95	78	84	85
It interferes socially/physically	52	37	47	47	41	38	39

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006 Base: those who quit smoking

Their control group counterparts who had quit without the OTRTQ intervention were much less likely to be concerned about their health in the final two waves of research (78-84% vs. 90-95% intervention). They were also consistently less worried about the effects of their smoking on others (56% vs. 62-76% intervention). Where no pattern existed in the intervention group, these former smokers were less likely to agree that smoking interfered with their activities as time went on (from 52% to 47% in wave two, 41% in wave three and 39% in wave four).

To Feel Better – Consistently the Most Important Reason for Having Quit Smoking

Over the course of the study and by a considerable margin, to feel better in general remained the most important reason for having quit smoking (from 90% baseline to 85-92% subsequently). The items that varied the least after an initial drop in importance among those who had quit were knowing others who have died or gotten ill (from 62% baseline to 49-53% subsequently) and because a partner or spouse had asked (from 41% baseline to 21-26% subsequently).

Importance of Reasons for Quitting Smoking

5-point scale % saying important (scores of 4-5)	BASELINE (N = 2,387)	WAVE 2 (N = 133)		WAVE 3 (N = 111)		WAVE 4 (N = 98)	
	ALL %	I %	C %	I %	C %	I %	C %
To feel better	90	86	82	92	84	85	87
To feel in control	70	68	64	74	67	64	58
To not smell of smoke	69	56	69	71	64	64	61
Know others who have died	62	49	38	53	52	49	41
Someone/something to help quit	63	46	44	32	37	36	45
Prove it can be done	57	58	62	61	47	49	46
Partner/spouse asked me to	41	21	26	26	29	21	32

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Base: those who quit smoking

The number of former smokers who attributed importance to other reasons fluctuated considerably over the course of the research. This includes feeling in control (from 70% to 68% in wave two, 74% in wave three and 64% in wave four), and to not smell of smoke (from 69% to 56% in wave two, 71% in wave three and 64% in wave four).

Quitters in the control group were less erratic. They tended to be similarly likely in the follow up waves to attribute importance to feeling in control (58-67%), not smelling of

smoke (61-69%), and because someone or something was there to help them quit (37-45%). Additionally, after the initial drop from the baseline, as time went on they were less likely to attribute importance to proving it can be done (62% in wave two to 46-47% in subsequent waves), and more likely to say that a partner or spouse asking was an important reason for quitting (from 26% in wave two to 29% in wave three and 32% in wave four).

Over Time More Believe Heart Attack Risk Decreases After 2 Days, Health Benefits Begin 1st Day, and Quitting Takes Practice

Over the course of the study, intervention participants' knowledge of the facts about quitting smoking tended not to change significantly (+/- 1-3%) with four exceptions. As time went on, they were to a large extent more likely to believe that the risk of heart attack decreases within two days of quitting (from 67% to 75% in wave three, and 79% in wave four). Less dramatically, they were more likely to believe by the end of the research that the health benefits of quitting smoking begin within one day of quitting (from 80-81% to 86% in wave four), and that quitting takes practice (from 70% to 75-76% in waves three and four). Interestingly, participants in the final two follow-up waves were more likely to believe it is better in some cases to keep smoking than risk the stress of quitting (26-28% in waves three and four vs. 22% in wave two).

Knowledge of Quitting Smoking

% saying probably to definitely true	WAVE 2 (N = 1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	I %	C %	I %	C %	I %	C %
Most take several attempts	92	94	93	96	92	95
Heart attack risk half 1 year after quitting	92	89	93	92	93	88
Cravings get weaker over time	89	89	90	88	89	87
Former smokers live longer	89	86	86	88	87	88
Health benefits begin 1st day	80	77	81	84	86	83
More ex-smokers than smokers	83	80	80	83	82	80
After 2 days risk of heart attack shrinks	67	67	75	74	79	74
Quitting takes practice	70	69	75	72	76	76
Better to keep smoking than stress	22	26	28	27	26	22
No benefit if already sick	13	13	14	14	11	12

Note: I = Intervention Group; C = Control Group

Phoenix SPI for Health Canada; December 2006

Those who did not use the OTRTQ program also tended to be more likely to believe the above over time, along with one other health fact. Control group smokers were slightly

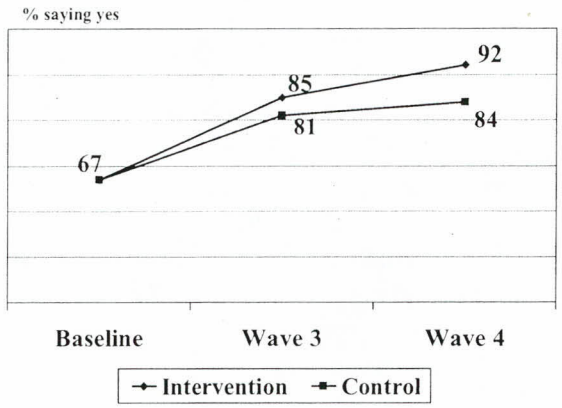
more likely over time to believe that former smokers live longer than continuing smokers (86% vs. 88% in waves three and four).

Considerably More Know Where to Get Help Over Time

During the first phase of research, just over two-thirds felt they knew where to get information to help them quit smoking. After three and six months into the OTRTQ intervention, the size of this majority had grown to 85% and then 92%.

Members of the control group also became considerably more likely to know where to get information (from 67% to 81-84% subsequently).

Know Where to Get Help to Quit Smoking/Stay Quit?
Intervention vs. Control



*Not asked of wave two
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Internet – Increasingly Likely Information Source

Those who said that they knew where to go for information to help them quit smoking pointed to a variety of sources, although two stand out – the Internet and doctors. At the beginning of research, doctors were mentioned more often than any other information source (64%). However, as time went on, participants were less likely to seek quit smoking information from them (43-46%).

Sources of Help to Quit Smoking

Sources	BASELINE (N =1,354)	WAVE 3 (N = 889)		WAVE 4 (N = 703)	
	All %	I %	C %	I %	C %
Doctor	64	43	54	46	53
Internet	24	43	47	50	48
Drug store/Pharmacist	19	17	26	16	21
HC Website	-	14	8	21	12
Stop smoking website	-	10	5	6	4
Friends/family/ colleagues	7	5	4	4	5
Support groups	6	6	6	1	2

Note: I = Intervention Group; C = Control Group
Phoenix SPI for Health Canada; December 2006

However, participants became much more likely to point to the Internet in general (from 24% to 43% at three months and 51% at six months) and to the Health Canada website more specifically (from 0% to 14% at three months and 21% at six months).

A similar pattern occurred among control group participants, although they were eventually more likely to point to doctors rather than the Internet.

USE & PERCEPTIONS OF OTRTQ

The questions in this section were asked only of intervention group participants.

Numerous Impacts of OTRTQ Program Identified

Over the course of the research, numerous advantages were identified as flowing from the OTRTQ program. However, one area of impact stood out quite consistently when assessed directly by intervention participants – helping to understand the advantages of quitting smoking. Participants in the OTRTQ program were most likely to attribute a medium to big impact on their understanding of the advantages of quitting smoking (61-65%). By contrast, the likelihood of attributing an impact decreased in a number of areas over time. These include information on quitting or cutting down (from 65% to 62% at 3 months, and 59% at 6 months), increasing their motivation to quit smoking (from 59% to 51% at 3 months, and 49% at 6 months), and on increasing their confidence that they can quit or stay quit (from 57% to 52% at 3 months, and 51% at 6 months).

Impact of OTRTQ Program in Various Areas

% saying medium to big impact	1-month Follow-up (N = 679) %	3-month Follow-up (N = 458) %	6-month Follow-up (N = 330) %
The advantages of quitting	65	61	64
Info to quit/cut down	65	62	59
Understanding smoking habits	63	57	59
Teaching skills to quit/cut down	62	59	63
Ideas to stay smoke-free	61	44	58
Ideas for positive environment	61	58	58
Learning to cope w/difficult situations	60	54	56
Knowledge of health facts	60	58	64
Motivation to quit	59	51	49
Increase confidence in quitting	57	52	51

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Website is Easy to Use and Get What is Needed – Sustaining Perceptions Over Time

After the initial follow-up, participants became less likely to agree with a number of positive statements about OTRTQ – except two. Approximately two-thirds (63-65%) in each subsequent follow-up wave agreed that the OTRTQ website was easy to use. The proportion who agreed it was easy to get what they needed declined slightly over time

(from 61% to 57-58% subsequently), as did the likelihood of recommending OTRTQ to a friend (from 59% to 53-54% subsequently). Perceptions that OTRTQ provided them with interesting and useful information declined the most, from 52% to 46% at 3 months and 43% at six months. Participants were consistently least likely to agree that OTRTQ gave them the kind of help they needed (41% at one month to 32-37% subsequently).

Overall Perceptions of OTRTQ Program

5-point scale % agree (scores of 4-5)	1-month Follow-up (N = 679) %	3-month Follow-up (N = 458) %	6-month Follow-up (N = 330) %
Website easy to use	65	63	63
Easy to what was needed	61	58	57
Would recommend to a friend	59	53	54
Interesting/useful activities	52	46	43
Gave kind of help needed	41	32	37

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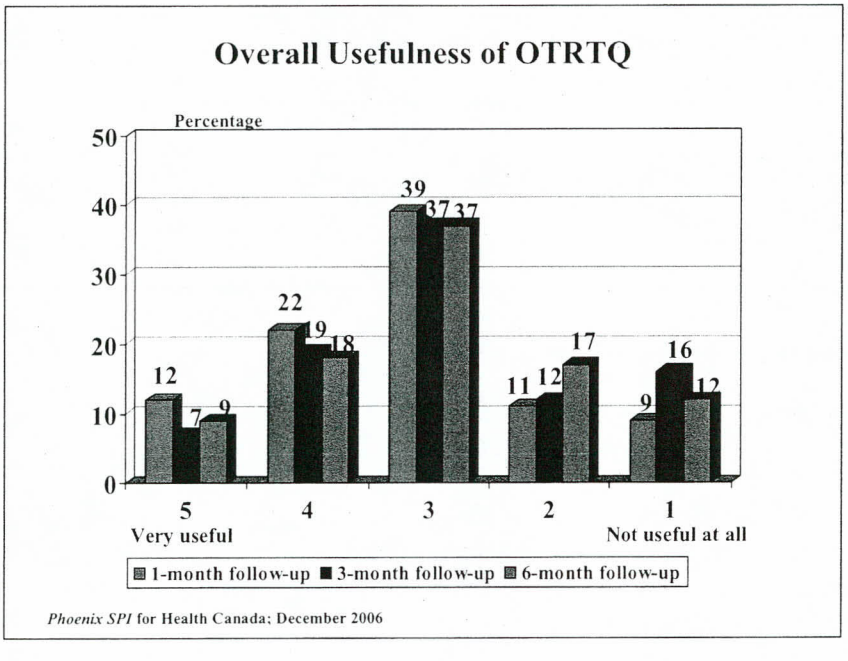
Assessments Remain Mixed Regarding Overall Usefulness of OTRTQ

The greatest proportion of respondents offered neutral ratings of the overall usefulness of OTRTQ in each follow-up wave (37-39%). The remaining participants were less likely to positively assess its usefulness in the latter two waves of research (from 34% to 26-27%), and increasingly more likely to see it as not useful (20% to 28-29%).



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Cut Back and Change Habits – Most Likely Actions Taken

More than one-quarter (26-28%) of respondents at the three- and six-month follow-ups claimed that they had taken action or changed their behaviour in some way due to OTRTQ. At both times, these actions were most likely to be smoking less or cutting down (32-35%) and changing habits and keeping busy (21-22%). Participants three months after the intervention appear more likely to have engaged in a variety of other actions than they were three months later.

Type of Actions Taken

Actions	3-month Follow-up (N = 119) %	6-month Follow-up (N =92) %
Smoke less/cut down	35	33
Changed habits/keep busy	21	22
Avoid smoking	16	5
Delay craving	12	6
Exercise	10	7
More determined to quit	9	2
Drink water	8	3
NRTs	8	8

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Base: those who took action

PROFILE OF RESPONDENTS

The following graphs present the characteristics of participants in this research program over time by activity level, education, household income, gender and region.

Activity Level Unchanged Over Time

Participants exhibited virtually no change in their perceived level of activity over time nor between the control and intervention group.

How Active Are You?

Level of Activity (1-5)	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
5: Very active	10	7	9	7	8	7	9
4	19	21	20	22	24	23	21
3	46	46	48	48	48	45	46
2	17	16	15	15	14	17	17
1: Not active at all	8	8	8	8	5	8	7

Note: I = Intervention Group; C = Control Group

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Education

Education

Level of Education	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
Some elementary/high school	5	5	5	5	4	6	4
Completed high school	19	20	18	22	18	22	18
Some tech./college/CEGEP	17	17	16	17	16	14	16
Completed tech./college/CEGEP	24	25	26	24	27	22	27
Some university	14	15	14	14	14	16	14
Completed university	19	18	21	18	21	19	22

Note: I = Intervention Group; C = Control Group

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Household Income

Household Income

Household Income	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
Less than $20,000	8	8	7	7	7	7	8
$20,000 to $39,999	20	20	19	20	17	21	16
$40,000 to $59,000	21	21	21	19	21	19	23
$60,000 to $79,999	17	16	19	18	20	19	21
$80,000 to $99,999	11	13	11	14	12	13	11
$100,000 and over	12	11	11	11	9	11	10

Note: I = Intervention Group; C = Control Group

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Gender

Gender

Gender	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
Male	40	40	40	42	42	43	42
Female	60	60	60	59	58	57	58

Note: I = Intervention Group; C = Control Group

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Region

Region

Region	BASELINE (N = 2,387)	WAVE 2 (N =1,559)		WAVE 3 (N = 1,075)		WAVE 4 (N = 809)	
	ALL %	I %	C %	I %	C %	I %	C %
Atlantic Canada	8	8	9	8	10	9	10
Quebec	31	33	30	34	28	34	28
Ontario	37	37	38	36	41	38	43
Prairies	9	11	9	10	9	9	8
B.C.	5	6	6	7	5	7	4
Territories	1	1	1	2	1	1	1

Note: I = Intervention Group; C = Control Group

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OTRTQ WEBSITE TRAFFIC ANALYSIS

This section examines participants' actual use of the OTRTQ program. A 'mirror website' was established for the purposes of this research in order to monitor the intervention group's use of the web-based program. In this way, observations based on the website traffic data provide another opportunity to assess participants' use of the program through a different lens – their actual behaviour. The reader should be cautious in interpreting these results as they are intended to be descriptive in nature only. This qualitative analysis of visitors' website use should supplement the survey and in-depth interviews findings, but it should not be given precedence.

Overview of Findings

In terms of how they chose to use the web-based quit smoking program, the website traffic data suggests that most members of the intervention group used the program as a personal assessment tool and planning guide. In so doing, these participants were most apt to characterize themselves as preparing to quit within the next month, followed by thinking about quitting smoking within six months. Turning to the information topics, the traffic patterns reveal that participants likely perused the sections in a cursory manner, skipping past content to select only those areas of interest to them. In addition, with a few exceptions, participants tended to not revisit the majority of pages they accessed during the intervention. It might be that they printed the information of interest to them or that they took what they needed from the topic page in one visit.

Few Visited '*On the Road to Quitting – Guide to Becoming a Non-Smoker*'

There was some concern raised during the intervention[15] that many participants may have only used the *On the Road to Quitting – Guide to Becoming a Non-Smoker*. The traffic data indicates that only a few participants clicked on the icon or link and subsequently were taken to the HTML version of the Guide (located on the Health Canada server, outside the mirror site). What is not known is how many participants explored the HTML Guide, ordered a printed copy of the Guide, or downloaded the PDF version of it. The qualitative interviews revealed that a small number of participants, in fact, did look at the Guide in these formats as well (or in place of the web-based program).

Most Visited Main Page Multiple Times; Many Used & Revisited Start Page

Not surprisingly (this was a requirement to maintain study eligibility), all participants in the intervention group visited the OTRTQ program main or introductory page at least once. While the traffic data indicates that everyone visited the program, the total number of 'hits' on the main page was more than double the number of participants taking part in the intervention. This suggests that many, if not all, of the participants visited the page more

[15] During the intervention, email reminders were sent to participants who had not explored the website passed the first page based on the tracking data. A few of these participants replied to the reminder indicating that they had in fact revisited the website and read a fair bit of information. After some investigation, it became clear that these participants had clicked the icon *On the Road to Quitting – Guide to Becoming a Non-Smoker,* which led them off the site (i.e. their activities were no longer recorded). Here, they were able to use the HTML version of the Guide, request a hard copy of the Guide, as well as download a PDF version of it.

than once. Others may have bookmarked specific links within the website and therefore did not return through the main page.

The website traffic data also confirms that most participants clicked 'Start the On the Road to Quitting program' link. That is, they went beyond the introductory page of the web-based program. Here, participants were presented with a brief program outline and two options for its use – as a personal assessment and planning guide, or to obtain information on specific topics. A number of visitors returned to this page at least once during the intervention. Again, others might have bookmarked pages of interest to them thereby bypassing the start page of the program on subsequent visits.

Majority Used Self-Assessment Guide Approach, But Likely Unaware

The majority of those participants who ventured past the main and overview pages of the program visited the section titled, 'A Self-Assessment Guide'. While some appeared to visit this page more than once, those who did so were primarily Anglophones[16] (few participants accessed this page in French). At this point, smokers were asked to self-identify in terms of their readiness to quit smoking in order to access information of most relevance to them personally. Recall that just 36% of survey respondents claimed to have used the 'personal assessment and planning guide' when questioned about this during the one-month follow-up survey. The traffic data suggests that many members of the intervention were not aware that they had elected to use the OTRTQ program as a personal assessment and planning guide.

Fewer participants seem to have visited the 'Information on Specific Topics' section of the program (although some visited that page more than once). Interestingly, 64% of those surveyed during the initial follow-up claimed to have used the OTRTQ program primarily as an informational tool. Once again, there is a disconnect between the traffic report and respondents' self-reporting. This is not unexpected because surveys rely on respondents' recollection of their behaviour which, at times, can be less accurate. It may be that the distinction between the two ways the program could be used were not very distinct to these users. Simply put, the differences may be the result of visitors' interpretation. That is, a participant could have visited the personal assessment and planning page, but they still may have considered the page to be informational (hence the survey response).

A Self Assessment Guide: Many Looked at 'Preparing to Quit' Typology

From the 'Self Assessment Guide' page, participants needed to select the description that best suited their current state of readiness in terms of quitting smoking. The traffic data indicates that participants were most apt to visit the 'Preparing to quit within the next month' section. Here, they could review steps to success and view a variety of information intended to make quitting smoking easier. Following this, the next most visited section was 'Thinking about quitting smoking within 6 months' where participants could find material to build their confidence and motivation, and to encourage them to make the decision to go smoke-free. A fair number of intervention group members returned to these pages more

[16] Based on the language they selected to use the program.

than once (and most were Anglophones). Pages pertaining to the other two typologies, 'I'm not interested in quitting' and 'I've quit smoking', were visited by relatively few people.

Number of Areas Visited; 'Personal Assessment' Activity Received the Most Traffic

Members of the intervention group that visited the pages within the 'Self-Assessment Guide' tended to access most web pages several times. That said, the traffic data indicates that these participants clearly made a number of return visits to five key areas within this section of the OTRTQ program. These included the benefits of quitting, choosing the right method of quitting, cutting down, dealing with relapses, and facing roadblocks.

In terms of activities, the 'personal assessment' page elicited the most traffic, but few participants returned beyond their initial visit. This activity involves writing/recording reasons for smoking and not smoking, as well as quitting and not quitting. Those who visited this activity were far more likely to be English- rather than French-speaking. That said, the small number of French visitors were more likely to have made repeat visits.

The 'interactive self-diagnosis' and 'willpower and motivation' pages received smaller and similar numbers of visitors. At the first page, participants might have looked at methods for quitting, help lines/counselling information, and medications. The second page offered methods of improving smokers' willpower and motivation to quit smoking. Both pages motivated few repeat visits. However, it is worth noting that half the visitors to the 'interactive self-diagnosis' page followed the link to what they should consider when choosing a quit program.

Information on Specific Topics: 'Withdrawal Information' Visited Most Often

The traffic data reveals that, even among the most-visited sections, participants tended to take a cursory tour of the program and, consequently, pass by much of the site's material. Still, some activities and/or information were clearly more popular among participants than others. The 'Dealing with withdrawal' information received the most individual hits, and the page was revisited by a few participants. Anglophones generally were more likely to visit this section, although the small number of Francophone visitors were much more inclined to make repeat visits.

In addition to withdrawal information, participants sought a variety of other types of information with some frequency. With information on nicotine gum, patches and Zyban, the 'medications for quitting smoking' page also received a large amount of individual traffic (although much less than 'withdrawal'). It is worth noting that language may have played some role in motivating visits to this page – almost every unique visitor viewed the English-language page only. Following this, a number of participants viewed information on 'weight gain' and the 'benefits of quitting smoking'. Again, most visitors to these pages were English-speaking, and very few of them made more than one visit to either topic page.

The 'nicotine and addiction' page did not receive as many visitors as the most frequently visited pages, but many of those who did view this page appeared to return to it several times. A similar pattern occurred regarding the 'dealing with urges and cravings' page –

those who visited the page were likely to return at least one more time during the two-week intervention. Just a very small group of users visited the 'second-hand smoke' information page. Although small, people in this group made at least two visits each to this page to access information on the effects of cigarette smoke on others, or the composition of cigarette smoke in the air.

Multiple Visits to 'Other Helpful Resources'

A small number of intervention group participants visited the 'Other Helpful Resources' within the 'Information on Specific Topics' section. People who visited this page were primarily English-speaking and they tended to make not just one, but multiple visits to the page. This *might* suggest that the external links provided (i.e. regional resources, toll-free Quit Lines, E-Quit) were relevant to participants or engaging or interesting.

PART 2 – QUALITATIVE RESEARCH

Part 2 of the report describes the findings from the qualitative components of this research program. This includes the focus groups and in-depth interviews.

FOCUS GROUPS

The findings of a set of focus groups conducted with smokers in the *pre-contemplation* stage are reported in this section. The main objective of this element of the research was to explore the extent to which OTRTQ helps motivate these smokers to quit smoking. Four focus groups were conducted March 27-28th, 2006, in Toronto (English) and Montreal (French).

BACKGROUND/CONTEXT: SMOKING BEHAVIOUR & ATTITUDES

This section provides information on the smoking-related behaviour of the focus group participants in order to provide context for their assessments of OTRTQ to follow later in the discussion.

Most Are Daily Smokers & Have Smoked a Long Time

Nearly everyone smoked cigarettes on a daily basis at the time of the research. The number of cigarettes participants smoked each day varied, from a low of approximately six per day to a high of a pack per day. In addition, most participants said that they have smoked for at least 15 years, with the greatest proportion saying more than 20 years. Just a few have been smoking cigarettes for less time than this, typically more than five years but less than ten years.

About Half Have Tried to Quit Smoking

Approximately half of the participants said they tried to quit smoking in the past. The rest have not made any attempt to break their habit. Those who tried to quit smoking were not successful, with few saying they remained smoke-free for more than one year. Several people mentioned that they stopped smoking for a specific period of time only – for instance, while on vacation or sick. A small number of these participants used quit smoking aids during their quit attempts. These included Nicotine Replacement Therapies (NRTs), such as Zyban or the patch, as well as hypnosis and acupuncture.

Most Have Not Looked for Smoking Cessation Information/Assistance

Very few of the participants had ever looked for information or assistance on quitting smoking. The small number of people who had looked for smoking cessation materials, said they sought counsel from their doctor, spoke to friends, or read various print materials, such as magazines or pamphlets, on the subject.

No-one Used Online Smoking Cessation Programs

None of the participants visited or used any other online program or Web site designed to help people quit smoking. This finding comes as no surprise given the recruitment specifications of this research. All participants were in the pre-contemplation stage of the *Stages of Change* Model. This means that these individuals are not thinking about quitting smoking, tend to feel that the positive aspects of smoking outweigh the negative consequences, and to believe that smoking is their own business.

It is worth noting that a small number of people were aware of other smoking cessation programs. One or two participants found Health Canada's Quit4Life youth smoking cessation program while exploring the OTRTQ program. These people did not actively seek cessation web-based information, but did encounter a similar product during the course of this research. Asked to compare OTRTQ to this other program, Quit4Life was viewed to be a superior program. It was considered easier to navigate, more modern in appearance, interactive and attractive – attributes that most people agreed are lacking in OTRTQ. In addition to Quit4Life, many Francophone participants had heard of the program sponsored by the Quebec provincial government, *J'arrête, j'y gagne.* While most had not visited *J'arrête, j'y gagne*, the few that had, recalled that the Web site is more attractive than OTRTQ.

REVIEW OF OTRTQ WEB SITE

This section presents participant impressions of the web-based program OTRTQ. In advance of the focus groups, participants were asked to spend some time reviewing the Web site. When reviewing the site, they were asked to explore it generally and to look for and review information or features that interest them. Before discussing the Web site and program in general, participants were asked to use the computers and take 4-5 minutes to refresh their memories of what OTRTQ looks like and what it offers.

No Prior Awareness of OTRTQ Web Site

Before discussing the Web site, participants were asked if they had prior awareness of it (i.e. before being asked to take part in the study). Virtually everyone said they were not aware of OTRTQ prior to the research. A few participants, perhaps two or three, thought that they had heard about an Internet site designed to help them to quit smoking, but they could not say whether it was OTRTQ or some other program. Another individual recalled vaguely that they may have ordered the OTRTQ pamphlet, but again, this person could not remember with any certainty. It is worth noting that Francophones appeared to confuse OTRTQ, and other Web sites about quitting smoking, with the Quebec provincial government program, *J'arrête, j'y gagne.*

Most Filled Out Profile, Visited Various Pages

Prior to the focus groups and for the short review of the Web site during the groups, participants tended to explore OTRTQ through the links found on the 'Information on Specific Topics' page. In terms of using the site, at home, most people completed the short questionnaire to create a personal profile. Some participants felt that this was the natural place to begin exploring the site. Perceptions of the questionnaire were neutral to mixed overall. Most people did not feel strongly about the questionnaire, and those who did, were divided in their assessments. Several participants considered it to be a useful tool, while a similar proportion were disappointed with its lack of interactivity. These smokers tended to feel that the questionnaire was too generic and that it would be far more helpful if it was programmed to be dynamic or intelligent.

In addition to the questionnaire, other areas of OTRTQ explored by participants included withdrawal symptoms and weight gain topics in the 'How to deal with' section, and information on the health benefits of quitting and addiction found in the 'Smoking, quitting and health' section. Several individuals said that they downloaded and perused or ordered the *Guide to becoming a non-smoker.* A few participants indicated that they visited other areas of the Health Canada Web site, including accessing the Quit4Life program for youth. Beyond the profile and these selected topics, participants pointed to no other features or information when asked where they went on the site and what attracted their interest or attention.

Neutral to Negative Overall Impressions of OTRTQ

Participants tended not to have favourable overall impressions of OTRTQ. In fact, many offered negative assessments of the program, and those who were not overtly critical of the site, had fair to neutral impressions of it. A variety of reasons were offered to explain these assessments, but most comments focused on a few key aspects of the OTRTQ Web site – its appearance, organization and content. In terms of appearance, participants felt that the site is too technical and detailed in orientation; some likened their experience on the site to reading a book. Internet users seem to expect more from Web sites than just information – that is, sites need to have a visually friendly and interesting way to present content.

From the perspective of organization, there was a relatively widespread sense that the information should be better organized in order to make it more user-friendly and easier to locate what you need. Many explained that the Web site is difficult to navigate, not intuitively structured and cumbersome overall to explore. Beyond its appearance and organization, others whose impression of OTRTQ was critical tended to point to the actual content of the site. These individuals felt that the information is not new and that it had little personal relevance since they were not contemplating quitting smoking at the time of the research.

Several people based their impressions of OTRTQ on the fact that they do not plan to quit smoking. While they did not point to any particular shortcomings, the conclusion drawn by these individuals was that OTRTQ was not of interest nor use to them. These individuals felt that the program would only be of value to smokers who want to quit. In other words, it does not motivate current smokers to *begin* to contemplate quitting smoking. A few of these participants did not approve of the site in principle. Instead, they seemed to feel that it was not anyone's business but their own whether they smoke or not and they reacted negatively to the government's promotion of smoking cessation.

The small number of people who reacted to OTRTQ in a more neutral way explained that the site was 'okay', that is was what they expected, or that the tone was 'good' and not too 'preachy'.

Volume & Tone of Information – Main Perceived Strengths of OTRTQ

Despite the largely unfavourable impressions of OTRTQ, participants identified a number of strengths of the site. The information available on OTRTQ was routinely identified as its main strength, followed by the tone used to present the program's content. While most participants found the site to be poorly organized, there was a strong consensus that OTRTQ provides access to a vast quantity of information. Whether offering neutral or critical feedback of the site overall, participants tended to emphasize the sheer volume of information available. Many characterized OTRTQ as very informative and most felt that the information is clearly written and easy to understand.

In addition to the site's content, a number of participants pointed to the tone of OTRTQ as one of its strengths. They appreciated that the Web site is not moralizing in terms of orientation, and that it does not appear to make a value judgement on smokers. Since the

program falls largely on deaf ears among smokers in the pre-contemplation stage, the fact that the information is not perceived to be didactic by this group suggests that the tone is probably appropriate for the target audience. If group of smokers were to feel that the content is 'preachy', it likely would be pre-contemplation smokers who do not want to quit.

Beyond the quantity and tone of the information, some participants identified specific features or aspects of the site as strengths. One element that was singled out as being well done was the initial profile questionnaire. Not only did virtually everyone fill out the questionnaire, they also agreed that it is a useful tool to help understand their smoking behaviour. Other items mentioned, typically by one participant only, included the icon to access the *Guide to becoming a non-smoker*, as well as the testimonials and the photos of children and families (despite the fact that both are buried in the site).

A few people felt that OTRTQ is well organized in terms of its topic-based structure and that the site is user-friendly and easy to move forward through (albeit difficult to move backwards to access previously viewed pages).

Numerous Weaknesses Cited – Top Issues Focus on Appearance & Navigation

Participants identified a number of areas that they think are not well done and require improvement. That said, two concerns were mentioned more consistently than any others – the look and feel of OTRTQ and its lack of navigational ease. In terms of appearance, there was near unanimity among people that the site is not visually interesting. It was often described as bland, boring or governmental in appearance, and old-fashioned in design. Without the use of any interactive or engaging design elements, the appearance of OTRTQ was considered to be a key weakness of the Web site.

Not only does the Web site lack visual appeal, participants also felt that it is difficult to navigate and not intuitively organized. The site requires too much scrolling down pages to read and access information, and it is not easy to move backwards through the site. The poorly designed navigational aids contribute to this problem, as does the fact that the program is embedded in the larger Health Canada Web site. For instance, the left-hand navigational menu bar does not relate to OTRTQ, but to the full Health Canada site. This was seen to be confusing or distracting by participants. It tended to draw visitors away from OTRTQ inadvertently or it simply distracted from the program content located in the centre of the Web page.

In addition to appearance and navigation, other weaknesses cited, typically by one or two people only, included the following:

- *Profile Questionnaire*: A few participants felt that it contained too many 'Yes', 'No' style questions and that more than 10 cigarettes per day was viewed to be too low for the highest category.
- *Tone*: Several people felt that the site is moralizing in tone. While it was already noted that many participants felt this was a strength of the site – the fact that it

does not moralize – others disagreed. Instead, for these participants, the tone of the site is an area that requires improvement.

- *Awareness*: The site is not known to the general population and it is difficult to access due to the long URL.
- *No references*: A few individuals would have liked references to the medical claims included in the site's content.
- *Search engine*: The site lacks a good search engine, one that is focused on OTRTQ and not the larger Health Canada Web site.

Site Falls Short in Terms of Appearance

Participants were unanimous in their view that the OTRTQ Web site falls short in terms of its appearance. Focusing on the site's overall look and feel, OTRTQ was characterized by many as 'poor', 'dull' or 'too plain'. Simply put, there was a consensus that the site lacks visual appeal or the ability to engage. While some people felt it is outdated and too 'government-like' in appearance, others pointed to specific elements of the site to explain their assessment. These tended to include the use of bland colours which were not considered engaging or eye catching, the reliance on red coloured text which can be difficult to read, and the incorporation of limited graphical elements. Regarding the latter, it is worth noting that one or two participants felt that enhanced visual components are not necessary given that the main function of this Web site is to provide information.

In addition to the site's appearance, several people singled out the layout of OTRTQ, describing it as off-balance or visually distracting. With the information displayed on the left side of the page and the greatest proportion of the page white space on the right, the site lacks symmetry. A few of these participants explained that, not only did this seem to lack balance, it also appeared to waste space. Visitors are required to scroll the page to read/access the content when there is an abundance of unused real estate on the Web page. Those few who found the site visually distracting felt that the left-menu bar is confusing since it serves as a navigation aid to the entire Health Canada Web site.

Most Felt Site is Not Well Organized or Easy to Navigate

Most participants did not offer favourable assessments of the structure of the OTRTQ Web site. Overall, there was a fairly strong consensus that the site is not well organized or easy to use. The site was described by some as 'clunky' and generally considered to be cumbersome in terms of navigation. As some participants explained, moving forward in the site was effortless, but trying to go back to previously viewed pages was problematic. These people found themselves 'lost' in the site, unable to locate the information they were looking for, and not aware of how to get back without closing, re-entering the site and retracing their route.

Participants attributed these navigational problems to a few different structural issues. The fact that the site does not rely on standard menu bars was routinely mentioned in the groups. Since all navigation is accomplished through embedded links in the centre of the

page rather than left-side or top menu bars, it is not easy for visitors to move through the site. Using menu bars is more intuitive for Web site visitors and the only menu bars available contain links to other parts of the Health Canada Web site, not to sections of OTRTQ. In addition to the menu bars, also identified as navigational impediments were the site's location within Health Canada's domain (it is not clear when visitors leave OTRTQ for other parts of the department's site) and the several levels of 'clicks' necessary to reach sections of the program.

Other reasons offered by smaller numbers to explain why they did not feel the structure of OTRTQ was strong included the lengthy URL which was seen to be hard to reproduce or remember, the lack of any clear overview in terms of what OTRTQ contains, and, for Francophones, the fact that some of the links took visitors to English pages only or were broken and no longer 'live' or working.

These findings are somewhat of a departure from the quantitative research which found that two-thirds of the intervention group said that OTRTQ is easy to use. The focus group findings, well certainly more critical, should not be considered to be at odds with the survey findings. To contextualize these differing views, recall that survey respondents were smokers who seriously want to quit smoking. Participants of the focus groups were smokers in the pre-contemplation stage – that is, they are not thinking about quitting smoking. It may be that the different levels of motivation vis-à-vis readiness to quit may influence perceptions of the program.

No-one Had Significant Problems Using Site

None of the focus group participants encountered any significant problems when using the Web site. The only difficulties individuals tended to point to were locating OTRTQ on the Internet and navigating through the site. Without the exact link, the program is not easy to locate on Health Canada's Web site and a few people mentioned that it does not get returned via search engines like *Google*. Others got lost at times while exploring the site and were not able to return to information/places in the program. These were not cited as problems per se, but offered more in the context of suggestions to improve the accessibility and ease of use of OTRTQ.

MOTIVATIONS TO USE OTRTQ PROGRAM

This section presents participants' assessments of the extent to which OTRTQ motivates them to quit smoking.

OTRTQ Motivates Few to Quit Smoking

The OTRTQ program and the way in which the information is presented motivated few of the participants to want to quit smoking. Those few for whom the program is motivational tended to point to the content of the Web site, both to the quality of the information and to its tone. They felt that the information itself is comprehensive and relevant. Specific topics that were perceived to be motivational included the information on health risks and withdrawal symptoms. Regarding the tone of the site, as noted earlier, participants did not find the content judgemental. In this way, they viewed OTRTQ to be motivational because it conveyed the message that quitting smoking is not an insurmountable challenge, that the goal is achievable.

For most of the participants, however, the program does not help motivate them to quit smoking. Various reasons were offered in explanation, but each focused on the relevance of the program to smokers who are not primed and ready to quit. These people explained that the site's content is repetitive, long-winded, and dense, and little, if any, of it is new information. If someone is not motivated to quit smoking, reading information on the topic was not seen to be a good motivator to go smoke-free. Several people agreed that OTRTQ *could* be motivating to smokers who are ready to quit. While the program would not compel them personally to want to go smoke-free, these participants thought that the site offered useful information and tools to those who are ready to quit. Consistent with OTRTQ's target audience, the program does not appeal to those smokers who are not yet contemplating quitting smoking.

OTRTQ Moderately Useful to Some, Not At All to Others

Some participants were clear in their view that OTRTQ would not be helpful in terms of quitting or cutting back on smoking, while others offered modestly positive assessments of the utility of the program. Regarding the latter group, these individuals explained that the site would be useful when used in conjunction with other resources and by smokers who are really ready to quit. The program does not appeal to smokers who are not contemplating quitting, nor does it increase these people's motivation to quit. A few felt that the site might help increase their confidence that they can stop smoking when they are ready to try to quit.

Opinion Divided Vis-à-vis Future Use of OTRTQ

Opinion was divided vis-à-vis future use of OTRTQ. Many participants felt that they would at least visit, if not use, the OTRTQ Web site if they decide to quit smoking. They thought that the site itself is informative and that the practical information would be useful (e.g. the information on support groups, helpful tips, and links to other sites) when trying to go smoke-free. Conversely, just as many said they would not visit or use

OTRTQ should they make the decision to quit. These individuals explained that the site contains too much information, requires numerous 'clicks' to find items because it is poorly organized, and provides no motivation to quit or stay quit. Simply put, they felt that there are better Web sites available to help people who want to quit.

PERCEIVED EFFECTIVENESS OF OTRTQ PROGRAM

This section presents participants' assessments of the effectiveness of OTRTQ as a smoking cessation program.

OTRTQ Info/Tools Generally Met Expectations

There was a near consensus among participants that the OTRTQ Web site contained the type of information and tools they would expect to find at an online program designed to help people quit smoking. Some even felt that the content of the site exceeded their initial expectations. Despite the fact that the site met expectations, participants did offer some suggestions for improvement. In order to reduce repetition, however, all suggestions are included in the section below.

Information Easy to Read & Understand

There was widespread agreement that the information found on the OTRTQ Web site is easy to read and understand. No-one felt the information lacked clarity or was difficult to understand. That said, a few participants did suggest that the information could be simplified and less formal. It was felt that the use of a more conversational, relaxed tone to deliver the program's message would make the content more accessible for some visitors.

Mixed Assessment of Usefulness of Information

Participants were mixed in their assessments of the usefulness and relevance of the OTRTQ program information. Those who did not feel the site offered them useful information tended to feel this way because they were not ready to quit smoking at the time of the research. These people did not find any new information on the site, and the program did not increase their confidence in their ability to quit smoking. Conversely, many other participants agreed that the information is useful. While fewer of these smokers found new information on OTRTQ, they all noted that it was useful to have all the smoking cessation information in one location and some explained that it was helpful to read about things they already know vis-à-vis smoking because it reinforces the facts. Several people also noted, that while the content was not new, the tone in which it is presented is new – that is, it is positive and not overly didactic.

In terms of specific information that was new, participants identified the following Web site content:

- Length of time withdrawal symptoms last
- How the risk of a heart attack drops quickly after quitting smoking
- Timeline of what happens to the body
- Weight gain information
- Package a day = 70,000 puffs annually
- Addiction process
- Information on triggers

- Technique to chew nicotine gum correctly
- Information on chewing tobacco

Most Learned Nothing New About Their Smoking

The large majority of participants said that they did not learn anything new about their smoking from OTRTQ. These people explained that the site contained much of the information they already knew from other sources. Only a small number of people felt that they gained knowledge about their own smoking habits. Among the few that did, information acquired included awareness of the addiction, the amount of money spent on cigarettes, and the number of cigarettes smoked per day. A few others gained knowledge about the health effects of smoking in general, but nothing in particular to their smoking habits.

Web-Based Format Viewed to be Effective

There was a near consensus that the web-based format is an effective way to provide access to the OTRTQ program. Not only is the web-based format the preferred method of using the program, many felt that this type of information *should* be available on the Internet because this is where people will look. There is a perception that all information can be found on the Internet and this informs the expectation that the web is the place to look. While the online format is viewed to be effective, no-one felt that this format encouraged or motivated them to use the OTRTQ program.

In terms of alternative formats, a few participants suggested that the online program be supplemented with a hard copy of the OTRTQ guide. Presumably this would offer people the opportunity to read the information offline or, perhaps, make elements of the content portable.

OTRTQ Seen to Appeal to Various Audiences

Participants cited a number of different target audiences or groups that they thought would be most likely to use OTRTQ. Most linked the likelihood of using the program to smokers' readiness to quit, but some pointed specifically to a few demographic groups. Those who singled out 'primed and ready to quit' smokers felt that only smokers who are motivated to give up cigarettes and are serious about quitting would be likely to use this type of program. The segments of the population viewed as most apt to use OTRTQ were adult smokers or health care professionals.

A few mentioned other groups. Typically pointed to by just one or two people only, these included technically savvy people (because OTRTQ is difficult to find on the Web), people who have not been smoking for a very long length of time, those who enjoy reading since OTRTQ is primarily text-based, and Human Resource departments that want to encourage employees to quit smoking.

Widespread Agreement Regarding Those Not Likely to Use OTRTQ Site

As a follow-up to the previous question, participants were asked to identify who they think would not be likely to use OTRTQ. Two groups of smokers were consistently cited by these participants – smokers who are not seriously ready and committed to quitting and those people who are not computer or Internet literate. These are the same types of people most often mentioned by members of the intervention group who took part in the OTRTQ 'non-users' in-depth interviews. No other audiences were mentioned with the same frequency. That said, a small number of focus group participants singled out youth as being unlikely to use OTRTQ, while a few associated computer and Internet illiteracy specifically with seniors or elderly people.

Most Would Recommend Site to Others

Most participants said they would recommend OTRTQ to someone who wants to quit smoking. A few of these individuals gave a qualified 'yes' saying they would only recommend the site to people who are serious about quitting smoking or that they would definitely recommend the site if it is improved.

Many Would Return to Site, Some Only on Conditional Basis

When asked if they would return to the site in the future, many participants said they would. Reasons typically given focused on the quality of the information, that it was good for smokers who want to quit. Some participants gave a qualified 'yes' saying they would return to the site if they were planning to quit smoking only or if the site underwent improvements. Regarding the latter point, a number of these smokers explained that they would go back to the site simply to see whether any changes or improvements had been made to OTRTQ resulting from this research.

A few participants said they would not revisit the site and cited many of the negative attributes they mentioned earlier to explain why. These tended to include the perception that OTRTQ contained too much text, that it was not well organized and difficult to navigate, and that it lacked visual interest. Francophones who do not plan to visit the site in the future also pointed to the fact that they found that some of the links sent them to English not French pages.

SUGGESTIONS FOR IMPROVING OTRTQ WEB SITE

This section presents suggestions offered by participants for improving the OTRTQ Web site. At various points during the discussions, participants offered suggestions concerning different aspects of the Web site. For convenience and ease of review, these suggestions are grouped together here, and are presented under thematic headings.

General Suggestions: Some suggestions offered by participants were general in nature and included the following:

- Make the Web site more interesting. This was the most common suggestion made for improving OTRTQ. There was widespread agreement among participants that the site is not visually appealing. Virtually everyone felt that it requires an enhanced look and feel to make the site less bland in appearance and more engaging.
- Improve navigation. The site's overall structure and organization was not viewed to be easy to navigate. Participants suggested that Health Canada improve the flow of the Web site and, specifically, the way information branches or connects between topics. While it was fairly easy to go forward through the site, most people found it harder to go back to previously viewed content.

Appearance: As noted, the appearance of the Web site was one of its main weaknesses, and one of the areas in which participants were most apt to suggest improvements. These included:

- Use audio or flash animation.
- Add more 'white space' to the web pages. Some participants felt that the pages were too busy or cluttered.
- Use a larger font-size for the content to improve ease of access.
- Use more graphics. A few different suggestions were offered to improve the site in this area – use the graphics from the *Guide to becoming a non-smoker* as clickable or interactive pictures, or add a picture or graphic of a 'road' for On the *Road* to Quitting as the entry point for the program, allowing visitors to select the type of information they sought.
- Add 'shock value' graphics to motivate people to want to quit smoking. For instance, this could include pictures of black lungs.

Structure and Organization: Navigation was the other aspect of OTRTQ consistently identified as needing improvement. Specific feedback included:

- Include a 'home' button for OTRTQ. This would facilitate quick access back to the first pages of the program. The current layout requires visitors to hit the 'back' button to return to the beginning of the program.
- Add Topic Headings. The addition of topic headings to the first page of each section of the site would improve navigation.

- Better navigation menus. The addition of an active left-hand navigation menu that follows visitors throughout the site would improve ease of use. It was suggested that this menu could include the site topics or themes.
- Add a quit smoking theme or section to the Web site. A few participants noted that Health Canada's smoking cessation information is distributed throughout its entire site. To make OTRTQ more accessible to Canadians, they suggested that Health Canada move all its quit smoking information and programs to one section of the Web site.
- Move to the home page the information about the two different ways to use the Web site.

Add Interactive Features: Participants suggested a number of interactive features that they felt would improve OTRTQ and make it more useful:

- Online calculator. Show in graphic form how much money a smoker spends in a year on cigarettes. Make this an interactive feature, so people can adjust the number of cigarettes to receive different totals.
- Make the profile questionnaire interactive.
- Include an online diary that can be completed during visits to the site.
- Offer a chat room or online forum for peer interaction and support.
- Send emails with up-to-date statistics on quitting smoking in each province and Canada overall.
- Provide online profiles to show at which stage of smoking cessation Web site users are at. This would help visitors to see that they are not alone in their efforts to quit smoking.

Content: Various suggestions for content additions were offered:

- Add a search engine that is specific to OTRTQ, one that searches only this site and not the entire Health Canada Web site.
- Incorporate a clear statement of the benefits of the program and quitting smoking in general.
- Present the information using point-form text, not full paragraphs. It was felt that this would result in the site being more 'scannable' and more accessible to visitors.
- Add the Fagerstrom Tolerance Scale questions. This would permit visitors to answer the questions and receive their score.
- Include an easy to locate 1-800 telephone number or online feedback form for visitors to use if they have questions or require technical support.
- Offer a Question & Answer (Q&A) section.
- Include a section in the program that is dedicated to youth, one that provides information of relevance.
- Change the tone of the site to make it more conversational and less formal.

- Include weight gain statistics and references to corroborate them.

Awareness:

- Brand the program with a logo to create the impression that OTRTQ is an actual program. There was a general consensus that OTRTQ is a Web site not a web-based program.
- Make the program easier to find on the Internet. Right now, it is buried in the Healthy Living section of Health Canada's Web site. People suggested relocating the program to a more easily accessible part of the site, giving the program its own URL – www.otrtq.ca, or a shorter, less complicated web address.
- Advertise the Web site address on cigarette packages.

Other Suggestions:

- Include a prize or reward component for those who quit smoking. For example, if you stay smoke-free for a certain number of years, you will receive a prize.
- Change the link to the *Guide to becoming a non-smoker*. The icon indicates that the Guide can be ordered, but it should also include the fact that the Guide can be downloaded/printed or read online as a PDF file.

IN-DEPTH INTERVIEWS

In addition to the focus groups, in-depth interviews were conducted with participants from the intervention group. In total, 26 interviews were completed with participants who visited and used the OTRTQ Web site, and 20 interviews were conducted with those classified as non-users.

USERS

This section explores users' perceptions of the OTRTQ Web site and program. These are participants that were part of the intervention group who used the OTRTQ site/program. Following the initial follow-up survey, in-depth interviews were conducted with 26 OTRTQ users in order to obtain qualitative feedback to complement the quantitative findings.

OVERALL IMPRESSIONS OF OTRTQ PROGRAM

Positive Overall Perceptions of OTRTQ

Participants' overall impressions of the OTRTQ Web site/program were generally positive. Favourable perceptions ranged from very positive, expressed through comments such as "better than anything seen in the past" and "a really good program", to moderately positive, including feedback such as "pretty good" or "not bad".

Positive impressions were typically attributed to the information contained on the site:

- *Good site. Lots of information-based details.*
- *A really good program because there is a lot of information there.*
- *Very good. Breaks it down into small pieces.*
- *Tres bien detaille. Information disponible facilement.*

Some participants were less positive about the program, suggesting that the site "relies too much on willpower" and presents information they have already seen.

Informative – Main Perceived Strength of OTRTQ Site

Many felt that the main strength of the OTRTQ site/program is its informative value. Participants attributed value to both the type and amount of information available, and offered comments such as "interesting topics on the Web site", "lots of information", and "very detailed". One respondent went so far as to say that the OTRTQ site "covers almost every aspect of quitting you can think of".

Several made reference to the 'personal profile' feature to illustrate the informative strength of the site. Respondents said they liked the "personal touch" or that "it gave them a lot of insight". Other features referenced as strengths included suggestions on delaying smoking and goal setting. One smoker mentioned the 'step by step' design, while another liked the "cues and hints about quitting".

A few viewed the navigation and structure of the site as strengths. Related feedback focused on the visual appeal and simplicity of the site, the belief that the site is easy to use and move around in, and that the site was well structured.

Too Much Information, Little New – Main Perceived Weaknesses

Many participants felt that the site offered too much on information. Comments typical of this perception included "too much reading", "too much information, you can get lost reading it", and "it felt preachy". Comments that tended to sum up the two main criticisms of the site/program were:

- *I know it's bad to smoke, but I need actual assistance... not more information.*
- *There's nothing unique compared to the thousands of other sites where you can get this kind of information.*

A few viewed the site's navigational setup as a weakness, while a few others said they found numerous dead links.

The above notwithstanding, many participants did not identify any weaknesses of the site.

Most Tried to Cut Down or Quit, Some Credit Attributed to OTRTQ

Most smokers said they tried to cut down or quit smoking over the previous month. Many of these people said they had some success in doing so, which they tended to attribute to OTRTQ. Some used non-committal language like 'good days and bad' to describe their cutting down, while several said they had cut down and then slowly increased their smoking. These moderate successes were often attributed in some way to OTRTQ:

- *It helped in increasing my knowledge.*
- *OTRTQ certainly gave me the incentive to try.*
- *The site encouraged me to cut down.*
- *The website helped only so much as it served as a reminder.*

In terms of quitting smoking or setting a quit date, nearly all of those who had tried to cut down said that OTRTQ would play a role in their *next* attempt. They tended to say things like 'when I do [decide to quit] I will definitely access the site', and 'would use it again as a reaffirming tool'. No one provided specific examples of their intended use.

Two participants had quit smoking completely during the previous month. The first said that the site helped by making him think about his health. He also thought that the personal profile helped to label his 'addiction' and 'find out why you use smoking'. Conversely, the second participant attributed very little of his success to OTRTQ. It had helped inform his decision to quit, but the rest was 'willpower'.

USE OF OTRTQ PROGRAM AND FEATURES

Varied Usage Patterns, But Three to Six Visits Sufficient for Most

Overall, participants' use of the website was quite varied, and ranged from one to 14 visits in total, with average visits of five to forty-five minutes. That said, most participants felt that a handful of visits – from three to six visits – was a sufficient amount of time to take full advantage of the website, with visits of up to half an hour each time.

Many made broad observations when commenting on their use of the site, such as 'enough time for my purposes', while others were more specific about what they did:

- *Read it from beginning to end.*
- *Downloaded and printed items* (the Guide).
- *Looked at personal profile and checked up on information.*

While most felt that they had spent enough time using the site, several felt that they had not spent enough time there to make full use of it. These people tended to point to a lack of free or uninterrupted time as the main reason.

Site Used as Information Source and Personal Assessment/Planning Guide

Many participants said they used the site as both an information source and as a personal assessment and planning guide. Most of this group began with the 'personal profile/ assessment' and then moved on to the information sections, some out of 'curiosity', others out of the simple desire to learn more.

Participants that used the information section only (i.e. not the personal profile part) tended to be seeking confirmation of what they already knew, or were looking for something new. A small number pursued the personal assessment and planning route on its own. To explain why the information offerings were not of interest to them, the main reason was because they 'knew the information already'.

Most Explored Site in General Way

Many participants, while engaging in some specific activities, nevertheless tended to explore the website in a general way. Using language such as 'looked through everything', or 'went everywhere', they described a relatively global approach to visiting OTRTQ.

Those who were more specific emphasized a small number of features and information articles. Most indicated that they had used the personal profile feature, although it was often referred to as 'personal assessment'. Several mentioned visiting 'health effects of smoking', or 'preparing to quit', among others.

Features Viewed as Moderately Useful

Most participants said they found the features available through OTRTQ to be moderately useful to them. In doing so, most spoke in general terms about their overall value and utility in helping them better understand issues related to quitting smoking.

Those who offered more specific feedback tended to focus on one or both of the following:

- The information sections:
    - Some found these sections to be less useful. The main reasons offered to explain why were that the information was not interesting, or that they had seen or heard most (or all) of it before. One person commented that the information 'would not have mattered...if they had not been determined to quit', attributing limited relevance to the information in general.
    - Some participants described the information as moderately to very helpful. It made some think more consciously about smoking. One person said that she had quit smoking because the information helped her to 'feel ready'.
- The 'personal profile' feature:
    - Several found the personal profile to be quite useful, principally because it is 'easy to use and follow', and helped people organize their thinking. One person said that it was useful 'because it reiterated the need to prepare before quitting'.
    - A couple of participants held that the profile activity did not easily translate into action, while one felt it contained some 'odd or ambiguous' questions.

Improved Visuals Suggested

While most did not offer any suggestions to make the site more useful or valuable to them, those who did tended to focus on the visual aspect of the site. Some felt that the overall look of the site was somewhat bland, and thought the colour scheme should be livened up and made more appealing. A few suggested adding 'morbid pictures' or 'blackened lungs' to get people's attention and drive home the dangers of smoking. One person found it difficult to read the information, and wanted to be able to increase the font size, as can be done on some other sites.

A few suggested adding interactive features or capability related to counselling, such as a 1-800 number to call as needed, and a discussion forum. Also suggested was a list of local doctors that deal with addiction in general, or smoking in particular.

Other suggestions included a 'time-action schedule' with post-quit-date activities to keep smokers strong in their motivation, and 'occupied' to not think about smoking. Another thought that information on 'what to do with your hands' would be useful. Finally, one suggested that a printable coupon for quitting aids would make the program more valuable.

ASSESSMENT OF SITE CONTENT AND TONE

Most Feel OTRTQ Provides Necessary Info/Assistance

Most participants felt that OTRTQ provides the kind of information and assistance they need to quit smoking. Cited most often was the overall informative value of the information. Typical comments in this regard include:

- *Lots of useful information about habits and being healthier.*
- *It gives the information...It was all there if you wanted it.*
- *Information is very good, though nothing is really new.*

A few mentioned motivation as a factor that determined the usefulness of the information. For example, one said that 'if you are motivated to quit, you can find the information here and use it'. This was supported by another who said he is quitting on his own, but finds the website motivating'.

Most Think OTRTQ Answers Questions, Some Criticize Lack of *New* Information

Overall, most participants found that their questions were answered in terms of what they needed or wanted to know to help them quit smoking. Some went so far as to say that 'whatever questions you have, there are answers for somewhere on the site', or 'all of the answers are there'.

Many volunteered that the site answered their questions about addiction and withdrawal, as well as increasing their self-awareness. Important subject matter was seen to include:

- *What you can expect when you do start to quit.*
- *Addiction to smoking and tobacco in terms of behaviours, health and how to deal with withdrawal.*
- *Recognizing when a cigarette is habit vs. when it is an addiction.*

Those who offered less positive assessments of the usefulness or completeness of the information almost always pointed to the lack of new information on the site. Some of these participants said that while they knew all or most of the information already, they still found it helpful or at least saw the value of having it available. Some said that the site did answer their questions, but did not provide information they did not already know.

One participant said it answered questions she *would* have had if she had not tried to quit before. Another said that the site did not answer his questions because he was a multiple quitter and needed something that targets the particular challenges of failed quitters.

Few Thought Content Should Be Expanded

Most of those interviewed did not feel that they needed more information about anything they had read. That is, the information already provided on the site was seen to be complete, or at least sufficient for their purposes. Several pointed to the thoroughness of the website as their reason.

Two participants wanted to know more about topics they had read about – one about how to cut down (looking for more specific tips), the other about cessation aids, including what it is like to actually use them and identification of side effects, if any.

Suggested New Topics – NRT Side-effects, Support Groups

Although most participants did not suggest any new topics for inclusion in the program, heading the list of suggestions that were offered were information on the side effects of NRTs and about support groups. More specifically,

- NRTs: Several felt that OTRTQ should provide detailed information about the side effects of smoking cessation tools and medications. One participant had heard that there were significant side effects, and so was concerned that there was nothing on the site about this. One participant would like to see a printable coupon for NRTs, saying that 'it is more expensive to quit smoking than to keep smoking'.
- Support groups: Some participants thought that posting contact information for local support groups would be a helpful, such as links or lists of quitting resources in an area.

Other suggestions were cited by individual participants only. One wanted information on how bodies recover from smoking and what constitutes 'normal' recovery. One former-smoking participant is still feeling short of breath and wonders if this will ever go away. Another would like to have seen recipes for quick snacks as substitutes for cigarettes. Others trying to quit would like to see motivating stories ('temoignages de gens qui ont cesse pou plu de cinq ans'). Another wanted to see statistics on those who have to quit multiple times, including chances/odds of success.

Information Seen to be Clear & Appropriate

Nearly everyone found the information to be clear and easy to understand. Participants often described the information as 'well-written' and 'very clear'. It was widely seen to be written at a level that everyone can understand.

In addition, many were pleased with the *tone* of the information on the site. This was described as being non-judgemental, not belittling or condemning, nor condescending. These participants valued that OTRTQ took a factual and understanding, even empathetic approach. That said, a few were critical of the tone, noting that such information has a way of 'coming off preachy no matter how you say it', or that they had heard too much of the information before.

Consensus That Information is Highly Credible

Almost all of those interviewed felt that the information was credible and trustworthy. Many characterized it as *very* believable or credible. This tended to be based on a combination of two factors – intuitively correct information and government involvement:

- Intuitively correct information: Most held that the information was believable because it makes sense and is consistent with that received from other sources. They also tended to match the information to their own experiences. One described their experience as '*you read this, having experienced it, and say "yeah, they* (OTRTQ) *know what they're talking about"*'.
- Government involvement: For many, the involvement of the federal government lent to the credibility of the information. Coming specifically from Heath Canada also increased its credibility, as did the presence of 'the government logo'.

Activities Viewed as Moderately Helpful; Personal Profile Consistently Helpful

Although no respondents used or explored all of the information or activities, they tended to find what they did explore to be moderately helpful or interesting. The personal profile was the feature seen to be helpful most often:

- Questionnaire to create your personal profile: Most did this activity and found it to be helpful, with a few rating it *very* helpful. For several, the questionnaire was enlightening, bringing 'things out into the light more'. Some said that it will help them in their quit attempt because it personalizes things, and tells them things about themselves that would help to quit. A few said it was helpful, but 'didn't tell him/her anything new'. Two agreed with that sentiment, but did not find it helpful.
- What does smoking cost you?: A significant group briefly looked at this feature. Those that found it helpful sometimes used strong language such as 'mind blowing' or 'painful but good'. A few said that this helped them to realize how much money 'went up in smoke'. Nearly as often, participants said that it was not helpful because they know what it costs. A few mentioned that cost is not an issue they would consider when quitting. One said that the addiction is stronger than the cost.
- Preparing to quit within the next month: Steps to success: This item received fairly positive feedback. Participants tended to find it useful and informative. A few attributed its value specifically to setting dates, reading tips, and motivation. Some of those who did not pursue the activity looked at it and thought it might be helpful, while others were not ready for this stage of OTRTQ.
- Making the decision to quit: For the few who were ready to quit, this feature helped push them 'the rest of the way'. Participants made reference to extra motivation and that it 'pushes you through the steps'. Others found it helpful, but realized they were not ready to quit. Some participants said that it didn't really help either because they had made the decision already, or knew enough about quitting. For some, there was nothing new here.
- Building Motivation: Several who used this activity found it helpful and made specific comments. Ideas such as staying away from smoking venues were helpful

to a few, as was the 'where to start section'. Although most participants made no reference to this feature, only one of those who did said it was not helpful.

- Order or print the Guide to becoming a non-smoker: The most frequent comment among those who downloaded the guide was that it was the same as the website and contained nothing new. Two found it helpful, saying it was interesting. Two others had ordered it and lost interest by the time it arrived.
- Write down any other reasons you have for smoking: Relatively few undertook this activity. Two commented that it was because they knew them already. This was also the case for those who did not find this activity useful. Two found it helpful, but were not 'surprised' by their answers.
- Call a quit line: Very few mentioned this activity. Their comments were generally not favourable. One said that she would not use it because it would 'make her feel like a heroin addict', while another simply 'didn't find it helpful'.
- Subscribe to e-Quit: Very few made reference to this activity. One commented that emails are easily ignored. The one person who subscribed said that 'just the fact that the emails were there was helpful'.
- Make a doctor's appointment: Of the few who went to see their doctor, none found it helpful.

OTRTQ Had Positive Impact in Many Areas

Few participants claimed that OTRTQ had a positive impact in all areas, however, all experienced a positive impact in some way:

- Helping you **understand** your smoking habits, such as when you smoke and why: Many said that OTRTQ had a positive impact on their awareness of their smoking habits and why they smoke. One said the site made him 'take a good look at himself', while another said 'it brings your habits out into the open'. That said, most participants said it was not helpful because they were already aware of these things. Accordingly, they characterized the impact as 'very little', or 'not much'. A few said they had learned this information from previous programs, while some thought it might be useful to younger people, who presumably know less about their smoking habits.
- Increasing your **motivation** to quit smoking: Many experienced a positive impact on their motivation to quit smoking. Comments often emphasised new thoughts on their smoking. They said that it 'made you think'. One mentioned that 'it made you think about your health and the money'. Another said that it 'was a daily reminder that he can quit'. Several participants experienced a milder impact, saying that the site helped, but not a lot. This was sometimes because they were 'not ready'. Many other smokers also indicated that the site had no effect on their motivation. In most cases, this was because they were already motivated for their personal reasons. Several others experienced no impact on their motivation, either because they had heard the information before or were simply not motivated.
- Increasing your **confidence** that you can quit smoking or stay quit: Most said that OTRTQ increased their confidence that they can quit or stay quit. Those who felt

strongly about this attributed their confidence to knowing the information is there. It acts as a 'security blanket' for the smoker trying to quit. Several experienced a positive, but lesser impact on their confidence. Interestingly, they also attributed their increased confidence to the availability of information. However, they typically referred to OTRTQ as 'one more resource' for them. There were those who did not experience a positive impact. Typical comments include 'didn't work', or 'did not really have an affect'. Two were completely confident that they would quit eventually, and therefore did not feel the site impacted them.

- Teaching you **skills** and providing you with information to help you quit: Most felt that they had learned something that would help them quit smoking or cut down, making reference to specific tips featured on the website. Several used the 'tips for cutting down', while others pointed to tips for 'habits' or 'smoking triggers'. For many, the impact was positive but smaller. They thought the information on quitting was valuable to have, but was something they knew already. Participants referred to it as a good reminder or something that kept it top of mind. Those who did not experience a positive impact attributed this to their pre-OTRTQ knowledge. They often said that they knew most of this information on the site.

ASSESSMENT OF SITE DESIGN AND NAVIGATION

Many Satisfied With Site Overall Look & Feel, Some View as Bland

Many found the site's overall look and feel to be appealing. The more frequent comments emphasized the intuitive organizational structure and the information available on the site. The following are typical of those responses:

Structure:

- *It has lots of different links and then the layout has a lot of titles and articles.*
- *It's appealing and set up very nicely. I like having the links within the reading.*
- *It is appealing and friendly. Most sites are hard to search through, but this was well laid out.*

Information:

- *It's a good body of information. There is a lot of information that was not there 10 years ago.*
- *Tres convivial, plus tu lis, plus tu veux en savoir*

Some others did not find the site's look and feel appealing predominantly because of the aesthetics. Comments such as 'they need to work on the colour' or 'it needs more colours' were typical. One mentioned that it 'looks extremely clinical'. A few said that they would not have looked at the site if they had not been directed to do so.

Site Aesthetics Received Mixed Reviews

Most were generally satisfied with the graphics, colours and other visuals on the website. Few gave specific feedback in this regard, saying 'it's fine' or 'I wouldn't worry about that aspect'.

For some, the aesthetic simplicity was a strength, pointing out that the website serves a functional role. For instance, it was described as well balanced, and as not being 'too flashy'. Another commented that 'you are in there to read...for a government site it is really good'.

Some offered suggestions to improve the site's look and feel, while others focused on new information or features. Some suggestions focused on improving the colour scheme. These participants found the current scheme bland or dull. They suggested making the colours more optimistic or exciting, more colourful to attract attention.

Other suggestions included:

- Having 'shocking pictures'.
- Being able to upload a picture of yourself to see how you would age if you continue to smoke.
- Having a chart with failure/success rates of quitting smoking so they could compare how they have done/are doing with others.
- Having a rating of the actual brands of cigarettes and their toxins.
- Adding images of people doing healthy things like biking or jumping rope.

Most Think Site is Easy to Navigate

Almost all of those interviewed positively assessed the site's structure and organization. In addition to those who simply acknowledged that it was easy to use, many made reference to the effective use of links and categories. The following are representative comments:

- *The categories are good and are well laid out. You knew what you would find under each of those headings.*
- *Could start at the beginning and work your way through everything. Found it easy to use.*
- *It makes sense...when you saw something you could click on the link and go there.*

Several were not pleased with the site's navigation. They tended to find the organization cumbersome, saying that it is hard to know where you are at any point and to get back to where you were. Others found the site itself hard to find through the Health Canada main page. One was frustrated with several dead links while on the site.

Site Organization Considered Intuitive & Logical

Most participants found the site to be both intuitive and logical. Many said that they did not have trouble finding things they wanted. Several also mentioned that the site was logical, while one was pleased that the 'links actually take you where you want to go'.

Three did not characterize the website as intuitive and logical. Two were critical of the lack of navigation prompts, including the 'section headings' and the site's imbedded placement within the Health Canada site.

Very Few Experienced Problems Using Site

While nearly all used the OTRTQ site without encountering any problems, three did. One each had difficulty with their antivirus software recognizing the page, deadlinks, and loading certain pages.

FUTURE USE

Most Plan to Use OTRTQ for Next Quit Attempt

Most participants indicated that they would likely use OTRTQ if they decided to quit. Several said they would return to the site when they are motivated and information will help them the rest of the way. For instance, one said the information 'really bolsters your confidence'. Several others made clear their intention to use the site information as a support to their motivation to quit:

- *It would be helpful if you were really focused on quitting. There is a lot of good information.*
- *Because I am more motivated than ever. That is very important and a key reason for using any program.*
- *Deux tiers de mon objectif de cesser viens des outils que le site me donne et un tiers viens de ma motivation personnelle.*

A few said they would probably use the site when they were ready to quit. One mentioned that she found the Canadian Cancer Society website more motivating and would use that as well.

Several did not find the website helpful. Some were confident that they will succeed in quitting on their own when they decide to, while others said they need more than just information to quit.

Very Informative – Top Reason for Recommending OTRTQ

The information contained within OTRTQ was the main reason for participants saying they would recommend the site to those who want to quit smoking. Many characterized the information as very informative, or complete and of high quality. Those who provided more detail spoke about the information's effectiveness:

- *It addresses issues that smokers know but don't like to talk about.*
- *When you read this stuff on your own, it doesn't seem like nagging.*
- *Les informations sont tres pertinentes.*
- *It will change your attitude for the better.*

Some thought that the information would be most beneficial to first-time quitters who have questions. A few felt that if people wanted to quit, OTRTQ could answer their questions. Otherwise, they felt that 'experienced quitters' would not gain much from the information on OTRTQ.

The very few who said that they would not recommend the site felt that it was not supportive or effective enough as a quitting tool.

NON-USERS PERCEPTIONS OF OTRTQ

This chapter explores the perceptions of 'non-users' of the On the Road to Quitting (OTRTQ) Web site and program. These are members of the intervention group who had previously indicated that they seriously wanted to quit smoking, but who did not visit OTRTQ at all or who visited the first page of the site only.

Most Not Aware of OTRTQ

Overall awareness of the OTRTQ Web site/program was low. Most participants were not aware of OTRTQ before they were recruited to take part in this research. Those few who claimed to be aware of Health Canada's smoking cessation program tended to avoid the use of definitive language to describe their knowledge of OTRTQ. Instead, they used uncertain language, such as 'a little' and 'I think', when asked if they were aware of the program. Those who claimed to be aware of OTRTQ attributed what little they knew of the program to a mix of television and Internet exposure.

Most Had No Real Expectations, Just Curious About Information

Most participants interviewed had no real expectations about the OTRTQ Web site when asked to try the program. Many characterized themselves as being simply 'curious' about the type of information they might find on the site. A few participants 'hoped' it would be helpful or that the program would simply work to help them quit smoking. Some qualified their ambivalence by saying that, after exploring OTRTQ, they found it to be 'very informative' or 'interesting'.

The relatively few participants who did have expectations about OTRTQ tended, for the most part, to have positive ones. These people expected to find tips and resources and to generally be able to get more information about smoking and quitting smoking. Topics mentioned included quitting techniques and information on how to scale back on the number of cigarettes smoked. These people tended to feel that their expectations were met, explaining that the site was helpful or that they were surprised by the information that they found. One participant expected to find the site to be motivational, something that would move him/her to go smoke-free. This person's expectations were not met because the site contained the same "type of advice that one sees everywhere".

Almost no one had negative expectations of the site, or felt that the site would not be worth a visit. Those who did expected to find very little in terms of new information; this was confirmed by their visit to OTRTQ. That said, one individual who had very low expectations said the site exceeded his expectations. The participant was surprised to see all of the information that was available.

Lack of Time, Lack of Relevance – Main Reasons for Not Revisiting OTRTQ

Lack of time and relevance were consistently offered by participants as reasons to explain why they did not use or visit the Web site after their initial visit. Non-users who pointed to a lack of time differed from others in that they did not attribute their lack of use to negative

perceptions of the site. In fact, while they did not have time to use OTRTQ, many of these participants thought that the site *could* be helpful in terms of assisting them and others with quitting smoking.

The other reason often pointed to by participants for not using OTRTQ was lack of relevance. Some of these individuals felt that an Internet-based smoking cessation tool was not relevant to them. That is, they would not normally go to the Internet for help. For instance, one respondent said that she "doesn't think of the Internet when it comes to solving her problems". Others focused on their perceptions that the program required too much reading, lacked new information/advice on quitting smoking, or did not offer enough practical applications/solutions for becoming smoke-free. As one participant articulated, "you can only read the helpful hints so often and try to practice them... it becomes redundant". Simply put, OTRTQ did not offer these smokers an easy solution or new techniques to help them quit.

A few downloaded the OTRTQ Guide, but did not return to the site. These individuals felt that all of the information they would find on the Web site was already contained within the Guide.

It is worth noting that a few participants quit smoking after their initial visit to the site. They attributed this successful quit attempt to the prescription drug, Zyban, or 'going cold-turkey', however, not to Health Canada's smoking cessation program. As such, these people felt no need to go back to OTRTQ.

The quantitative findings from Part 1 of this research revealed that intervention group non-users were more likely to have <u>not</u> set a quit date, nor to have a time frame in mind for when they want to quit. Simply put, these participants had intentions to quit smoking, but compared to those who visited OTRTQ more often during the intervention, they were less apt to know *when* this will happen. To offer further context for non-users' perceptions of OTRTQ, survey data indicated that these members of the intervention group were less inclined to feel that smoking gets in the way, to be concerned about their health, to worry about the impact of their smoking on others, and to think about the extra money they would have when they quit. This information is offered not to explain why these people did not use the smoking cessation program, but rather to provide a greater understanding of their attitudes toward smoking and quitting smoking which invariably influenced their behaviour.

Research Requirements <u>Not</u> Heavy or Inconvenient

The requirements for participating in the OTRTQ research study were not seen to be too heavy or inconvenient. Participants were nearly unanimous in this regard – the study requirements had no impact on their decision to not visit or explore the Web site. Instead, some people pointed to the same reason identified earlier – time constraints – to explain their lack of use of the program. While the requirements were not burdensome per se, these individuals had other time commitments that prevented them from visiting the site and using the program. Several made clear that they just "didn't have enough time in the day to

spend at the site", or explained that they were too busy at work to try to use OTRTQ or any other quit smoking program.

Other reasons for not visiting the Web site were various health problems that impeded use, or general annoyance with the program related to the length of time required to fill out the questionnaire to create their personal profile. Only one person attributed his lack of use of OTRTQ to the perception that the research requirements were too heavy or burdensome.

Most Plan to Visit Site in Future

Most non-user participants said they plan to visit the OTRTQ Web site in future. The main reason offered to explain why they intend to return to the site and use it again was to take advantage of its information. While the site content received mixed reviews, the information is what participants said would encourage them to return to the web-based program. Representative comments included the following:

- *A great idea and had very helpful information.*
- *It sounded both interesting and useful.*
- *Would return to get information and support.*

Some participants gave a conditional 'yes' saying they would return when they are ready to quit smoking, or that they would visit the site only to use the program in conjunction with other quitting efforts. As one participant explained, "*the site would be most useful when paired with a quitting aid, such as the patch*".

The few who definitely do not intend to visit the OTRTQ site in future offered different reasons. These included the perception that the site is not attractive or visually appealing enough, that the program is unnecessary because they already quit smoking, or that OTRTQ is redundant because they already know what they have to do to go smoke-free.

Several people were unsure whether or not they would return to the site.

Improved Accessibility & Increased Awareness Would Encourage Future Visits

Most participants did not offer any suggestions to improve the OTRTQ Web site or program. Despite having spent little, if any, time using the program, these people were generally satisfied with the site. Others confirmed that they plan to return to the site (improvements or not), while some simply indicated their view that the site needed no improvement.

Participants who did provide substantive feedback focused on improved site accessibility and increased awareness of the program. In terms of accessibility or ease of access, the following suggestions were offered to provide visitors faster access to information and resources:

- A quick short access option vs. long-form access option.
- An online diary. This was viewed as something that people could use to record their slips and relapses, and how they successfully dealt with their urges and cravings.

- A hot button on the main page for printing out commonly used tools.

In addition to improved accessibility, a small number of those interviewed expressed the view that the Government of Canada should raise awareness of this and other quit smoking programs. Individuals who offered suggestions to increase awareness focused on specific advertising methods. The following comments are provided as representative feedback:

- *Advertise at hockey games... that would make it get noticed.*
- *Some sort of mailing advertising the Web site, print media...advising family doctors on existence of the Web site.*
- *Publicite exterieure semble fonctionner, annonces, television...*

Other suggestions, typically identified by one or two participants only, included the addition of a help line to call when experiencing a craving, the inclusion of more specific information on how to quit and on various quitting aids, improvements to the visual appeal of the site, and the introduction of a subsidy to help offset the costs of nicotine replacement therapies (NRT) for those who need such aids.

Visual Enhancements, Interactivity – Top Suggestions to Improve Site

Participants who suggested features to improve the value or usefulness of the OTRTQ site and program pointed most often to visual enhancements. Many felt that the site fell short in terms of overall presentation, as well as interactivity. It lacked visual appeal and interest, and generally was not viewed to be engaging.

Although identified by a small number of participants, games were one of the main enhancements suggested for inclusion. While these people could not provide descriptions of specific types of games when prompted, they felt that the addition of games would make the site more interactive and engaging. One respondent explained that playing a game would help to occupy people when they experience a cigarette craving, while another thought that games would generally 'lighten the visit', making the Web site experience more enjoyable overall.

While a few identified other specific visual enhancements, such as the addition of videos to scare people into quitting smoking or more user-friendly navigation buttons, others simply said that the site should be more appealing in its overall presentation. One participant pointed specifically to the *Guide to Becoming a Non-smoker*, suggesting that the site should be more like the Guide in appearance.

A small number of people did not offer any suggestions for features to include to improve the site. These individuals thought that the site was good and useful as is, could not think of any additions, or simply claimed that personal motivation is needed to quit smoking, not a better program/Web site.

Most Would Want Information on Encouragement & Nicotine Replacement

Most participants felt that they would need encouraging or motivational information and information on NRTs if they decide to quit smoking. Those who wanted encouragement mentioned success stories and personal coaching as things that would be useful. Some felt

that 'encouragement is the key' to a successful quit attempt. The type of NRT-related information identified as being helpful included topics such as hypnotism, Zyban, the Patch, and Nicorette. These were often mentioned in the context of needing physical assistance to go smoke-free, coupled with a desire for general information in order to quit smoking. A few others expressed a need for information on withdrawal and how to deal with the symptoms of nicotine withdrawal (e.g. what to do with your hands).

Those Ready to Quit & Youth Viewed as Most Likely to Use OTRTQ

Participants cited two target audiences or groups that they thought would be most likely to use a web-based program like OTRTQ: smokers who are ready and committed to becoming smoke-free and youth. Those who pointed to 'primed and ready to quit' smokers felt that only smokers who are *really* ready to give up cigarettes and are serious about their quit attempt would be likely to use this type of program. As one person explained, "*it gives them some tools to help if they are motivated to do it*". Turning to youth, most people who felt this way about young people attributed this view to the perception that they tend to have a greater level of computer literacy. Similar, but more specific, comments included that youth are technically skilled and interested in quitting and that they learned to do their research on the Internet (the assumption being that they would look to the Internet for this type of information/self-help). One person reasoned that, because youth "are so hooked on cigarettes", they would be likely users of a program like OTRTQ.

A small number of people felt that a web-based program would be most likely be used by Internet savvy people or 'web junkies' and those who have access to computers.

Uncommitted, Non-Computer Literate Smokers – Not Likely to Use OTRTQ Site

Most people interviewed said that smokers who are not committed to quitting and those who are not computer literate would be unlikely to use OTRTQ. Those who singled out uncommitted quitters tended to point to their lack of real motivation. Some made reference to "die hard smokers" or those for whom information alone would not change their behaviour. Recall that smokers who are primed and ready to quit smoking were viewed as the most likely users of a program like OTRTQ.

The "computer illiterate", for many, referred to the older smokers, either because they are perceived as being non-users or even intimidated by computers. Some also pointed to people who don't have computers because of a lack of knowledge or disposable income. These people were seen to be less likely to turn to a web-based quit smoking program.

A few referred to youth as unlikely users of the site. This runs contrary to feedback received from others that youth would be among the most likely users of a program like OTRTQ. One person felt that youth are "usually proud of smoking and more rebellious" (and therefore not apt to quit), while another thought that the site appeared too much like a government Web site to interest them.

A few thought that the site was appealing or useful for all smokers, while one person felt that OTRTQ "doesn't do anything for smokers".

APPENDIX

Fagerstrom Index

The Fagerstrom Index is used to assess the level of nicotine dependency experienced by a smoker. An approximation of addiction to nicotine is created using the following survey data:

On average, how many cigarettes do you smoke per day?

More than 30 cigarettes per day	(3)
21 to 30	(2)
11 to 20	(1)
Less than 10	(0)

Do you find it difficult to **not** smoke in places where it is forbidden, such as restaurants, theaters/cinemas, or airports?

Yes	(1)
No	(0)

Do you smoke even if you are so ill that you are in bed most of the day?

Yes	(1)
No	(0)

Do you smoke more during the morning than during the rest of the day?

Yes	(1)
No	(0)

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

0-5 minutes	(3)
6-30	(2)
31-60	(1)
after 60	(0)

Which cigarette would you be the most unwilling to give up?

First in the morning	(1)
Any of the others	(0)

To rate a smoker's nicotine dependency, add the scores attributed to each response category. The index is as follows:

0-2 Very low dependence
3-4 Low
5 Medium
6-7 High
8-10 Very high dependence

Participant Eligibility Questionnaire

This survey is being conducted for Health Canada by Phoenix SPI, an independent research firm, using the eVox online panel. Your responses will be kept entirely confidential. Health Canada will only receive combined results – no individuals will be identified in any way.

The survey should take less than 5 minutes to complete. If you have any questions about the research, please contact Philippe Azzie of Phoenix by phone (613-260-1700, x 222) or email (pazzie@phoenixspi.ca).

INTERNAL NOTES:

- A 'DON'T KNOW/NO RESPONSE' OPTION WILL BE AVAILABLE TO RESPONDENTS FOR ALL APPROPRIATE QUESTIONS. WHERE RELEVANT, A 'NOT APPLICABLE' OPTION WILL ALSO BE AVAILABLE AS A SEPARATE RESPONSE.

1. At the present time, do you smoke cigarettes every day, occasionally or not at all? This includes cigarettes that are bought ready-made, as well as cigarettes that people make themselves. CHECK ONE ONLY

Every day	[ ]	
Occasionally (less than every day)	[ ]	
Not at all	[ ]	THANK AND DISCONTINUE*

IF SMOKE OCCASIONALLY:

2. In the past 30 days, did you smoke any cigarettes?

Yes	[ ]	
No	[ ]	THANK AND DISCONTINUE*

- *EXIT LANGUAGE: Thank you for taking part in this survey. Your responses indicate that you are not eligible to continue with this survey. However, you will still receive an entry for this month's $1,000 draw for having completed a survey.
- USE THIS FOR ALL EARLY EXITS.

3. Have you smoked at least 100 cigarettes in your life? (i.e. approximately 4-5 packs)

Yes	[ ]	
No	[ ]	THANK AND DISCONTINUE*

4. Are you seriously considering quitting within the next 6 months?

Yes	[ ]	
No	[ ]	THANK AND DISCONTINUE*

- *RECRUIT PARTICIPANTS TO TAKE PART IN A SET OF 4 FOCUS GROUPS IN MONTREAL AND TORONTO (SEE BELOW).
- DIRECT RESPONDENTS TO SHORT RECRUITMENT QUESTIONNAIRE, WITH RECRUITMENT TO BE CONFIRMED BY PHONE (APPROACH TO BE DETERMINED).

IF YES:

5. For each of the following questions, please indicate whether it applies to you. Focus on the last **six months** only. (RANDOMIZE ORDER)

	Yes	No
a. Have you set a quit date for when you want to quit smoking?		
b. Have you spoken to a family doctor, pharmacist or counsellor about quitting smoking?		
c. Have you tried to quit smoking within the past 6 months?		
d. Have you told friends/family you intend to quit smoking?		
e. Have you cut back on the number of cigarettes you smoke?		
f. To try to cut down, do you smoke less than a full cigarette when you smoke?		
g. Have you tried any nicotine replacement products, like the patch or gum?		
h. Do you currently try to avoid situations that trigger your urge to smoke?		
i. Have you searched the web, or other resources, for information about quitting smoking?		
j. Are you ready to stop smoking within the next 30 days?		

IF RESPONDENT SAYS 'YES' TO 3 OR MORE OF THE ITEMS IN Q5, CONTINUE QUESTIONNAIRE. IF NOT, THANK AND DISCONTINUE*. RECRUIT RESPONDENTS THAT ARE NOT ELIGIBLE AND WHO LIVE IN MONTREAL AND TORONTO TO TAKE PART IN A SET OF 4 FOCUS GROUPS IN THOSE CITIES (SEE BELOW).

ASK POTENTIAL FOCUS GROUP PARTICIPANTS (MONTREAL/TORONTO):

As part of this research, we may be recruiting select participants to take part in focus groups. These round table discussions would be held in a central location in your city, last around two hours, and you would be given an honorarium of $50 for your time. Would you be interested in being contacted in the future for such a group?

Yes	[ ]	OBTAIN CONTACT INFO
No	[ ]	

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6. In which of the following age groups do you belong?

Under 30	[ ]	THANK AND DISCONTINUE*
30 to 39	[ ]	
40 to 49	[ ]	
50 to 55	[ ]	
56 and above	[ ]	THANK AND DISCONTINUE*

7. How often do you use the Internet, not including email?

Once a day or more often	[ ]	
Several times a week	[ ]	
About once a week	[ ]	
Less than once a week	[ ]	THANK AND DISCONTINUE*

Thank you for completing this brief questionnaire.

Your responses indicate that you are eligible to take part in a Health Canada study on smoking and quitting smoking. This study involves completion of four (4) surveys over the coming six (6) months or so, one of which we will ask you to complete right away.

Each survey will take approximately 10 minutes to complete. Your responses will be kept confidential – no individuals will be identified in any way

Prizes: People who take part in this study will receive an entry to the eVox monthly draw for *each* survey completed. In addition, extra prizes are available for this study. The following table shows a breakdown of these prizes – there is over $15,000 in prizes, with 75 prizes in total. Only people who complete a survey will be eligible for the prize draw for that survey, and will be invited to complete the next survey. We expect the number of respondents to be about 1,000 for the final survey – the odds of winning are good!

Survey	Prizes	Amount Per Survey
1st survey	1 prize of $500 10 prizes of $100	$1,500
2nd survey	1 prize of $1,000 20 prizes of $100	$3,000
3rd survey	1 prize of $1,000 10 prizes of $100	$2,000
4th survey	1 prize of $5,000 1 prize of $1,000 30 prizes of $100	$9,000
Total		**$15,500**

8. Are you willing to take part in the Health Canada study?

Yes [ ]

No [ ] THANK AND DISCONTINUE**

- **Thank you for taking part in this survey. While you will not be continuing with this study, you will still receive an entry for this month's $1,000 draw for having completed the survey.

Questions de sélection

Ce sondage est effectué pour le compte de Santé Canada par Phoenix SPI, une firme de recherche indépendante, auprès des membres du panel eVox. Vos réponses demeureront strictement confidentielles et pour respecter votre anonymat, Santé Canada ne recevra les réponses que sous forme groupée.

Le sondage est d'une durée approximative de 5 minutes. Si vous avez des questions sur la recherche, veuillez communiquer avec Philippe Azzie de Phoenix par téléphone (613 260-1700, poste 222) ou par courriel (pazzie@phoenixspi.ca).

NOTES DE PROGRAMMATION :

- LORSQUE NÉCESSAIRE L'OPTION « JE NE SAIS PAS/JE PRÉFÈRE NE PAS RÉPONDRE » SERA OFFERTE AUX RÉPONDANTS. L'OPTION « SANS OBJET » FIGURERA SÉPARÉMENT LORSQUE REQUIS.

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1. À l'heure actuelle, fumez-vous tous les jours, occasionnellement ou jamais? Par cigarettes, on fait référence aussi bien aux cigarettes achetées prêtes à fumer qu'aux cigarettes que l'on roule soi-même. NE COCHEZ QU'UNE SEULE RÉPONSE

Tous les jours	[ ]	
Occasionnellement (pas à tous les jours)	[ ]	
Jamais	[ ]	REMERCIEZ ET TERMINEZ*

SI FUME OCCASIONNELLEMENT :

2. Au cours des 30 derniers jours, avez-vous fumé la cigarette?

Oui	[ ]	
Non	[ ]	REMERCIEZ ET TERMINEZ*

- *TEXTE SI « TERMINEZ » : Nous vous remercions de votre participation à ce sondage. Vos réponses nous indiquent toutefois que vous ne répondez pas aux critères d'admissibilité pour ce sondage. Puisque vous avez commencé à répondre, vous courrez tout de même la chance de gagner 1 000 $ lors de notre tirage mensuel.
- UTILISEZ POUR TOUS LES « TERMINEZ » AVANT LA FIN DU SONDAGE.

3. Avez-vous fumé au moins 100 cigarettes au cours de votre vie? (environ 4 ou 5 paquets)

Oui	[ ]	
Non	[ ]	REMERCIEZ ET TERMINEZ*

---

4. Avez-vous sérieusement l'intention d'arrêter de fumer au cours des 6 prochains mois?

Oui	[ ]	
Non	[ ]	REMERCIEZ ET TERMINEZ*

- *RECRUTEZ DES PARTICIPANTS POUR PARTICIPER AUX 4 GROUPES DE DISCUSSION QUI SE DÉROULERONT À MONTRÉAL ET À TORONTO (VOIR PLUS BAS).
- DIRIGEZ LES RÉPONDANTS VERS LE BREF QUESTIONNAIRE DE RECRUTEMENT, LE RECRUTEMENT DEVRA ÊTRE CONFIRMÉ PAR TÉLÉPHONE (APPROCHE À DÉTERMINER).

SI OUI:

5. Veuillez indiquer si ces questions s'appliquent à vous. Ne tenez compte que des **six derniers mois**. (ALTERNEZ)

	Oui	**Non**
a. Avez-vous déterminé la date à laquelle vous désirez arrêter de fumer?		
b. Avez-vous consulté un médecin de famille, un(e) pharmacien(ne) ou un(e) conseiller(ère) concernant votre intention d'arrêter de fumer?		
c. Au cours des 6 derniers mois, avez-vous tenté d'arrêter de fumer?		
d. Avez-vous fait part à vos parents ou amis que vous aviez l'intention d'arrêter de fumer?		
e. Avez-vous réduit le nombre de cigarettes que vous fumez?		
f. Pour réduire votre consommation, fumez-vous moins que toute une cigarette lorsque vous fumez?		
g. Avez-vous déjà fait l'essai de substituts de nicotine, comme les timbres ou la gomme de nicotine?		
h. À l'heure actuelle, tentez-vous d'évitez les situations qui vous donnent le goût de fumer?		
i. Avez-vous tenté de vous renseigner sur l'abandon du tabagisme en ligne ou autrement?		
j. Êtes-vous prêt(e) à arrêter de fumer dans les 30 prochains jours?		

SI LE RÉPONDANT INSCRIT « OUI » À 3 QUESTIONS OU PLUS À Q5, CONTINUEZ LE SONDAGE. AUTREMENT, REMERCIEZ ET TERMINEZ*. RECRUTEZ DES RÉPONDANTS QUI NE SONT PAS ADMISSIBLES ET QUI HABITENT MONTRÉAL OU TORONTO POUR PARTICIPER AUX 4 GROUPES DE DISCUSSION QUI AURONT LIEU DANS CES VILLES (VOIR PLUS BAS).

Dans le cadre de cette étude, il se peut que nous sélectionnions des participants pour prendre part à des groupes de discussion. Si elles ont lieu, ces discussions se dérouleront sous forme de table ronde, se tiendront dans un endroit du centre-ville près de chez vous, dureront environ deux heures et, en guise de remerciement pour le temps que vous nous aurez accordé, nous vous remettrons une prime de 50 $. Seriez-vous intéressé(e) à ce que

nous communiquions de nouveau avec vous pour vous inviter à participer à un groupe de discussion?

Oui	[ ]	OBTENEZ INFORMATION DE CONTACT
Non	[ ]	

6. Quel est votre groupe d'âges?

Moins de 30 ans	[ ]	REMERCIEZ ET TERMINEZ*
30 à 39 ans	[ ]	
40 à 49 ans	[ ]	
50 à 55 ans	[ ]	
56 ans et plus	[ ]	REMERCIEZ ET TERMINEZ*

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7. À quelle fréquence utilisez-vous Internet, mis à part les courriels?

Une fois par jour ou plus	[ ]	
Plusieurs fois par semaine	[ ]	
Environ une fois par semaine	[ ]	
Moins d'une fois par semaine	[ ]	REMERCIEZ ET TERMINEZ*

Merci d'avoir répondu à ce bref sondage.

Vos réponses nous indiquent que vous êtes admissible pour participer à l'étude de Santé Canada sur le tabagisme et sur l'abandon du tabagisme. Cette étude comporte (4) sondages auxquels vous devrez répondre au cours des six (6) prochains mois et celui-ci est le premier.

Chaque sondage sera d'une durée approximative de 10 minutes. Vos réponses demeureront strictement confidentielles et votre anonymat sera respecté.

Prix : chaque fois qu'un participant à cette étude répondra à un sondage, il sera admissible au tirage mensuel du panel eVox. Dans le cadre de ce projet, il courra aussi la chance de gagner d'autres prix. Le tableau suivant illustre la manière dont les prix seront attribués : il y a plus de 15 500 $ à gagner et 75 prix seront remis. Seules les personnes qui auront répondu au sondage seront admissibles au tirage pour ce sondage, et seront invitées à répondre au sondage suivant. Nous croyons qu'environ 1 000 personnes répondront au dernier sondage : les chances de gagner sont grandes!

Sondage	Prix	Montant par sondage
1er sondage	1 prix de 500 $ 10 prix de 100 $	1 500 $
2e sondage	1 prix de 1 000 $ 20 prix de 100 $	3 000 $

3e sondage	1 prix of 1 000 $ 10 prix de 100 $	2 000 $
4e sondage	1 prix de 5 000 $ 1 prix de 1 000 $ 30 prix de 100 $	9 000 $
Total		**15 500 $**

8. Êtes-vous intéressé(e) à participer à l'étude de Santé Canada?

Oui [ ]
Non [ ] REMERCIEZ ET TERMINEZ**

- ** Nous vous remercions de votre participation à ce sondage. Même si vous avez décidé de ne pas prendre part à cette étude, vous courrez tout de même la chance de gagner 1 000 $ lors de notre tirage mensuel puisque vous avez répondu à la première partie du sondage.

Baseline Survey

Thank you for agreeing to take part in this study on issues related to smoking, and in particular quitting smoking. The survey should take no more than 10 minutes to complete. You can save your responses at any time and return to complete the questionnaire at your convenience.

INTERNAL NOTES:

- A 'DON'T KNOW/NO RESPONSE' OPTION WILL BE AVAILABLE TO RESPONDENTS FOR ALL APPROPRIATE QUESTIONS. WHERE RELEVANT, A 'NOT APPLICABLE' OPTION WILL ALSO BE AVAILABLE AS A SEPARATE RESPONSE.
- AN ID SYSTEM WILL BE USED TO MATCH INDIVIDUAL PARTICIPANT'S COMPLETED SURVEYS (I.E. PRE-, POST- AND FOLLOW-UPS).

SMOKING BEHAVIOUR

These first questions focus on smoking behaviour. This includes cigarettes that are bought ready-made, as well as cigarettes that you make yourself.

IF SMOKE EVERY DAY:

1. You indicated that you smoke cigarettes every day. On average, how many cigarettes do you smoke per day?

A few puffs (drags, hits) each day	[ ]	
1 to 4 cigarettes each day	[ ]	
5 to 10	[ ]	CHECK ONE ONLY
11 to 20	[ ]	
21 to 30	[ ]	
More than 30 cigarettes per day	[ ]	

IF SMOKE OCCASIONALLY:

2. YOU INDICATED THAT YOU SMOKE CIGARETTES OCCASIONALLY (I.E. NOT EVERY DAY). IN THE PAST 30 DAYS, ON ABOUT HOW MANY DAYS DID YOU SMOKE?

   Number of days: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

3. On the days that you do smoke, about how many cigarettes do you smoke?

   Number of cigarettes per day: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

EVERYONE:

4. HOW LONG HAVE YOU BEEN SMOKING?

Less than 2 years	[ ]	
2-5 years	[ ]	
6-10 years	[ ]	CHECK ONE ONLY
11-20 years	[ ]	
Over 20 years	[ ]	

5. IN ADDITION TO SMOKING CIGARETTES, DO YOU USE ANY OF THE FOLLOWING?

Cigars (includes cigarillos)	[ ]	
Pipe	[ ]	
Chewing tobacco	[ ]	CHECK ALL THAT APPLY
Snuff	[ ]	
Other/Bidis/Kreteks/Hookas/Shishas	[ ]	
None of the above	[ ]	

6. Which of the following apply to you? (RANDOMIZE ORDER)

	Yes	No
Do you find it difficult to **not** smoke in places where it is forbidden, such as restaurants, theaters/cinemas, or airports?		
Do you smoke more during the morning than during the rest of the day?		
Do you smoke even if you are so ill that you are in bed most of the day?		
Do you ever have a craving for a cigarette (a feeling that you really need a cigarette at that time)?		
Do you worry that you will run out of cigarettes?		

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

Within 5 minutes	[ ]	
6-30 minutes	[ ]	CHECK ONE ONLY
31-60 minutes	[ ]	
More than 60 minutes	[ ]	

8. Which cigarette would you <u>most</u> hate to give up?

The first in the morning	[ ]	
Any other	[ ]	CHECK ONE ONLY

9. Does the brand you smoke have a low, medium or high nicotine content?

Low	[ ]	
Medium	[ ]	CHECK ONE ONLY
High	[ ]	

10. How often do you inhale the smoke from your cigarette?

Always	[ ]	
Sometimes	[ ]	CHECK ONE ONLY
Never	[ ]	

WHEN AND WITH WHOM DO YOU SMOKE?

11. Do you live with anyone that smokes? This includes people you live with full time or live with part time as part of a shared custody arrangement.

Yes	[ ]
No	[ ]

12. How many of your friends smoke?

None	[ ]	
A few	[ ]	
About half	[ ]	CHECK ONE ONLY
Most	[ ]	
All	[ ]	

13. How often do you smoke at the following **times**? If something does not apply to you, please check the N/A option ('Not Applicable').

	Often	Sometimes	Never	N/A
Before the work day	O	O	O	O
During the work day	O	O	O	O
After the work day	O	O	O	O
In the evenings	O	O	O	O
On weekends	O	O	O	O

14. How often do you smoke with the following **people**? If something does not apply to you, please check the N/A option.

	Often	Sometimes	Never	N/A
With your friends	O	O	O	O
With your co-workers	O	O	O	O
With other family members	O	O	O	O
By yourself	O	O	O	O

15. HOW MUCH TIME DO YOU SPEND IN PLACES WHERE OTHER PEOPLE SMOKE?

A lot of time [ ]
Some time [ ] CHECK ONE ONLY
A little time [ ]
No time [ ]

WHY DO YOU SMOKE?

16. I smoke…

To relax [ ]
Because I'm addicted to nicotine [ ]
Because my friends smoke [ ]
Because my family smokes [ ]
Because I'm afraid I'll gain weight if I quit [ ] CHECK ALL THAT APPLY
Because smoking helps me concentrate [ ]
Because I have too much stress in my life [ ]
Because I really enjoy smoking [ ]
Because it has become a habit [ ]
When I'm bored [ ]
At parties or when I'm drinking [ ]
Other (please specify): _____

HISTORY WITH QUITTING SMOKING

The following questions explore issues related to quitting smoking.

17. Have you ever tried to quit smoking?

Yes [ ]
No [ ] GO TO QUESTION 22

IF YES:

18. How many times have you tried to quit smoking in the past five years? Please only include times that you went a day or more without smoking because you were trying to quit.

Zero (0) times in past 5 years	[ ]	GO TO QUESTION 22
1-2 times	[ ]	
3-4	[ ]	
5-6	[ ]	CHECK ONE ONLY
7-10	[ ]	
More than 10 times	[ ]	

19. What is the longest period of time you were smoke-free during any of your quit attempts in the past five years?

Less than one week	[ ]	
1-4 weeks	[ ]	
1-6 months	[ ]	CHECK ONE ONLY
6 months to 1 year	[ ]	
More than 1 year	[ ]	

20. When was your last quit attempt?

Days ago	[ ]	
Weeks ago	[ ]	
Months ago	[ ]	CHECK ONE ONLY
Between 6 months and 1 year ago	[ ]	
Over 1 year ago	[ ]	

21. When you last tried to quit, was your quit attempt planned or unplanned?

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Planned quit attempt	[ ]	CHECK ONE ONLY
Unplanned quit attempt	[ ]	

EVERYONE:

22. Have you ever participated in any kind of quit smoking program (in a group, at work, on the web, etc.)?

Yes	[ ]
No	[ ]

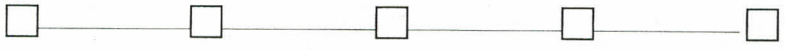
READINESS TO QUIT SMOKING

23. Which of the following statements best describes how you feel right now about changing your smoking?

I plan to quit smoking within the next 30 days	[ ]	
I plan to quit smoking within the next 6 months	[ ]	
I plan to quit smoking, but am not sure when	[ ]	CHECK ONE ONLY
I don't plan to quit, but want to cut down	[ ]	
I don't plan to quit smoking or cut down	[ ]	

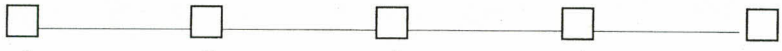
---

24. Right now, how motivated are you to quit smoking?



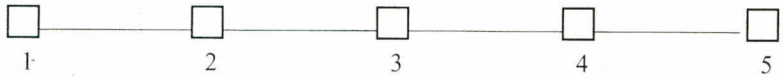
1	2	3	4	5
Not motivated at all		In between		Highly motivated

25. How confident are you that you can quit smoking?



1	2	3	4	5
Not confident at all		In between		Very confident

26. How much do you know about the types of things you can do to help you quit smoking?



1	2	3	4	5
Nothing at all		In between		A great deal

---

27. Do you think you will be smoking one year from now?

Definitely	[ ]	
Probably	[ ]	CHECK ONE ONLY
Probably not	[ ]	
Definitely not	[ ]	

MAKING A QUIT PLAN

28. Do you think you would be able to quit smoking on your own?

Definitely*	[ ]	
Probably	[ ]	CHECK ONE ONLY
Probably not	[ ]	
Definitely not	[ ]	

*PROGRAMMING: SKIP NEXT TWO QUESTIONS.

29. If you wanted to get help to quit smoking, would you know where to go?

Yes	[ ]
No	[ ]

IF YES:

30. Where would you go to get help? Please be specific.

_____

_____

_____

_____

WHY QUIT?

31. To what extent do you agree or disagree with the following statements. Please use a scale from 1 to 5, with '1' meaning you strongly disagree and '5' meaning strongly agree. (RANDOMIZE ORDER)

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I am concerned about my health as a smoker.	O	O	O	O	O
I worry about the impact of my smoking on others around me.	O	O	O	O	O
I think about the extra money I'll have when I stop smoking cigarettes.	O	O	O	O	O
Smoking often gets in the way of my physical or social activities.	O	O	O	O	O
I seriously want to quit smoking and think I am ready.	O	O	O	O	O
Smoking is less socially acceptable than it was before.	O	O	O	O	O
It is easier to quit if I have a plan to quit.	O	O	O	O	O
It is too hard to quit smoking.	O	O	O	O	O

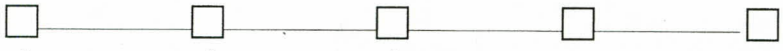
32. There are a number of reasons why people *might* want to quit smoking. For each of the following, please indicate how important that potential reason is to you personally, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option. (RANDOMIZE ORDER)

	Not important at all 1	**2**	**3**	**4**	**Very important 5**	**N/A**
If my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I can quit smoking if I really want to.	O	O	O	O	O	O
So I don't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I know other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
If there was someone or something to help me quit.	O	O	O	O	O	O

BACKGROUND INFORMATION

These last questions are for background and analytical purposes only. Please remember that your responses to these and other questions will be kept completely confidential.

33. In general, how active are you? This includes all forms of exercise and physical activity. Please use a 5-point scale, where '1' is not active at all, and '5' is very active.



34. Are you…?

Male [ ] CHECK ONE ONLY
Female [ ]

35. What is your current employment status?

Working full-time [ ]
Working part-time [ ]

Self-employed	[ ]	CHECK ALL THAT APPLY
Unemployed	[ ]	
Student	[ ]	
Retired	[ ]	
Homemaker	[ ]	
Other (please specify)_____		

36. What is the highest level of education that you have completed?

Some elementary/high school	[ ]	
Completed high school	[ ]	
Some technical school/community college/CEGEP	[ ]	CHECK ONE
Completed technical school/community college/CEGEP	[ ]	ONLY
Some university	[ ]	
Completed university	[ ]	

37. Which of the following best describes your racial background?

White/Caucasian	[ ]	
Black	[ ]	
Aboriginal Canadian	[ ]	
South Asian (e.g. Indian, Pakistani)	[ ]	CHECK ONE ONLY
Southeast Asian (e.g. Chinese, Korean)	[ ]	
Middle Eastern	[ ]	
Latin American	[ ]	
Other (please specify): _____		

38. Where do you live?

Add list of provinces/territories: _____

39. What was your total <u>household</u> income for 2005, from all sources, before taxes and deductions? Was it…?

Less than $20,000	[ ]
$20,000 to $29,999	[ ]
$30,000 to $39,999	[ ]
$40,000 to $49,999	[ ]
$50,000 to $59,999	[ ]
$60,000 to $69,999	[ ]
$70,000 to $79,999	[ ]
$80,000 to $89,999	[ ]
$90,000 to $99,999	[ ]
$100,000 and over	[ ]

Thank you. That completes the survey. Your participation is greatly appreciated.

Sondage initial

Merci d'avoir accepté de participer à cette étude sur le tabagisme, plus particulièrement, sur l'abandon du tabagisme. Le sondage est d'une durée approximative de 10 minutes. Vous pouvez sauvegarder vos réponses en tout temps et y revenir plus tard pour le terminer.

NOTES DE PROGRAMMATION :

- LORSQUE NÉCESSAIRE L'OPTION « JE NE SAIS PAS/JE PRÉFÈRE NE PAS RÉPONDRE » SERA OFFERTE AUX RÉPONDANTS. L'OPTION « SANS OBJET » FIGURERA SÉPARÉMENT LORSQUE REQUIS.
- UN SYSTÈME D'IDENTIFICATION SERA UTILISÉ AFIN DE RELEVER LES DIFFÉRENTS SONDAGES AUXQUELS CHACUN DES PARTICPANTS AURA RÉPONDU (P. EX. AVANT, APRÈS ET SUIVIS).

HABITUDES DE FUMER

Les premières questions portent avant tout sur les habitudes des fumeurs de cigarettes. Par cigarettes, on fait référence aussi bien aux cigarettes achetées prêtes à fumer qu'aux cigarettes que l'on roule soi-même.

SI FUME TOUS LES JOURS :

1. Vous avez indiqué que vous fumiez tous les jours. En moyenne, combien de cigarettes fumez-vous chaque jour?

Quelques bouffées par jour	[ ]	
1 à 4 cigarettes par jour	[ ]	
5 à 10 cigarettes par jour	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
11 à 20 cigarettes par jour	[ ]	
21 à 30 cigarettes par jour	[ ]	
Plus de 30 cigarettes par jour	[ ]	

SI FUME OCCASIONNELLEMENT :

2. Vous avez indiqué que vous fumiez la cigarette occasionnellement (c.-à-d. pas tous les jours). Combien de jours avez-vous fumé au cours des 30 derniers jours?

Nombre de jours : _____ DOIT ÊTRE UN NOMBRE, PAS UN INTERVALLE.

3. Pendant les jours où vous avez fumé, environ combien de cigarettes avez-vous fumées?

Nombre de cigarettes par jour : _____ DOIT ÊTRE UN NOMBRE, PAS UN INTERVALLE.

À TOUS :

4. DEPUIS COMBIEN DE TEMPS FUMEZ-VOUS?

Moins de 2 ans	[ ]	
2 à 5 ans	[ ]	
6 à 10 ans	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
11 à 20 ans	[ ]	
Plus de 20 ans	[ ]	

5. En plus de fumer la cigarette, fumez-vous ou consommez-vous les produits suivants?

Cigares (incluant les cigarillos)	[ ]	
Pipe	[ ]	
Tabac à mâcher	[ ]	COCHEZ TOUTES LES RÉPONSES APPLICABLES
Tabac sans fumée	[ ]	
Autre/bidis/kreteks/houkas/shishas	[ ]	
Aucun de ces produits	[ ]	

6. Veuillez indiquer si ces questions s'appliquent à vous?

	Oui	**Non**
Vous est-il difficile de **ne pas** fumer dans les endroits où cela est interdit, comme dans les restaurants, les théâtres, les cinémas et les aérogares?		
Fumez-vous davantage le matin qu'au cours du reste de la journée?		
Fumez-vous même lorsque vous êtes si malade que vous devez garder le lit presque toute la journée?		
Vous arrive-t-il d'être en manque de cigarette (vous sentez que vous avez vraiment besoin d'une cigarette à ce moment précis)?		
Vous inquiétez-vous lorsque vous pensez que vous n'avez pas assez de cigarettes?		

7. Combien de temps après vous être levé(e) fumez-vous votre première cigarette?

5 minutes ou moins	[ ]	
De 6 à 30 minutes	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
De 31 à 60 minutes	[ ]	
Plus de 60 minutes	[ ]	

8. Quelle cigarette auriez-vous le plus de difficulté à abandonner?

La première du matin	[ ]	
N'importe quelle autre	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE

9. Quelle est la teneur en nicotine de la marque de cigarette que vous fumez : faible, moyenne ou élevée?

Faible	[ ]	
Moyenne	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Élevée	[ ]	

10. À quelle fréquence inhalez-vous la fumée de vos cigarettes?

Toujours	[ ]	
Parfois	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Jamais	[ ]	

QUAND FUMEZ-VOUS, ET AVEC QUI?

11. Habitez-vous avec des fumeurs? Nous incluons ici les personnes avec qui vous habitez en tout temps ou à mi-temps en vertu d'une entente de garde partagée.

Oui	[ ]
Non	[ ]

12. Combien de vos amis sont fumeurs?

Aucun	[ ]	
Quelques-uns	[ ]	
Environ la moitié d'entre eux	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
La plupart d'entre eux	[ ]	
Tous	[ ]	

13. À quelle fréquence fumez-vous aux **moments** suivants? Si l'un de ces moments ne s'applique pas dans votre cas, veuillez cocher SANS OBJET.

	Souvent	**Parfois**	**Jamais**	**Sans objet**
Avant d'aller travailler	O	O	O	O
Au travail	O	O	O	O
Après le travail	O	O	O	O
En soirée	O	O	O	O
La fin de semaine	O	O	O	O

14. À quelle fréquence fumez-vous en compagnie des **personnes** suivantes? Si la situation ne s'applique pas dans votre cas, veuillez cocher SANS OBJET.

	Souvent	**Parfois**	**Jamais**	**SANS OBJET**
Des amis	O	O	O	O
Des collègues	O	O	O	O
Des membres de votre famille	O	O	O	O
Seul(e)	O	O	O	O

15. Combien de temps passez-vous dans des endroits où d'autres personnes fument?

Beaucoup de temps [ ]
Assez de temps [ ] NE COCHEZ QU'UNE SEULE RÉPONSE
Peu de temps [ ]
Aucun temps [ ]

POURQUOI FUMEZ-VOUS?

16. Je fume…

COCHEZ TOUTES LES RÉPONSES APPLICABLES

Pour relaxer [ ]
Parce que j'ai une dépendance à la nicotine [ ]
Parce que mes amis fument [ ]
Parce que ma famille fume [ ]
Parce que j'ai peur de gagner du poids si j'arrête de fumer [ ]
Parce que fumer aide à la concentration [ ]
Parce que j'ai trop de stress dans ma vie [ ]
Parce que j'aime vraiment fumer [ ]
Parce que c'est devenu une habitude [ ]
Quand je m'ennuie [ ]
Quand je sors ou quand je prends un verre [ ]
Autre (précisez) : _____

HISTORIQUE DE L'ABANDON DU TABAGISME

Les prochaines questions exploreront certains enjeux relatifs à l'abandon du tabagisme.

17. Avez-vous déjà essayé d'arrêter de fumer?

Oui [ ]
Non [ ] PASSE Z À LA QUESTION 22

SI OUI :

18. Combien de fois avez-vous tenté d'arrêter de fumer au cours des 5 dernières années? Veuillez inclure seulement les fois où vous avez passé une journée ou plus sans fumer parce que vous tentiez d'arrêter.

Zéro (0) fois au cours des 5 dernières années	[ ]	PASSEZ À LA QUESTION 22
1 à 2 fois	[ ]	
3 à 4 fois	[ ]	
5 à 6 fois	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
7 à 10 fois	[ ]	
Plus de 10 fois	[ ]	

---

19. Quelle est la plus longue période de temps pendant laquelle vous êtes parvenu(e) à ne pas fumer lors d'une de vos tentatives des 5 dernières années?

Moins d'une semaine	[ ]	
1 à 4 semaines	[ ]	
1 à 6 mois	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
6 mois à 1 an	[ ]	
Plus d'un an	[ ]	

20. À quand remonte votre dernière tentative?

Il y a quelques jours	[ ]	
Il y a quelques semaines	[ ]	
Il y a quelques mois	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Il y a entre 6 mois et 1 an	[ ]	
Il y a plus d'un an	[ ]	

---

21. Lorsque vous avez tenté d'arrêter de fumer la dernière fois, était-ce planifié ou non planifié?

- Une tentative d'abandon du tabagisme planifiée fait référence, par exemple à : prévoir la date à laquelle vous arrêterez de fumer (p. ex. le jour de l'An), vous procurer des timbres de nicotine ou terminer votre paquet de cigarettes avant d'arrêter de fumer.
- Une tentative d'abandon du tabagisme non planifiée fait référence aux fois où vous avez tout simplement décidé d'arrêter de fumer et l'avez fait.

Tentative planifiée	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Tentative non planifiée	[ ]	

À TOUS :

22. AVEZ-VOUS DÉJÀ PARTICIPÉ À UN PROGRAMME POUR ARRÊTER DE FUMER (EN GROUPE, AU TRAVAIL, SUR LE WEB, ETC.)?

Oui	[ ]
Non	[ ]

PRÊT(E) À ARRÊTER DE FUMER?

23. Lequel des énoncés suivants décrit le mieux la manière dont vous envisagez changer vos habitudes de fumer? NE COCHEZ QU'UNE SEULE RÉPONSE

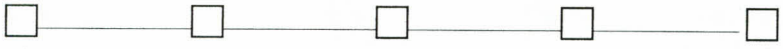
J'ai l'intention d'arrêter de fumer au cours des 30 prochains jours	[ ]
J'ai l'intention d'arrêter de fumer au cours des 6 prochains mois	[ ]
J'ai l'intention d'arrêter de fumer, mais je ne sais pas quand	[ ]
Je n'ai pas l'intention d'arrêter, mais je veux réduire ma consommation	[ ]
Je n'ai ni l'intention d'arrêter, ni de réduire ma consommation	[ ]

---

24. À l'heure actuelle, dans quelle mesure êtes-vous motivé(e) à arrêter de fumer?

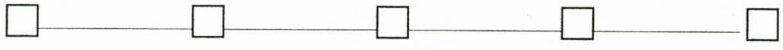
Pas du tout motivé(e) — Ambivalent(e) — Très motivé(e)

25. Dans quelle mesure êtes-vous confiant(e) de pouvoir arrêter de fumer?



Pas du tout confiant(e) — Ambivalent(e) — Très confiant(e)

26. Dans quelle mesure êtes-vous renseigné(e) sur des moyens qui peuvent vous aider à arrêter de fumer?



Pas du tout renseigné(e) — Entre les deux — Très renseigné(e)

---

27. Croyez-vous que vous fumerez dans un an?

Certainement	[ ]	
Probablement	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Probablement pas	[ ]	
Certainement pas	[ ]	

ÉTABLIR UN PLAN POUR ARRÊTER DE FUMER

28. Croyez-vous que vous seriez capable d'arrêter de fumer seul(e)?

Certainement	[ ]	
Probablement	[ ]	NE COCHEZ QU'UNE SEULE RÉPONSE
Probablement pas	[ ]	
Certainement pas	[ ]	

*PROGRAMMATION : SAUTEZ LES DEUX PROCHAINES QUESTIONS.

29. Si vous désiriez obtenir de l'aide pour arrêter de fumer, sauriez-vous à qui vous adresser?

Oui	[ ]
Non	[ ]
J'ai déjà arrêté de fumer	[ ]

SI OUI :

30. À qui vous adresseriez-vous pour obtenir de l'aide? Veuillez être précis(e).

_____

_____

_____

POURQUOI ARRÊTER DE FUMER?

31. Dans quelle mesure êtes vous en accord ou en désaccord avec les énoncés suivants? Veuillez utiliser une échelle de 1 à 5 où « 1 » correspond à « fortement en désaccord » et « 5 », à « fortement en accord ».

	Fortement en désaccord 1	**2**	**3**	**4**	**Fortement en accord 5**
Ma santé en tant que fumeur(euse) me préoccupe.	O	O	O	O	O
Je m'inquiète de l'effet de mon tabagisme sur les autres.	O	O	O	O	O
Je pense au surplus d'argent que j'aurai lorsque j'aurai arrêté de fumer la cigarette.	O	O	O	O	O
La cigarette nuit souvent à mes activités physiques ou sociales.	O	O	O	O	O
Je veux réellement arrêter de fumer et je crois que je suis prêt(e).	O	O	O	O	O
Fumer est mois acceptable socialement maintenant qu'auparavant.	O	O	O	O	O
Arrêter de fumer est plus facile lorsque c'est	O	O	O	O	O

planifié.					
Arrêter de fumer est trop difficile.	O	O	O	O	O

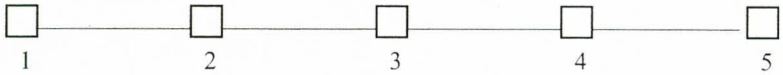
32. On *peut* vouloir arrêter de fumer pour plusieurs raisons. Sur une échelle de 1 à 5 où « 1 » correspond à « pas du tout importante » et « 5 », à « très importante », veuillez indiquer l'importance de chacune de ces raisons pour vous. Si la raison ne s'applique pas dans votre cas, veuillez cocher SANS OBJET

	Pas du tout importante 1	**2**	**3**	**4**	**Très importante 5**	**SANS OBJET**
Si mon époux(se) ou mon (ma) conjoint(e) me demande d'arrêter.	O	O	O	O	O	O
Pour sentir que j'ai le contrôle sur ma vie.	O	O	O	O	O	O
Pour me sentir mieux de façon générale.	O	O	O	O	O	O
Pour prouver que je suis capable d'arrêter si je le veux vraiment.	O	O	O	O	O	O
Pour ne pas sentir la fumée ou la cigarette.	O	O	O	O	O	O
Parce que je connais des personnes qui ont été malades ou qui sont décédées parce qu'elles fumaient.	O	O	O	O	O	O
Si quelqu'un ou quelque chose m'aidait à arrêter.	O	O	O	O	O	O

PROFIL

Les dernières questions ne serviront qu'à des fins de statistiques et d'analyse. Soyez assuré(e) que toutes vos réponses demeureront strictement confidentielles.

33. De façon générale, dans quelle mesure êtes-vous une personne active? Nous faisons ici référence à toutes les formes d'exercice et d'activité physique. Veuillez utiliser une échelle de 1 à 5 où « 1 » correspond à « pas du tout active » et « 5 », à « très active ».



Pas du tout active — Entre les deux — Très active

34. Êtes-vous…?

Un homme [ ] NE COCHEZ QU'UNE SEULE RÉPONSE
Une femme [ ]

35. Quelle est votre situation d'emploi?

Travailleur(euse) à temps plein	[ ]	
Travailleur(euse) à temps partiel	[ ]	
Travailleur(euse) autonome	[ ]	COCHEZ TOUTES LES RÉPONSES APPLICABLES
Sans emploi	[ ]	
Étudiant(e)	[ ]	
Retraité(e)	[ ]	
Personne à la maison	[ ]	
Autre (veuillez préciser)_____		

36. Quel est le plus haut niveau de scolarité que vous avez atteint? NE COCHEZ QU'UNE SEULE RÉPONSE

Études primaires ou secondaires en partie	[ ]
Études secondaires terminées	[ ]
Études techniques, études collégiales ou CÉGEP non terminé(es)	[ ]
Études techniques, études collégiales ou CÉGEP terminé(es)	[ ]
Études universitaires non terminées	[ ]
Études universitaires terminées	[ ]

37. Quelle est votre origine ethnique? NE COCHEZ QU'UNE SEULE RÉPONSE

Blanche/caucasienne	[ ]
Noire	[ ]
Canadien(ne) d'origine autochtone	[ ]
Asiatique du Sud (p.ex. indienne, pakistanaise)	[ ]
Asiatique du Sud-Est (p.ex. chinoise, coréenne)	[ ]
Moyenne-orientale	[ ]
Latino-américaine	[ ]
Autre (veuillez préciser)_____	

38. Où habitez-vous?

Ajoutez la liste des provinces et des territoires: _____

39. Quel était le revenu total de votre foyer avant impôt et retenues salariales en 2005? Était-ce…?

Moins de 20 000 $	[ ]
20 000 $ à 29 999 $	[ ]
30 000 $ à 39 999 $	[ ]

40 000 $ à 49 999 $	[ ]
50 000 $ à 59 999 $	[ ]
60 000 $ à 69 999 $	[ ]
70 000 $ à 79 999 $	[ ]
80 000 $ à 89 999 $	[ ]
90 000 $ à 99 999 $	[ ]
100 000 $ et plus	[ ]

Merci. Le sondage est maintenant terminé. Merci de votre collaboration.

Initial Follow-up Survey

This is the initial follow-up survey to the survey that you completed approximately one month ago. We sincerely appreciate your participation in this study.

Your responses will be kept entirely confidential. Health Canada will only receive combined results – no individuals will be identified in any way. The research is being conducted for Health Canada by Phoenix SPI, an independent research firm, using the eVox online panel.

The survey should take no more than 15 minutes to complete. You can save your responses at any time and return to complete the questionnaire at your convenience.

INTERNAL NOTES:

- A 'DON'T KNOW/NO RESPONSE' OPTION WILL BE AVAILABLE TO RESPONDENTS FOR ALL APPROPRIATE QUESTIONS. WHERE RELEVANT, A 'NOT APPLICABLE' OPTION WILL ALSO BE AVAILABLE AS A SEPARATE RESPONSE.
- AN ID SYSTEM WILL BE USED TO MATCH INDIVIDUAL PARTICIPANT'S COMPLETED SURVEYS (I.E. PRE-, POST- AND FOLLOW-UPS).

SMOKING STATUS

These first questions focus on smoking behaviour. This includes cigarettes that are bought ready-made, as well as cigarettes that you make yourself.

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

Every day	[ ]	
Occasionally (less than every day)	[ ]	CHECK ONE ONLY
Not at all	[ ]	GO TO Q14

IF SMOKE EVERY DAY:

2. On average, how many cigarettes do you smoke per day?

A few puffs (drags, hits) each day	[ ]	
1 to 4 cigarettes each day	[ ]	
5 to 10	[ ]	CHECK ONE ONLY
11 to 20	[ ]	
21 to 30	[ ]	
More than 30 cigarettes per day	[ ]	

IF SMOKE OCCASIONALLY:

3. In the past 30 days, on about how many days did you smoke?

Number of days: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

4. On the days that you do smoke, about how many cigarettes do you smoke?

Number of cigarettes per day: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

---

5. Which of the following apply to you? (RANDOMIZE ORDER)

	Yes	No
Do you find it difficult to **not** smoke in places where it is forbidden, such as restaurants, theaters/cinemas, or airports?		
Do you smoke more during the morning than during the rest of the day?		
Do you smoke even if you are so ill that you are in bed most of the day?		
Do you ever have a craving for a cigarette (a feeling that you really need a cigarette at that time)?		
Do you worry that you will run out of cigarettes?		

---

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

Within 5 minutes [ ]
6-30 minutes [ ] CHECK ONE ONLY
31-60 minutes [ ]
More than 60 minutes [ ]

---

7. Which cigarette would you most hate to give up?

The first in the morning [ ]
Any other [ ] CHECK ONE ONLY

---

8. Does the brand you smoke have a low, medium or high nicotine content?

Low [ ]
Medium [ ] CHECK ONE ONLY
High [ ]

---

9. How often do you inhale the smoke from your cigarette?

Always	[ ]	
Sometimes	[ ]	CHECK ONE ONLY
Never	[ ]	

10. How often do you smoke at the following **times**? If something does not apply to you, please check the N/A option ('Not Applicable').

	Often	Sometimes	Never	N/A
Before the work day	O	O	O	O
During the work day	O	O	O	O
After the work day	O	O	O	O
In the evenings	O	O	O	O
On weekends	O	O	O	O

11. How often do you smoke with the following **people**? If something does not apply to you, please check the N/A option.

	Often	Sometimes	Never	N/A
With your friends	O	O	O	O
With your co-workers	O	O	O	O
With other family members	O	O	O	O
By yourself	O	O	O	O

12. How much time do you spend in places where other people smoke?

A lot of time	[ ]	
Some time	[ ]	CHECK ONE ONLY
A little time	[ ]	
No time	[ ]	

13. How many of your friends smoke?

None	[ ]	
A few	[ ]	
About half	[ ]	CHECK ONE ONLY
Most	[ ]	
All	[ ]	

RECENT ATTEMPTS TO QUIT SMOKING

The following questions explore issues related to quitting smoking.

14. Within the past month or so, have you tried to quit smoking? (MATCH TIMEFRAME TO START OF PROGRAM BY INTERVENTION GROUP)

Yes	[ ]	
No	[ ]	SKIP TO QUESTION 18

IF YES:

15. How many times have you tried to quit smoking within the past month? Please only include times that you went a day or more without smoking because you were trying to quit.

Once	[ ]	
2 times	[ ]	
3 times	[ ]	CHECK ONE ONLY
4 times	[ ]	
5 times or more	[ ]	

16. Were you successful in quitting smoking? That is, do you no longer smoke?

Yes, no longer smoke	[ ]	SKIP TO QUESTION 19
No, still smoke	[ ]	

IF NO:

17. What is the longest period of time you were smoke-free during any of your quit attempts within the past month?

Record in number of days: _____

READINESS TO QUIT SMOKING

18. Which of the following statements best describes how you feel right now about changing your smoking?

I plan to quit smoking within the next 30 days	[ ]	
I plan to quit smoking within the next 6 months	[ ]	
I plan to quit smoking, but am not sure when	[ ]	CHECK ONE ONLY
I don't plan to quit, but want to cut down	[ ]	
I don't plan to quit smoking or cut down	[ ]	
I recently quit smoking	[ ]	

19. Right now, how motivated are you to quit smoking, or stay quit?

1 Not motivated at all — 3 In between — 5 Highly motivated

20. How confident are you that you can quit smoking, or stay quit?

1 Not confident at all — 3 In between — 5 Very confident

21. How much do you know about the types of things you can do to help you quit smoking, or stay quit?

1 Nothing at all — 3 In between — 5 A great deal

MAKING A QUIT PLAN

22. Thinking about the **last month <u>only</u>**, which of the following have you done, if any?

	Yes	No
Set a quit date for when you want to quit smoking.		
Cut back on the number of cigarettes you smoke.		
To try to cut down, smoke less than a full cigarette when you smoke.		
Spoken to a family doctor, pharmacist, counsellor or other health care professional about quitting smoking.		
Told your friends/family that you intend to quit smoking.		
Tried any nicotine replacement products like the patch or nicotine gum.		
Tried to avoid situations that trigger your urge to smoke.		
Used the Internet to look for information or assistance related to quitting smoking.		
Did you review or try to use any quit smoking program?*		

*Version for intervention group would add the following words to the end of the question "other than the *On the Road to Quitting* program that we asked you to use as part of this study?"

ASK THOSE WHO HAVE **NOT** QUIT (NEXT THREE QUESTIONS):

23. To what extent do you agree or disagree with the following statements? Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree. (RANDOMIZE ORDER)

	Strongly disagree 1	2	3	4	Strongly agree 5
I am concerned about my health as a smoker.	O	O	O	O	O
I worry about the impact of my smoking on others around me.	O	O	O	O	O
I think about the extra money I'll have when I stop smoking cigarettes.	O	O	O	O	O
Smoking often gets in the way of my physical or social activities.	O	O	O	O	O
I seriously want to quit smoking and think I am ready.	O	O	O	O	O

24. There are a number of reasons why people *might* want to quit smoking. For each of the following, please indicate how important that potential reason is to you personally, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option. (RANDOMIZE ORDER)

	Not important at all 1	2	3	4	Very important 5	N/A
If my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I can quit smoking if I really want to.	O	O	O	O	O	O
So I don't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I know other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
If there was someone or something to help me quit.	O	O	O	O	O	O

25. Do you think you will still be smoking in a year from now?

Definitely [ ]
Probably [ ]
Probably not [ ]
Definitely not [ ]

ASK THOSE WHO **HAVE** QUIT (NEXT THREE QUESTIONS):

26. When you quit smoking, was this planned or unplanned?

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Planned quit attempt [ ] CHECK ONE ONLY
Unplanned quit attempt [ ]

27. To what extent do you agree or disagree with the following statements about why you quit smoking. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I was concerned about my health as a smoker.	O	O	O	O	O
I worried about the impact of my smoking on others around me.	O	O	O	O	O
I thought about the extra money I would have when I stopped smoking cigarettes.	O	O	O	O	O
Smoking often got in the way of my physical or social activities.	O	O	O	O	O
I seriously wanted to quit smoking and thought I was ready.	O	O	O	O	O

28. There are a number of reasons why people *might* quit smoking. For each of the following, please indicate how important that potential reason was to you personally when you decided to quit smoking, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option.

	Not important at all 1	**2**	**3**	**4**	**Very important 5**	**N/A**
Because my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I could quit smoking if I really wanted to.	O	O	O	O	O	O

So I didn't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I knew other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
Because there was someone or something to help me quit.	O	O	O	O	O	O

ASK EVERYONE:

29. Please tell me if you think each of the following statements is definitely true, probably true, probably not true or definitely not true.

	Definitely true	**Probably true**	**Probably not true**	**Definitely not true**	**Don't know/No response**
Former smokers can expect to live longer than those who continue to smoke.	O	O	O	O	O
Within one year of quitting smoking, the risk of having a smoking-related heart attack is cut in half.	O	O	O	O	O
There is no health benefit from quitting smoking after you already have a smoking-related disease.	O	O	O	O	O
The health benefits of quitting smoking begin within one day of quitting.	O	O	O	O	O
The chances of having a heart attack start to go down within 2 days of quitting smoking.	O	O	O	O	O
After quitting, the cravings for nicotine will get weaker over time.	O	O	O	O	O
For some smokers, it is better to keep smoking than risk the stress and disruption of quitting.	O	O	O	O	O
There are now more ex-smokers than smokers in Canada.	O	O	O	O	O
Most smokers who quit take several attempts to do so.	O	O	O	O	O
Quitting takes practice.	O	O	O	O	O

INTERVENTION GROUP MODULE

The questions in this section are about the **On The Road To Quitting (OTRQ)** online program that you were asked to complete. OTRTQ is a multi-stage program designed to help people quit smoking or cut down.

30. On average, how often did you visit the OTRTQ website?

3 days or more each week [ ]
2 days each week [ ] CHECK ONE ONLY
1 day each week [ ]

Less than once a week [ ]

31. You can use the OTRTQ program in two ways. Which of the two ways did you use the program? CHECK ONE ONLY

As a personal assessment and planning guide [ ]
To get information on specific topics of interest to you [ ]

32. When exploring the site, did you review or use the Guide to becoming a non-smoker? This is a guide that complements the information on the website, and is accessed through a large icon on the top-right hand part of the site's homepage. CHECK ONE ONLY

Yes, reviewed the Guide [ ]
No, did not review the Guide [ ]
Not sure/uncertain [ ]

ASK RESPONDENTS WHO REVIEWED THE GUIDE:

33. Some people visiting the site might have only reviewed the Guide. The Guide has a detailed table of contents that enable users to go to different sections that contain information of interest to them. Since there is a lot of information in the Guide, some people might not have realized that it was not the main website they were using, but only parts of the Guide. So far as you can tell, did you review/use the Guide only or the Guide and other parts of the OTRTQ program/website? CHECK ONE ONLY

Guide only [ ]
Guide and other parts of OTRTQ program/website [ ]

34. Which of these activities of the OTRTQ program did you do?

Activities	Yes	No
Questionnaire to create your personal profile.	O	O
What does smoking cost you?	O	O
Write down any other reasons you have for smoking.	O	O
Making the decision to quit.	O	O
Preparing to quit within the next month: Steps to success.	O	O
Building motivation.	O	O
Call a quitline.	O	O
Subscribe to e-Quit.	O	O
Ordering the Guide to becoming a non-smoker.	O	O
Make a doctor's appointment.	O	O

35. How helpful was each of the activities you did? Please use a 5-point scale, where '1' means not helpful at all, and '5' means very helpful. NOTE: ONLY ACTIVITIES USED IN PREVIOUS QUESTION WILL APPEAR FOR RESPONDENTS TO RATE.

	Not helpful at all 1	2	3	4	Very helpful 5
Questionnaire to create your personal profile.	O	O	O	O	O
What does smoking cost you?	O	O	O	O	O
Write down any other reasons you have for smoking.	O	O	O	O	O
Making the decision to quit.	O	O	O	O	O
Preparing to quit within the next month: Steps to success.	O	O	O	O	O
Building motivation.	O	O	O	O	O
Call a quitline.					
Subscribe to e-Quit.					
Ordering the Guide to becoming a non-smoker.	O	O	O	O	O
Make a doctor's appointment.	O	O	O	O	O

36. What impact did the OTRTQ program have in each of these areas?

	No impact	Small impact	Medium impact	Big impact
Helping you understand your smoking habits, such as when you smoke and why.	O	O	O	O
Helping you understand the advantages of quitting smoking.	O	O	O	O
Increasing your knowledge about health facts and smoking.	O	O	O	O
Increasing your motivation to quit smoking.	O	O	O	O
Increasing your confidence that you can quit smoking or stay quit.	O	O	O	O
Teaching you skills to help you quit smoking or cut down.	O	O	O	O
Providing you with information to help you quit smoking or cut down.	O	O	O	O
Providing you with ideas about how to create a positive environment for yourself.	O	O	O	O
Helping you identify difficult situations and develop ways to cope with them.	O	O	O	O
Giving you ideas to help you stay smoke-free once you have quit smoking.	O	O	O	O

37. To what extent do you agree or disagree with the following statements about the OTRTQ program. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I would recommend the program to my friends who smoke.	O	O	O	O	O
I got the kind of help I needed from the program.	O	O	O	O	O
The activities were interesting and useful.	O	O	O	O	O
The OTRTQ website was easy to use.	O	O	O	O	O
It was easy to find what I needed on the website.	O	O	O	O	O

38. Overall, how useful was the OTRTQ program to help you try to quit smoking, or cut down on the amount you smoke?

☐ 1 Not useful at all ☐ 2 ☐ 3 In between ☐ 4 ☐ 5 Very useful

39. What do you suggest to make the program better?

_____
_____
_____
_____
_____

BACKGROUND INFORMATION

These last questions are for background and analytical purposes only. Please remember that your responses to these and other questions will be kept completely confidential.

40. In general, how active are you? This includes all forms of exercise and physical activity. Please use a 5-point scale, where '1' is not active at all, and '5' is very active.

☐ 1 Not active at all ☐ 2 ☐ 3 In between ☐ 4 ☐ 5 Very active

41. What is your current employment status?

Working full-time [ ]

Working part-time	[ ]	
Self-employed	[ ]	CHECK ALL THAT APPLY
Unemployed	[ ]	
Student	[ ]	
Retired	[ ]	
Homemaker	[ ]	
Other (please specify)_____		

Thank you. That completes the survey. Your participation is greatly appreciated.

Premier sondage de suivi

Il s'agit ici de la première enquête de suivi au sondage auquel vous avez participé il y a environ un mois. Nous vous sommes reconnaissants de votre participation à cette étude sur le tabagisme.

Vos réponses demeureront strictement confidentielles. Santé Canada n'aura accès qu'aux données consolidées. Aucune personne ne sera identifiée de quelque manière que ce soit. Cette étude est réalisée pour Santé Canada par Phœnix SPI, une maison de recherche indépendante, par le biais du panel en ligne eVox.

Il ne vous faudra pas plus de 15 minutes pour remplir le questionnaire. Vous pouvez sauvegarder vos réponses à tout moment et retourner au questionnaire pour le remplir à votre convenance.

NOTEZ INTERNES :

- LÀ OÙ IL CONVIENT DE LE FAIRE, ON OFFRIRA AUX RÉPONDANTS LA POSSIBILITÉ DE CHOISIR LA CATÉGORIE DE RÉPONSE « JE NE SAIS PAS/N'A PAS RÉPONDU ». UNE AUTRE CATÉGORIE DE RÉPONSE, « SANS OBJET », SERA AUSSI OFFERTE SÉPARÉMENT.
- ON AURA RECOURS À UN SYSTÈME D'IDENTIFICATION PERMETTANT DE REGROUPER LES QUESTIONNAIRES REMPLIS PAR CHAQUE PARTICIPANT (PRÉ-, POST- ET SUIVI).

USAGE DE LA CIGARETTE

Les premières questions portent sur l'usage de la cigarette. Il est question ici des cigarettes que vous achetez toutes faites et de même que celles que vous roulez vous-même.

1. Actuellement, fumez-vous la cigarette tous les jours, à l'occasion ou jamais?

Je fume tous les jours	[ ]	
Je fume à l'occasion (moins d'une fois par jour)	[ ]	NE COCHER QU'UNE SEULE CASE
Je ne fume pas	[ ]	ALLER À LA Q14

SI FUME TOUS LES JOURS :

2. En moyenne, combien de cigarettes fumez-vous chaque jour?

Quelques bouffées chaque jour	[ ]	
1 à 4 cigarettes chaque jour	[ ]	
5 à 10	[ ]	COCHEZ UNE SEULE RÉPONSE
11 à 20	[ ]	
21 à 30	[ ]	
Plus de 30 cigarettes par jour	[ ]	

SI FUME À L'OCCASION :

3. Au cours des 30 derniers jours, environ combien de jours avez-vous fumé?

   Nombre de jours : _____ INDIQUER UN SEUL CHIFFRE, PAS UNE FOURCHETTE.

4. Les jours où vous fumez, environ combien de cigarettes fumez-vous?

   Nombre de cigarettes par jour : _____ INDIQUER UN SEUL CHIFFRE, PAS UNE FOURCHETTE.

---

5. Lesquels des énoncés suivants s'appliquent à vous? (PRÉSENTEZ DE FAÇON ALÉATOIRE.)

	Oui	**Non**
Trouvez-vous difficile de ne **pas** fumer là où c'est interdit, par exemple dans les restaurants, les salles de cinéma ou à les aéroports?		
Fumez-vous plus le matin que le reste de la journée?		
Fumez-vous même lorsque vous êtes malade et au lit presque toute la journée?		
Vous arrive-t-il d'avoir grandement envie d'une cigarette (l'impression d'avoir vraiment besoin d'une cigarette à ce moment précis)?		
Vous inquiétez-vous de manquer de cigarettes?		

---

6. Combien de temps après votre réveil fumez-vous votre première cigarette?

   Moins de 5 minutes [ ]
   6 à 30 minutes [ ] COCHEZ UNE SEULE RÉPONSE
   31 à 60 minutes [ ]
   Plus de 60 minutes [ ]

---

7. À quelle cigarette auriez-vous le plus de difficulté à renoncer?

   La première cigarette du matin [ ]
   Toute autre cigarette [ ] COCHEZ UNE SEULE RÉPONSE

---

8. La marque de cigarette que vous fumez est-elle à faible teneur, à teneur modérée ou à teneur élevée en nicotine?

   Faible [ ]
   Moyen [ ] COCHEZ UNE SEULE RÉPONSE
   Élevé [ ]

---

9. À quelle fréquence inspirez-vous la fumée de la cigarette lorsque vous fumez?

Toujours	[ ]	
À l'occasion	[ ]	COCHEZ UNE SEULE RÉPONSE
Jamais	[ ]	

10. À quelle fréquence fumez-vous aux moments suivants? Si l'un de ces moments ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Souvent	Parfois	Jamais	S. O.
Avant d'arriver au travail	O	O	O	O
Pendant la journée au travail	O	O	O	O
Après le travail	O	O	O	O
En soirée	O	O	O	O
Pendant le week-end	O	O	O	O

11. À quelle fréquence fumez-vous en compagnie des personnes suivantes? Si l'une de ces options ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Souvent	Parfois	Jamais	S. O.
Avec des amis	O	O	O	O
Avec des collègues	O	O	O	O
Avec des membres de votre famille	O	O	O	O
Seul(e)	O	O	O	O

12. Combien de temps passez-vous dans des endroits où se trouvent des fumeurs?

Beaucoup de temps	[ ]	
Passablement de temps	[ ]	COCHEZ UNE SEULE RÉPONSE
Peu de temps	[ ]	
Aucun (temps)	[ ]	

13. Combien de vos amis fument?

Aucun	[ ]	
Quelques-uns	[ ]	
Environ la moitié	[ ]	COCHEZ UNE SEULE RÉPONSE
La plupart	[ ]	
Tous	[ ]	

TENTATIVES RÉCENTES DE RENONCEMENT À LA CIGARETTE

Les questions suivantes portent sur le renoncement à la cigarette.

14. Au cours du dernier mois, environ, avez-vous essayé de cesser de fumer? (FAIRE CORRESPONDRE LA PÉRIODE AVEC LE MOMENT OÙ LE GROUPE ÉTUDIÉ A COMMENCÉ LE PROGRAMME)

Oui	[ ]	
Non	[ ]	ALLER À LA QUESTION 18

SI OUI :

15. Combien de fois avez-vous essayé de cesser de fumer, au cours du dernier mois? Ne tenez compte que des occasions où vous n'avez pas fumé pendant au moins une journée parce que vous tentiez de cesser de fumer.

Une fois	[ ]	
2 fois	[ ]	
3 fois	[ ]	NE COCHER QU'UNE SEULE CASE
4 fois	[ ]	
5 fois ou plus	[ ]	

---

16. Avez-vous réussi à cesser de fumer, c'est-à-dire que vous ne fumez plus à l'heure actuelle?

Oui, je ne fume plus	[ ]	ALLEZ À LA QUESTION 19
Non, je fume toujours	[ ]	

SI NON :

17. Quelle est la période la plus longue pendant laquelle vous n'avez pas fumé, au cours d'une de ces tentatives, durant le dernier mois?

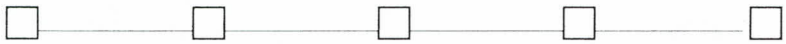
Indiquer le nombre de jours : _____

DISPOSITION À CESSER DE FUMER

18. Lequel des énoncés suivants décrit le mieux vos intentions à l'égard de votre usage de la cigarette?

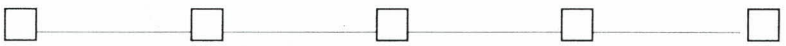
Je prévois cesser de fumer dans les 30 prochains jours	[ ]	
Je prévois cesser de fumer dans les 6 prochains mois	[ ]	
Je prévois cesser de fumer mais je ne sais pas quand je le ferai	[ ]	NE COCHER QU'UNE
Je ne prévois pas cesser de fumer mais je veux réduire ma consommation	[ ]	SEULE CASE
Je ne prévois pas cesser de fumer ni réduire ma consommation	[ ]	
J'ai récemment cessé de fumer	[ ]	

19. Présentement, jusqu'à quel point êtes-vous motivé(e) à cesser de fumer ou à ne pas recommencer?



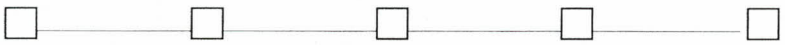
1 Pas motivé(e) du tout — 2 — 3 Entre les deux — 4 — 5 Très motivé(e)

20. Dans quelle mesure êtes-vous confiant(e) de pouvoir cesser de fumer ou de ne pas recommencer?



1 Pas confiant(e) du tout — 2 — 3 Entre les deux — 4 — 5 Très confiant(e)

21. Que savez-vous des genres de choses que vous pouvez faire pour arriver à cesser de fumer ou pour ne pas recommencer?



1 Rien du tout — 2 — 3 Entre les deux — 4 — 5 Beaucoup

ÉLABORATION D'UN PLAN DE RENONCEMENT

22. Veuillez indiquer ci-dessous les choses que vous avez faites au cours du **dernier mois seulement**.

	Oui	**Non**
Choisi une date à laquelle vous cesserez de fumer.		
Réduit le nombre de cigarettes que vous fumez.		
Pour essayer de réduire votre consommation, vous avez évité de fumer vos cigarettes en entier.		
Parlé à votre médecin de famille, un pharmacien, un conseiller ou un autre professionnel de la santé à propos de votre intention de cesser de fumer.		
Dit à vos amis/amies ou à votre famille que vous aviez l'intention de cesser de fumer.		
Essayé des produits de substitution de la nicotine, comme le timbre ou la gomme à la nicotine.		
Essayé d'éviter les situations qui vous donnent envie de fumer.		
Cherché, dans Internet, des renseignements sur le renoncement au tabac, ou de l'aide pour cesser de fumer.		
Avez-vous examiné et essayé des programmes de renoncement au tabac?*		

*Version pour le groupe étudié : ajoutez ce qui suit à la question « autre que le programme *Sur la voie de la réussite* » auquel nous vous avons demandé de participer pour cette étude? »

POSER LES TROIS QUESTIONS SUIVANTES AUX JEUNES **N'AYANT PAS** CESSÉ DE FUMER :

23. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupe étant donné que je fume la cigarette.	O	O	O	O	O
Je m'inquiète des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pense à l'argent que j'aurai de plus quand j'aurai cessé de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêche souvent de sortir ou de faire de l'activité physique autant que je voudrais.	O	O	O	O	O
Je veux sérieusement cesser de fumer et je crois être prêt(e).	O	O	O	O	O

24. Il y a plusieurs raisons pour lesquelles on pourrait vouloir cesser de fumer. Veuillez indiquer l'importance qu'ont pour vous, personnellement, les raisons présentées ci-dessous et ce, à l'aide d'une échelle de 1 à 5, où « 1 » signifie que la raison en question n'est pas du tout importante et « 5 », qu'elle est très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Si mon conjoint ou ma conjointe me demandait de cesser de fumer.	O	O	O	O	O	O
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O
Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que je suis capable de cesser de fumer si je le veux vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connais des gens qui sont tombés malades ou sont décédés à cause de la cigarette.	O	O	O	O	O	O
S'il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

25. Croyez-vous que vous fumerez toujours dans un an?

Certainement [ ]

Probablement [ ]
Probablement pas [ ]
Certainement pas [ ]

POSER LES TROIS QUESTIONS SUIVANTES AUX JEUNES **QUI ONT CESSÉ** DE FUMER :

26. LORSQUE VOUS AVEZ CESSÉ DE FUMER, L'AVIEZ-VOUS PLANIFIÉ OU NON?

- Une tentative planifiée comprend la planification de cesser de fumer à une date précise (p. ex. pour le Jour de l'an), prendre les moyens nécessaires pour se procurer des timbres de nicotine ou attendre d'avoir fumé toutes les cigarettes d'un paquet avant d'arrêter.
- Une tentative non planifiée comprend toute situation où vous avez simplement décidé de cesser de fumer et vous l'avez fait.

Je l'avais planifié [ ] COCHEZ UNE SEULE RÉPONSE
Je ne l'avais pas planifié [ ]

27. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants expliquant peut-être pourquoi avez-vous cessé de fumer? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupait étant donné que je fumais la cigarette.	O	O	O	O	O
Je m'inquiétais des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pensais à l'argent que j'aurais de plus quand je cesserais de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêchait souvent de sortir ou de faire de l'activité physique autant que je voulais.	O	O	O	O	O
Je voulais sérieusement cesser de fumer et je croyais être prêt(e).	O	O	O	O	O

28. Il y a plusieurs raisons pour lesquelles on pourrait cesser de fumer. Veuillez indiquer l'importance qu'ont eue pour vous les raisons présentées ci-dessous quand vous avez décidé de cesser de fumer. Utilisez une échelle de 1 à 5, où « 1 » signifie que la raison en question n'était pas du tout importante et « 5 », qu'elle était très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Mon conjoint ou ma conjointe m'a demandé	O	O	O	O	O	O

de cesser de fumer.						
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O
Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que j'étais capable de cesser de fumer si je le voulais vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connaissais des gens qui étaient tombés malades ou sont décédés à cause de la cigarette.	O	O	O	O	O	O
Il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

POSEZ À TOUS :

29. Veuillez me dire si vous croyez que chacun de ces énoncés est tout à fait vrai, probablement vrai, probablement faux ou tout à fait faux.

	Tout à fait vrai	**Probablement vrai**	**Probablement faux**	**Tout à fait faux**	**Je ne sais pas/Je préfère ne pas répondre**
Les anciens fumeurs vivent plus longtemps que ceux qui continuent à fumer.	O	O	O	O	O
Un an après avoir cessé de fumer, le risque de faire une crise cardiaque associée au tabagisme diminue de moitié.	O	O	O	O	O
Il n'y a aucun avantage de cesser de fumer lorsque l'on souffre déjà d'une maladie liée au tabagisme.	O	O	O	O	O
Les bienfaits du renoncement au tabac commencent à se manifester une journée après avoir cessé de fumer.	O	O	O	O	O
Les risques de subir une crise cardiaque commencent à diminuer 2 jours après avoir cessé de fumer.	O	O	O	O	O
Après avoir cessé de fumer, le besoin de nicotine s'estompe graduellement.	O	O	O	O	O
Pour certains fumeurs, il est préférable de continuer à fumer plutôt que d'affronter les risques et les inconvénients liés au stress de cesser de fumer.	O	O	O	O	O
À l'heure actuelle, il y a plus d'anciens fumeurs que de fumeurs au Canada.	O	O	O	O	O
La plupart des fumeurs ne parviennent à cesser de fumer qu'après plusieurs tentatives.	O	O	O	O	O

Cesser de fumer demande de la pratique.	O	O	O	O	O

MODULE DU GROUPE ÉTUDIÉ

Les questions de cette section portent sur le programme en ligne ***Sur la voie de la réussite*** auquel on vous a demandé de participer. *Sur la voie de la réussite* est un programme en plusieurs étapes conçu pour aider les fumeurs à cesser de fumer ou à diminuer leur consommation de tabac.

30. En moyenne, à quelle fréquence avez-vous consulté le site Web du programme Sur la voie de la réussite?

3 fois ou plus par semaine [ ]
2 fois ou plus par semaine [ ] COCHEZ UNE SEULE RÉPONSE
1 fois par semaine [ ]
Moins d'une fois par semaine [ ]

31. Vous pouvez utiliser le programme *Sur la voie de la réussite* de deux façons. Comment l'avez-vous utilisé? COCHEZ UNE SEULE RÉPONSE

À titre d'évaluation personnelle et de guide de planification [ ]
Pour obtenir de l'information précise sur des sujets qui m'intéressent [ ]

32. Une fois sur le site, avez-vous consulté ou utilisé le *Guide pour devenir un non-fumeur*? Ce guide complète les renseignements qui se trouvent sur le site Web. Vous y accédez en cliquant sur la grande icône en haut, à droite de la page d'accueil du site. COCHEZ UNE SEULE RÉPONSE

Oui, j'ai consulté le Guide [ ]
Non, je n'ai pas consulté le Guide [ ]
Je ne suis pas certain(e) [ ]

DEMANDEZ AUX RÉPONDANTS QUI ONT CONSULTÉ LE GUIDE :

33. Certaines personnes qui ont visité le site ont peut-être seulement consulté le Guide. Le Guide comporte une table des matières détaillée qui permet aux utilisateurs d'aller directement aux sections qui contiennent les renseignements qui les intéressent. Puisque le Guide renferme une foule de renseignements, certains ont pu croire qu'ils visitaient le site Web du programme, alors qu'ils consultaient plutôt le Guide. À votre connaissance, avez-vous uniquement consulté ou utilisé le Guide ou si vous avez également consulté d'autres sections du programme ou du site Web Sur la voie de la réussite? COCHEZ UNE SEULE RÉPONSE

Le Guide seulement [ ]
Le Guide et d'autres sections du programme ou du site Web *Sur la voie de la réussite* [ ]

34. Lesquelles des activités suivantes, du programme *Sur la voie de la réussite*, avez-vous réalisées?

Activités	Oui	Non
Questionnaire afin d'établir votre profil personnel	O	O
Combien ça vous coûte de fumer?	O	O
Écrivez toute autre raison pour fumer	O	O
Prendre la décision de cesser de fumer	O	O
Je me prépare à cesser de fumer	O	O
Développer la motivation	O	O
Appeler une ligne d'aide	O	O
Inscription à e-Jarrete	O	O
Commande le Guide pour devenir un non-fumeur	O	O
Prendre un rendez-vous médical	O	O

35. À quel point les activités que vous avez réalisées ont-elles été utiles? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que l'activité en question n'a pas du tout été utile et « 5 », qu'elle a été très utile. NOTE : SEULES LES ACTIVITÉS RETENUES À LA QUESTION PRÉCÉDENTE SERONT PRÉSENTÉES À DES FINS D'ÉVALUATION.

	Pas du tout utile 1	2	3	4	Très utile 5
Questionnaire afin d'établir votre profil personnel	O	O	O	O	O
Combien ça vous coûte de fumer?	O	O	O	O	O
Écrivez toute autre raison pour fumer	O	O	O	O	O
Prendre la décision de cesser de fumer	O	O	O	O	O
Je me prépare à cesser de fumer	O	O	O	O	O
Développer la motivation	O	O	O	O	O
Appeler une ligne d'aide					
Inscription à e-Jarrete					
Commande le Guide pour devenir un non-fumeur	O	O	O	O	O
Prendre un rendez-vous médical	O	O	O	O	O

36. Quel effet le programme *Sur la voie de la réussite* a-t-il eu sur ce qui suit?

	Aucun effet	Faible effet	Modeste effet	Effet important
Vous aider à comprendre vos habitudes en matière de tabagisme (p. ex., les moments où vous fumez et pourquoi vous le faites).	O	O	O	O
Vous aider à comprendre les avantages à cesser de fumer.	O	O	O	O
Améliorer vos connaissances en ce qui a trait aux effets du tabagisme sur la santé.	O	O	O	O
Accroître votre motivation à cesser de fumer.	O	O	O	O

Vous rendre plus confiant(e) que vous pouvez cesser de fumer ou ne pas recommencer.	O	O	O	O
Vous enseigner des techniques pour cesser de fumer ou réduire votre consommation de tabac.	O	O	O	O
Vous offrir des renseignements pour vous aider à cesser de fumer ou à réduire votre consommation.	O	O	O	O
Vous donner des idées sur la façon de créer, pour vous-même, un environnement favorable.	O	O	O	O
Vous aider à reconnaître les situations difficiles et à trouver des moyens pour composer avec celles-ci.	O	O	O	O
Vous donner des moyens vous permettant d'éviter les rechutes une fois que vous aurez cessé de fumer.	O	O	O	O

37. Dans quelle mesure êtes-vous d'accord ou en désaccord avec les énoncés suivants portant sur le programme *Sur la voie de la réussite*? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Je recommanderais le programme à mes amis fumeurs et amies fumeuses.	O	O	O	O	O
Ce programme m'a offert le genre d'aide dont j'avais besoin.	O	O	O	O	O
Les activités étaient intéressantes et utiles.	O	O	O	O	O
Le site Web du programme Sur la voie de la réussite était facile à utiliser.	O	O	O	O	O
Il était facile de trouver ce dont j'avais besoin dans le site Web.	O	O	O	O	O

38. En général, dans quelle mesure le programme *Sur la voie de la réussite* vous a-t-il été utile pour essayer de cesser de fumer?

☐ 1 Pas du tout utile — ☐ 2 — ☐ 3 Entre les deux — ☐ 4 — ☐ 5 Très utile

39. Que proposez-vous pour améliorer ce programme?

_____

_____

_____

_____

RENSEIGNEMENTS GÉNÉRAUX

Ces dernières questions nous permettront de mettre les résultats en contexte et de les analyser. Soyez assuré(e) que vos réponses à toutes les questions demeureront strictement confidentielles.

40. En général, dans quelle mesure êtes-vous actif ou active? Il est question de toutes les formes d'exercice et d'activité physique. Veuillez utiliser l'échelle de 1 à 5, où « 1 » signifie que vous n'êtes pas du tout actif ou active et « 5 », que vous êtes très actif ou active.

☐	☐	☐	☐	☐
1	2	3	4	5
Pas du tout actif ou active		Entre les deux		Très actif ou active

41. Quelle est votre situation d'emploi actuelle?

Je travaille à temps plein	[ ]	
Je travaille à temps partiel	[ ]	
Je suis travailleur(euse) autonome	[ ]	COCHEZ TOUTES LES
Je suis présentement sans emploi	[ ]	RÉPONSES APPLICABLES
Je suis étudiant(e)	[ ]	
Je suis retraité(e)	[ ]	
Je demeure à la maison	[ ]	
Autre (veuillez préciser) _____		

Merci. Voilà la fin du questionnaire. Nous vous sommes très reconnaissants de votre participation.

3-Month Follow-up Survey

This is a follow-up survey to the survey that you completed approximately three months ago. We sincerely appreciate your participation in this study.

Your responses will be kept entirely confidential. Health Canada will only receive combined results – no individuals will be identified in any way. The research is being conducted for Health Canada by Phoenix SPI, an independent research firm, using the eVox online panel.

The survey should take no more than 15 minutes to complete. You can save your responses at any time and return to complete the questionnaire at your convenience.

INTERNAL NOTES:

- A 'DON'T KNOW/NO RESPONSE' OPTION WILL BE AVAILABLE TO RESPONDENTS FOR ALL APPROPRIATE QUESTIONS. WHERE RELEVANT, A 'NOT APPLICABLE' OPTION WILL ALSO BE AVAILABLE AS A SEPARATE RESPONSE.
- AN ID SYSTEM WILL BE USED TO MATCH INDIVIDUAL PARTICIPANT'S COMPLETED SURVEYS (I.E. PRE-, POST- AND FOLLOW-UPS).

SMOKING STATUS

These first questions focus on smoking behaviour. This includes cigarettes that are bought ready-made, as well as cigarettes that you make yourself.

1. AT THE PRESENT TIME, DO YOU SMOKE CIGARETTES EVERY DAY, OCCASIONALLY OR NOT AT ALL?

Every day	[ ]	
Occasionally (less than every day)	[ ]	CHECK ONE ONLY
Not at all	[ ]	GO TO Q14

IF SMOKE EVERY DAY:

2. On average, how many cigarettes do you smoke per day?

A few puffs (drags, hits) each day	[ ]	
1 to 4 cigarettes each day	[ ]	
5 to 10	[ ]	CHECK ONE ONLY
11 to 20	[ ]	
21 to 30	[ ]	
More than 30 cigarettes per day	[ ]	

IF SMOKE OCCASIONALLY:

3. In the past 30 days, on about how many days did you smoke?

Number of days: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

4. On the days that you do smoke, about how many cigarettes do you smoke?

Number of cigarettes per day: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

---

5. Which of the following apply to you? (RANDOMIZE ORDER)

	Yes	No
Do you find it difficult to **not** smoke in places where it is forbidden, such as restaurants, theaters/cinemas, or airports?		
Do you smoke more during the morning than during the rest of the day?		
Do you smoke even if you are so ill that you are in bed most of the day?		
Do you ever have a craving for a cigarette (a feeling that you really need a cigarette at that time)?		
Do you worry that you will run out of cigarettes?		

---

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

Within 5 minutes [ ]
6-30 minutes [ ] CHECK ONE ONLY
31-60 minutes [ ]
More than 60 minutes [ ]

---

7. Which cigarette would you <u>most</u> hate to give up?

The first in the morning [ ]
Any other [ ] CHECK ONE ONLY

---

8. How often do you smoke at the following **times**? If something does not apply to you, please check the N/A option ('Not Applicable').

	Often	Sometimes	Never	N/A
Before the work day	O	O	O	O
During the work day	O	O	O	O
After the work day	O	O	O	O
In the evenings	O	O	O	O
On weekends	O	O	O	O

9. How much time do you spend in places where other people smoke?

A lot of time	[ ]	
Some time	[ ]	CHECK ONE ONLY
A little time	[ ]	
No time	[ ]	

RECENT ATTEMPTS TO QUIT SMOKING

The following questions explore issues related to quitting smoking.

10. Within the past three months or so, have you tried to quit smoking? (MATCH TIMEFRAME TO START OF PROGRAM BY INTERVENTION GROUP).

Yes	[ ]	
No	[ ]	SKIP TO QUESTION 14
Quit smoking before 3 months ago	[ ]	SKIP TO QUESTION 14

IF YES:

11. How many times have you tried to quit smoking within the past month? Please only include times that you went a day or more without smoking because you were trying to quit.

Once	[ ]	
2 times	[ ]	
3 times	[ ]	CHECK ONE ONLY
4 times	[ ]	
5 times or more	[ ]	

12. Were you successful in quitting smoking? That is, do you no longer smoke?

Yes, no longer smoke	[ ]	SKIP TO QUESTION 19
No, still smoke	[ ]	

IF NO:

13. What is the longest period of time you were smoke-free during any of your quit attempts within the past month?

Record in number of days: _____

READINESS TO QUIT SMOKING

14. Which of the following statements best describes how you feel right now about changing your smoking?

I plan to quit smoking within the next 30 days	[ ]	
I plan to quit smoking within the next 6 months	[ ]	
I plan to quit smoking, but am not sure when	[ ]	CHECK ONE ONLY
I don't plan to quit, but want to cut down	[ ]	
I don't plan to quit smoking or cut down	[ ]	
I have quit smoking*	[ ]	

*CONTINUE WITH THE NEXT THREE QUESTIONS, THEN SKIP TO Q22.

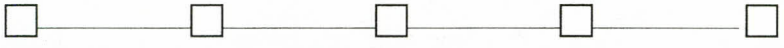
15. Right now, how motivated are you to quit smoking, or stay quit?

1	2	3	4	5
Not motivated at all		In between		Highly motivated

16. How confident are you that you can quit smoking, or stay quit?

1	2	3	4	5
Not confident at all		In between		Very confident

17. How much do you know about the types of things you can do to help you quit smoking, or stay quit?



1	2	3	4	5
Nothing at all		In between		A great deal

MAKING A QUIT PLAN

18. Thinking about the last three months or so, which of the following have you done, if any?

	Yes	No
Set a quit date for when you want to quit smoking.		
Cut back on the number of cigarettes you smoke.		
To try to cut down, smoke less than a full cigarette when you smoke.		

Spoken to a family doctor, pharmacist, counsellor or other health care professional about quitting smoking.		
Told your friends/family that you intend to quit smoking.		
Tried any nicotine replacement products like the patch or nicotine gum.		
Tried to avoid situations that trigger your urge to smoke.		
Used the Internet to look for information or assistance related to quitting smoking.		
Did you review or try to use any quit smoking program?*		

*Version for intervention group would add the following words to the end of the question "other than the *On the Road to Quitting* program that we asked you to use as part of this study?"

ASK THOSE WHO HAVE **NOT** QUIT (NEXT THREE QUESTIONS):

19. To what extent do you agree or disagree with the following statements? Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree. (RANDOMIZE ORDER)

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I am concerned about my health as a smoker.	O	O	O	O	O
I worry about the impact of my smoking on others around me.	O	O	O	O	O
I think about the extra money I'll have when I stop smoking cigarettes.	O	O	O	O	O
Smoking often gets in the way of my physical or social activities.	O	O	O	O	O
I seriously want to quit smoking and think I am ready.	O	O	O	O	O

---

20. There are a number of reasons why people *might* want to quit smoking. For each of the following, please indicate how important that potential reason is to you personally, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option. (RANDOMIZE ORDER)

	Not important at all 1	**2**	**3**	**4**	**Very important 5**	**N/A**
If my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I can quit smoking if I really want to.	O	O	O	O	O	O
So I don't smell of smoke/cigarettes.	O	O	O	O	O	O

Because I know other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
If there was someone or something to help me quit.	O	O	O	O	O	O

21. Do you think you will still be smoking in a year from now?

Definitely [ ]
Probably [ ]
Probably not [ ]
Definitely not [ ]

ASK THOSE WHO **HAVE** QUIT (NEXT THREE QUESTIONS):

22. WHEN YOU QUIT SMOKING, WAS THIS PLANNED OR UNPLANNED?

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Planned quit attempt [ ] CHECK ONE ONLY
Unplanned quit attempt [ ]

23. To what extent do you agree or disagree with the following statements about why you quit smoking. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I was concerned about my health as a smoker.	O	O	O	O	O
I worried about the impact of my smoking on others around me.	O	O	O	O	O
I thought about the extra money I would have when I stopped smoking cigarettes.	O	O	O	O	O
Smoking often got in the way of my physical or social activities.	O	O	O	O	O
I seriously wanted to quit smoking and thought I was ready.	O	O	O	O	O

24. There are a number of reasons why people *might* quit smoking. For each of the following, please indicate how important that potential reason was to you personally when you decided to quit smoking, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option.

	Not important at all 1	2	3	4	Very important 5	N/A
Because my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I could quit smoking if I really wanted to.	O	O	O	O	O	O
So I didn't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I knew other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
Because there was someone or something to help me quit.	O	O	O	O	O	O

ASK EVERYONE:

25. Please tell me if you think each of the following statements is definitely true, probably true, probably not true or definitely not true.

	Definitely true	Probably true	Probably not true	Definitely not true	Don't know/No response
Former smokers can expect to live longer than those who continue to smoke.	O	O	O	O	O
Within one year of quitting smoking, the risk of having a smoking-related heart attack is cut in half.	O	O	O	O	O
There is no health benefit from quitting smoking after you already have a smoking-related disease.	O	O	O	O	O
The health benefits of quitting smoking begin within one day of quitting.	O	O	O	O	O
The chances of having a heart attack start to go down within 2 days of quitting smoking.	O	O	O	O	O
After quitting, the cravings for nicotine will get weaker over time.	O	O	O	O	O
For some smokers, it is better to keep smoking than risk the stress and disruption of quitting.	O	O	O	O	O
There are now more ex-smokers than smokers in	O	O	O	O	O

Canada.					
Most smokers who quit take several attempts to do so.	O	O	O	O	O
Quitting takes practice.	O	O	O	O	O

26. Do you know where to go to get information to help you quit smoking (stay quit)?

Yes [ ]
No [ ] CHECK ONE ONLY

IF YES:

27. Where would you go for information?

_____
_____
_____
_____
_____

INTERVENTION GROUP

The next few questions are about the **On The Road To Quitting (OTRQ)** online program that you were asked to use a few months ago. *OTRTQ* is an online program designed to help people quit smoking or cut down.

28. Have you visited the OTRTQ program/website during the past three months? This does not include the times you visited the site when we asked you to do so as part of this study.

Yes [ ]
No [ ]

29. Thinking about your visits to *OTRTQ* Web site, what <u>impact</u> do you think the *OTRTQ* quit smoking program had in each of the following areas? Please include <u>all</u> of the times you visited the site or used the program.

	No impact	**Small impact**	**Medium impact**	**Big impact**
Helping you understand your smoking habits, such as when you smoke and why.	O	O	O	O
Helping you understand the advantages of quitting smoking.	O	O	O	O
Increasing your knowledge about health facts and smoking.	O	O	O	O
Increasing your motivation to quit smoking.	O	O	O	O
Increasing your confidence that you can quit	O	O	O	O

smoking or stay quit.				
Teaching you skills to help you quit smoking or cut down.	O	O	O	O
Providing you with information to help you quit smoking or cut down.	O	O	O	O
Providing you with ideas about how to create a positive environment for yourself.	O	O	O	O
Helping you identify difficult situations and develop ways to cope with them.	O	O	O	O
Giving you ideas to help you stay smoke-free once you have quit smoking.	O	O	O	O

30. To what extent do you agree or disagree with the following statements about the *OTRTQ* program. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I would recommend the program to my friends who smoke.	O	O	O	O	O
I got the kind of help I needed from the program.	O	O	O	O	O
The activities were interesting and useful.	O	O	O	O	O
The OTRTQ website was easy to use.	O	O	O	O	O
It was easy to find what I needed on the website.	O	O	O	O	O

31. Overall, how useful was the OTRTQ program to help you try to quit smoking, or cut down on the amount you smoke (or stay quit)?

☐ 1 Not useful at all ☐ 2 ☐ 3 In between ☐ 4 ☐ 5 Very useful

32. Did you take any other action, or change your behaviour in any way, because of the OTRTQ program?

Yes [ ]
No [ ] CHECK ONE ONLY

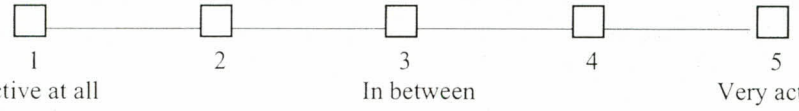
IF YES:

33. What did you do?

BACKGROUND INFORMATION

These last questions are for background and analytical purposes only. Please remember that your responses to these and other questions will be kept completely confidential.

34. In general, how active are you? This includes all forms of exercise and physical activity. Please use a 5-point scale, where '1' is not active at all, and '5' is very active.



Thank you. That completes the survey. Your participation is greatly appreciated.

Sondage de suivi après 3 mois

Il s'agit ici du suivi d'un sondage auquel vous avez participé il y a environ trois mois. Nous vous sommes reconnaissants de votre participation à cette étude.

Vos réponses demeureront strictement confidentielles. Santé Canada n'aura accès qu'aux données consolidées. Aucune personne ne sera identifiée de quelque manière que ce soit. Cette étude est réalisée pour Santé Canada par Phœnix SPI, une maison de recherche indépendante, par le biais du panel en ligne eVox.

Il ne vous faudra pas plus de 15 minutes pour remplir le questionnaire. Vous pouvez sauvegarder vos réponses à tout moment et retourner au questionnaire pour le remplir à votre convenance.

NOTES INTERNES :

- LÀ OÙ IL CONVIENT DE LE FAIRE, ON OFFRIRA AUX RÉPONDANTS LA POSSIBILITÉ DE CHOISIR LA CATÉGORIE DE RÉPONSE « JE NE SAIS PAS/N'A PAS RÉPONDU ». UNE AUTRE CATÉGORIE DE RÉPONSE, « SANS OBJET », SERA AUSSI OFFERTE SÉPARÉMENT.
- ON AURA RECOURS À UN SYSTÈME D'IDENTIFICATION PERMETTANT DE REGROUPER LES QUESTIONNAIRES REMPLIS PAR CHAQUE PARTICIPANT (PRÉ-, POST- ET SUIVI).

USAGE DE LA CIGARETTE

Les premières questions portent sur l'usage de la cigarette. Il est question ici des cigarettes que vous achetez toutes faites et de même que celles que vous roulez vous-même.

1. Actuellement, fumez-vous la cigarette tous les jours, à l'occasion ou jamais?

Je fume tous les jours	[ ]	
Je fume à l'occasion (moins d'une fois par jour)	[ ]	COCHEZ UNE SEULE RÉPONSE
Je ne fume pas	[ ]	ALLEZ À LA Q14

SI FUME TOUS LES JOURS :

2. En moyenne, combien de cigarettes fumez-vous chaque jour?

Quelques bouffées chaque jour	[ ]	
1 à 4 cigarettes chaque jour	[ ]	
5 à 10	[ ]	COCHEZ UNE SEULE RÉPONSE
11 à 20	[ ]	
21 à 30	[ ]	
Plus de 30 cigarettes par jour	[ ]	

SI FUME À L'OCCASION :

3. Au cours des 30 derniers jours, environ combien de jours avez-vous fumé?

Nombre de jours : _____ INDIQUEZ UN NOMBRE, PAS UNE FOURCHETTE.

4. Les jours où vous fumez, environ combien de cigarettes fumez-vous?

Nombre de cigarettes par jour : _____ INDIQUEZ UN NOMBRE, PAS UNE FOURCHETTE.

---

5. Lesquels des énoncés suivants s'appliquent à vous? (PRÉSENTEZ DE FAÇON ALÉATOIRE.)

	Oui	**Non**
Trouvez-vous difficile de ne **pas** fumer là où c'est interdit, par exemple dans les restaurants, les salles de cinéma, les salles de spectacles ou les aéroports?		
Fumez-vous plus le matin que le reste de la journée?		
Fumez-vous même lorsque vous êtes malade et au lit presque toute la journée?		
Vous arrive-t-il d'avoir grandement envie d'une cigarette (l'impression d'avoir vraiment besoin d'une cigarette à ce moment précis)?		
Vous inquiétez-vous de manquer de cigarettes?		

---

6. Combien de temps après votre réveil fumez-vous votre première cigarette?

Moins de 5 minutes [ ]
6 à 30 minutes [ ] COCHEZ UNE SEULE RÉPONSE
31 à 60 minutes [ ]
Plus de 60 minutes [ ]

---

7. À quelle cigarette auriez-vous le plus de difficulté à renoncer?

La première cigarette du matin [ ]
Toute autre cigarette [ ] COCHEZ UNE SEULE RÉPONSE

---

8. À quelle fréquence fumez-vous aux **moments** suivants? Si l'un de ces moments ne s'applique pas à vous, veuillez cocher la case « S. O. » (sans objet).

	Souvent	**Parfois**	**Jamais**	**S. O.**
Avant d'arriver au travail	O	O	O	O
Pendant la journée au travail	O	O	O	O
Après le travail	O	O	O	O
En soirée	O	O	O	O

Pendant le week-end	O	O	O	O

9. Combien de temps passez-vous dans des endroits où se trouvent des fumeurs?

Beaucoup de temps	[ ]	
Passablement de temps	[ ]	COCHEZ UNE SEULE RÉPONSE
Peu de temps	[ ]	
Aucun (temps)	[ ]	

TENTATIVES RÉCENTES DE RENONCEMENT À LA CIGARETTE

Les questions suivantes portent sur le renoncement à la cigarette.

10. Au cours des trois derniers mois environ, avez-vous essayé de cesser de fumer? (FAITES CORRESPONDRE LA PÉRIODE AVEC LE MOMENT OÙ LE GROUPE SOUS ÉTUDE A COMMENCÉ LE PROGRAMME.)

Oui	[ ]	
Non	[ ]	ALLEZ À LA QUESTION 14
J'ai cessé de fumer il y a plus de 3 mois	[ ]	ALLEZ À LA QUESTION 14

SI OUI :

11. Combien de fois avez-vous essayé de cesser de fumer, au cours du dernier mois? Ne tenez compte que des occasions où vous n'avez pas fumé pendant au moins une journée parce que vous tentiez de cesser de fumer.

Une fois	[ ]	
2 fois	[ ]	
3 fois	[ ]	COCHEZ UNE SEULE RÉPONSE
4 fois	[ ]	
5 fois ou plus	[ ]	

12. Avez-vous réussi à cesser de fumer, c'est-à-dire que vous ne fumez plus à l'heure actuelle?

Oui, je ne fume plus	[ ]	ALLEZ À LA QUESTION 19
Non, je fume toujours	[ ]	

SI NON :

13. Qu cours d'une de ces tentatives, quelle est la période **la plus longue** pendant laquelle vous n'avez pas fumé durant le dernier mois?

Indiquer le nombre de jours : _____

DISPOSITION À CESSER DE FUMER

14. Lequel des énoncés suivants décrit le mieux vos intentions à l'égard de votre usage de la cigarette?

Je prévois cesser de fumer dans les 30 prochains jours	[ ]	
Je prévois cesser de fumer dans les 6 prochains mois	[ ]	
Je prévois cesser de fumer mais je ne sais pas quand je le ferai	[ ]	COCHEZ UNE SEULE RÉPONSE
Je ne prévois pas cesser de fumer mais je veux réduire ma consommation	[ ]	
Je ne prévois pas cesser de fumer ni réduire ma consommation	[ ]	
J'ai cessé de fumer*	[ ]	

*POSEZ LES TROIS PROCHAINES QUESTIONS, PUIS PASSEZ À Q22.

15. Présentement, à quel point êtes-vous **motivé(e)** à cesser de fumer ou à ne pas recommencer?

☐ 1 — ☐ 2 — ☐ 3 — ☐ 4 — ☐ 5

1 Pas motivé(e) du tout — 3 Entre les deux — 5 Très motivé(e)

16. Dans quelle mesure êtes-vous **confiant(e)** de pouvoir cesser de fumer ou de ne pas recommencer?

☐ 1 — ☐ 2 — ☐ 3 — ☐ 4 — ☐ 5

1 Pas confiant(e) du tout — 3 Entre les deux — 5 Très confiant(e)

17. Dans quelle mesure **savez-vous** ce que vous pouvez faire pour arriver à cesser de fumer ou pour ne pas recommencer?

☐ 1 — ☐ 2 — ☐ 3 — ☐ 4 — ☐ 5

1 Rien du tout — 3 Entre les deux — 5 Très bien

ÉLABORATION D'UN PLAN DE RENONCEMENT

18. Veuillez indiquer les choses que vous avez faites au cours des trois derniers mois.

	Oui	Non
Choisi une date à laquelle vous cesserez de fumer.		
Réduit le nombre de cigarettes que vous fumez.		
Pour essayer de réduire votre consommation, vous avez évité de fumer vos cigarettes en entier.		

Parlé à votre médecin de famille, un pharmacien, un conseiller ou un autre professionnel de la santé à propos de votre intention de cesser de fumer.		
Dit à vos amis/amies ou à votre famille que vous aviez l'intention de cesser de fumer.		
Essayé des produits de substitution de la nicotine, comme le timbre ou la gomme à la nicotine.		
Essayé d'éviter les situations qui vous donnent envie de fumer.		
Cherché, dans Internet, des renseignements sur le renoncement au tabac, ou de l'aide pour cesser de fumer.		
Avez-vous examiné et essayé des programmes de renoncement au tabac?*		

*Version pour le groupe étudié : ajoutez ce qui suit à la question « autre que le programme *Sur la voie de la réussite* auquel nous vous avons demandé de participer pour cette étude? »

POSEZ LES TROIS PROCHAINES QUESTIONS À CEUX QUI **N'ONT PAS** CESSÉ DE FUMER :

19. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupe étant donné que je fume la cigarette.	O	O	O	O	O
Je m'inquiète des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pense à l'argent que j'aurai de plus quand j'aurai cessé de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêche souvent de sortir ou de faire de l'activité physique autant que je voudrais.	O	O	O	O	O
Je veux sérieusement cesser de fumer et je crois être prêt(e).	O	O	O	O	O

20. Il y a plusieurs raisons pour lesquelles quelqu'un *pourrait* vouloir cesser de fumer. Veuillez indiquer l'importance qu'ont pour vous, personnellement, les raisons présentées ci-dessous et ce, à l'aide d'une échelle de 1 à 5, où « 1 » signifie que la raison en question n'est pas du tout importante et « 5 », qu'elle est très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Si mon conjoint ou ma conjointe me demandait de cesser de fumer.	O	O	O	O	O	O
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O

Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que je suis capable de cesser de fumer si je le veux vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connais des gens qui sont tombés malades ou sont décédés à cause de la cigarette.	O	O	O	O	O	O
S'il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

21. Croyez-vous que vous fumerez toujours dans un an?

Certainement [ ]
Probablement [ ]
Probablement pas [ ]
Certainement pas [ ]

POSEZ LES TROIS PROCHAINES QUESTIONS À CEUX **QUI ONT CESSÉ** DE FUMER :

22. LORSQUE VOUS AVEZ CESSÉ DE FUMER, L'AVIEZ-VOUS PLANIFIÉ OU NON?

- Une tentative planifiée comprend la planification de cesser de fumer à une date précise (p. ex. pour le Jour de l'an), prendre les moyens nécessaires pour se procurer des timbres de nicotine ou attendre d'avoir fumé toutes les cigarettes d'un paquet avant d'arrêter.
- Une tentative non planifiée comprend toute situation où vous avez simplement décidé de cesser de fumer et vous l'avez fait.

Je l'avais planifié [ ] COCHEZ UNE SEULE RÉPONSE
Je ne l'avais pas planifié [ ]

23. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants expliquant peut-être pourquoi avez-vous cessé de fumer? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupait étant donné que je fumais la cigarette.	O	O	O	O	O
Je m'inquiétais des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pensais à l'argent que j'aurais de plus quand je cesserais de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêchait souvent de sortir ou de	O	O	O	O	O

faire de l'activité physique autant que je voulais.					
Je voulais sérieusement cesser de fumer et je croyais être prêt(e).	O	O	O	O	O

24. Il y a plusieurs raisons pour lesquelles quelqu'un *pourrait* cesser de fumer. Veuillez indiquer l'importance qu'ont eue pour vous les raisons présentées ci-dessous quand vous avez décidé de cesser de fumer. Utilisez une échelle de 1 à 5, où « 1 » signifie que la raison en question n'était pas du tout importante et « 5 », qu'elle était très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Mon conjoint ou ma conjointe m'a demandé de cesser de fumer.	O	O	O	O	O	O
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O
Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que j'étais capable de cesser de fumer si je le voulais vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connaissais des gens qui étaient tombés malades ou sont décédés à cause de la cigarette.	O	O	O	O	O	O
Il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

POSEZ À TOUS :

25. Veuillez me dire si vous croyez que chacun de ces énoncés est tout à fait vrai, probablement vrai, probablement faux ou tout à fait faux.

	Tout à fait vrai	**Probablement vrai**	**Probablement faux**	**Tout à fait faux**	**Je ne sais pas/Je préfère ne pas répondre**
Les anciens fumeurs vivent plus longtemps que ceux qui continuent à fumer.	O	O	O	O	O
Un an après avoir cessé de fumer, le risque de faire une crise cardiaque associée au tabagisme diminue de moitié.	O	O	O	O	O
Il n'y a aucun avantage de cesser de fumer lorsque l'on souffre déjà d'une maladie liée au tabagisme.	O	O	O	O	O
Les bienfaits du renoncement au tabac	O	O	O	O	O

commencent à se manifester une journée après avoir cessé de fumer.					
Les risques de subir une crise cardiaque commencent à diminuer 2 jours après avoir cessé de fumer.	O	O	O	O	O
Après avoir cessé de fumer, le besoin de nicotine s'estompe graduellement.	O	O	O	O	O
Pour certains fumeurs, il est préférable de continuer à fumer plutôt que d'affronter les risques et les inconvénients liés au stress de cesser de fumer.	O	O	O	O	O
À l'heure actuelle, il y a plus d'anciens fumeurs que de fumeurs au Canada.	O	O	O	O	O
La plupart des fumeurs ne parviennent à cesser de fumer qu'après plusieurs tentatives.	O	O	O	O	O
Cesser de fumer demande de la pratique.	O	O	O	O	O

26. SAVEZ-VOUS OÙ OBTENIR DE L'INFORMATION POUR VOUS AIDER À CESSER DE FUMER (OU À NE PAS RECOMMENCER)?

Oui [ ]
Non [ ] COCHEZ UNE SEULE RÉPONSE

SI OUI :

27. Où chercheriez-vous à obtenir cette information?

_____
_____
_____
_____

MODULE DU GROUPE ÉTUDIÉ

Les prochaines questions portent sur le programme en ligne ***Sur la voie de la réussite*** auquel on vous a demandé de participer il y a quelques mois. *Sur la voie de la réussite* est un programme en ligne conçu pour aider les fumeurs à cesser de fumer ou à diminuer leur consommation de tabac.

28. Avez-vous consulté le site Web du programme Sur la voie de la réussite au cours des trois derniers mois? Veuillez ne pas compter les fois où nous vous avons demandé de consulter le site dans le cadre de cette étude.

Oui [ ]
Non [ ]

29. Quel effet le programme *Sur la voie de la réussite* a-t-il eu sur ce qui suit? Veuillez tenir compte de toutes les fois où vous avez consulté le site Web ou utilisé le programme.

	Aucun effet	**Faible effet**	**Modeste effet**	**Effet important**
Vous aider à comprendre vos habitudes en matière de tabagisme (p. ex., les moments où vous fumez et pourquoi vous le faites).	O	O	O	O
Vous aider à comprendre les avantages à cesser de fumer.	O	O	O	O
Améliorer vos connaissances en ce qui a trait aux effets du tabagisme sur la santé.	O	O	O	O
Accroître votre motivation à cesser de fumer.	O	O	O	O
Vous rendre plus confiant(e) que vous pouvez cesser de fumer ou ne pas recommencer.	O	O	O	O
Vous enseigner des techniques pour cesser de fumer ou réduire votre consommation de tabac.	O	O	O	O
Vous offrir des renseignements pour vous aider à cesser de fumer ou à réduire votre consommation.	O	O	O	O
Vous donner des idées sur la façon de créer, pour vous-même, un environnement favorable.	O	O	O	O
Vous aider à reconnaître les situations difficiles et à trouver des moyens pour composer avec celles-ci.	O	O	O	O
Vous donner des moyens vous permettant d'éviter les rechutes une fois que vous aurez cessé de fumer.	O	O	O	O

30. Dans quelle mesure êtes-vous d'accord ou en désaccord avec les énoncés suivants portant sur le programme *Sur la voie de la réussite*? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Je recommanderais le programme à mes amis fumeurs et amies fumeuses.	O	O	O	O	O
Ce programme m'a offert le genre d'aide dont j'avais besoin.	O	O	O	O	O
Les activités étaient intéressantes et utiles.	O	O	O	O	O
Le site Web du programme Sur la voie de la réussite était facile à utiliser.	O	O	O	O	O
Il était facile de trouver ce dont j'avais besoin dans le	O	O	O	O	O

site Web.					

31. En général, dans quelle mesure le programme *Sur la voie de la réussite* vous a-t-il aidé à cesser de fumer ou à diminuer votre consommation de tabac (ou à ne pas recommencer)?

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pas du tout utile		Entre les deux		Très utile

32. Avez-vous pris d'autres mesures ou changé des habitudes depuis que vous connaissez le programme *Sur la voie de la réussite*?

Oui [ ]
Non [ ] COCHEZ UNE SEULE RÉPONSE

SI OUI :

33. Qu'avez-vous fait?

_____
_____
_____

RENSEIGNEMENTS GÉNÉRAUX

Ces dernières questions nous permettront de mettre les résultats en contexte et de les analyser. Soyez assuré(e) que vos réponses à toutes les questions demeureront strictement confidentielles.

34. En général, dans quelle mesure êtes-vous actif ou active? Il est question de toutes les formes d'exercice et d'activité physique. Veuillez utiliser l'échelle de 1 à 5, où « 1 » signifie que vous n'êtes pas du tout actif ou active et « 5 », que vous êtes très actif ou active.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pas du tout actif ou active		Entre les deux		Très actif ou active

Merci. Voilà la fin du questionnaire. Nous vous sommes très reconnaissants de votre participation.

6-Month Follow-up Survey

This is a follow-up survey to the survey that you completed approximately three months ago. We sincerely appreciate your participation in this study.

Your responses will be kept entirely confidential. Health Canada will only receive combined results – no individuals will be identified in any way. The research is being conducted for Health Canada by Phoenix SPI, an independent research firm, using the eVox online panel.

The survey should take no more than 15 minutes to complete. You can save your responses at any time and return to complete the questionnaire at your convenience.

INTERNAL NOTES:

- A 'DON'T KNOW/NO RESPONSE' OPTION WILL BE AVAILABLE TO RESPONDENTS FOR ALL APPROPRIATE QUESTIONS. WHERE RELEVANT, A 'NOT APPLICABLE' OPTION WILL ALSO BE AVAILABLE AS A SEPARATE RESPONSE.
- AN ID SYSTEM WILL BE USED TO MATCH INDIVIDUAL PARTICIPANT'S COMPLETED SURVEYS (I.E. PRE-, POST- AND FOLLOW-UPS).

SMOKING STATUS

These first questions focus on smoking behaviour. This includes cigarettes that are bought ready-made, as well as cigarettes that you make yourself.

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

Every day	[ ]	
Occasionally (less than every day)	[ ]	CHECK ONE ONLY
Not at all	[ ]	GO TO Q14

IF SMOKE EVERY DAY:

2. On average, how many cigarettes do you smoke per day?

A few puffs (drags, hits) each day	[ ]	
1 to 4 cigarettes each day	[ ]	
5 to 10	[ ]	CHECK ONE ONLY
11 to 20	[ ]	
21 to 30	[ ]	
More than 30 cigarettes per day	[ ]	

IF SMOKE OCCASIONALLY:

3. In the past 30 days, on about how many days did you smoke?

Number of days: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

4. On the days that you do smoke, about how many cigarettes do you smoke?

Number of cigarettes per day: _____ MUST BE SINGLE NUMBER, NOT A RANGE.

---

5. Which of the following apply to you? (RANDOMIZE ORDER)

	Yes	No
Do you find it difficult to **not** smoke in places where it is forbidden, such as restaurants, theaters/cinemas, or airports?		
Do you smoke more during the morning than during the rest of the day?		
Do you smoke even if you are so ill that you are in bed most of the day?		
Do you ever have a craving for a cigarette (a feeling that you really need a cigarette at that time)?		
Do you worry that you will run out of cigarettes?		

---

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

Within 5 minutes [ ]
6-30 minutes [ ] CHECK ONE ONLY
31-60 minutes [ ]
More than 60 minutes [ ]

---

7. Which cigarette would you <u>most</u> hate to give up?

The first in the morning [ ]
Any other [ ] CHECK ONE ONLY

---

8. How often do you smoke at the following **times**? If something does not apply to you, please check the N/A option ('Not Applicable').

	Often	Sometimes	Never	N/A
Before the work day	O	O	O	O
During the work day	O	O	O	O
After the work day	O	O	O	O
In the evenings	O	O	O	O
On weekends	O	O	O	O

9. How much time do you spend in places where other people smoke?

A lot of time	[ ]	
Some time	[ ]	CHECK ONE ONLY
A little time	[ ]	
No time	[ ]	

RECENT ATTEMPTS TO QUIT SMOKING

The following questions explore issues related to quitting smoking.

10. Within the past three months or so, have you tried to quit smoking?

Yes	[ ]	
No	[ ]	SKIP TO QUESTION 14
Quit smoking before 3 months ago	[ ]	SKIP TO QUESTION 14

IF YES:

11. How many times have you tried to quit smoking within the past three months? Please only include times that you went a day or more without smoking because you were trying to quit.

Once	[ ]	
2 times	[ ]	
3 times	[ ]	CHECK ONE ONLY
4 times	[ ]	
5 times or more	[ ]	

12. Were you successful in quitting smoking? That is, do you no longer smoke?

Yes, no longer smoke	[ ]	SKIP TO QUESTION 14
No, still smoke	[ ]	

IF NO:

13. What is the longest period of time you were smoke-free during any of your quit attempts within the past three months?

Record in number of days: _____

READINESS TO QUIT SMOKING

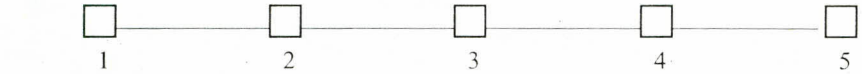
14. Which of the following statements best describes how you feel right now about changing your smoking?

I plan to quit smoking within the next 30 days	[ ]	
I plan to quit smoking within the next 6 months	[ ]	
I plan to quit smoking, but am not sure when	[ ]	CHECK ONE ONLY
I don't plan to quit, but want to cut down	[ ]	
I don't plan to quit smoking or cut down	[ ]	
I have quit smoking*	[ ]	

*CONTINUE WITH THE NEXT THREE QUESTIONS, THEN SKIP TO Q22.

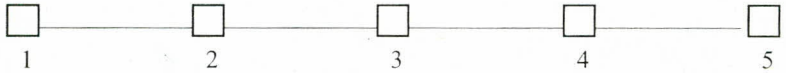
---

15. Right now, how motivated are you to quit smoking, or stay quit?



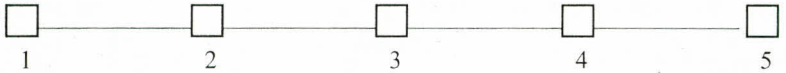
1	2	3	4	5
Not motivated at all		In between		Highly motivated

16. How confident are you that you can quit smoking, or stay quit?



1	2	3	4	5
Not confident at all		In between		Very confident

17. How much do you know about the types of things you can do to help you quit smoking, or stay quit?



1	2	3	4	5
Nothing at all		In between		A great deal

MAKING A QUIT PLAN

18. Thinking about the last three months or so, which of the following have you done, if any?

	Yes	No
Set a quit date for when you want to quit smoking.		
Cut back on the number of cigarettes you smoke.		
To try to cut down, smoke less than a full cigarette when you smoke.		
Spoken to a family doctor, pharmacist, counsellor or other health care professional about quitting smoking.		

Told your friends/family that you intend to quit smoking.		
Tried any nicotine replacement products like the patch or nicotine gum.		
Tried to avoid situations that trigger your urge to smoke.		
Used the Internet to look for information or assistance related to quitting smoking.		
Did you review or try to use any quit smoking program?*		

*Version for intervention group would add the following words to the end of the question "other than the *On the Road to Quitting* program that we asked you to use as part of this study?"

ASK THOSE WHO HAVE **NOT** QUIT (NEXT THREE QUESTIONS):

19. To what extent do you agree or disagree with the following statements? Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree. (RANDOMIZE ORDER)

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I am concerned about my health as a smoker.	O	O	O	O	O
I worry about the impact of my smoking on others around me.	O	O	O	O	O
I think about the extra money I'll have when I stop smoking cigarettes.	O	O	O	O	O
Smoking often gets in the way of my physical or social activities.	O	O	O	O	O
I seriously want to quit smoking and think I am ready.	O	O	O	O	O

---

20. There are a number of reasons why people *might* want to quit smoking. For each of the following, please indicate how important that potential reason is to you personally, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option. (RANDOMIZE ORDER)

	Not important at all 1	**2**	**3**	**4**	**Very important 5**	**N/A**
If my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I can quit smoking if I really want to.	O	O	O	O	O	O
So I don't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I know other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
If there was someone or something to help me	O	O	O	O	O	O

quit.						

21. Do you think you will still be smoking in a year from now?

Definitely	[ ]
Probably	[ ]
Probably not	[ ]
Definitely not	[ ]

ASK THOSE WHO **HAVE** QUIT (NEXT THREE QUESTIONS):

22. WHEN YOU QUIT SMOKING, WAS THIS PLANNED OR UNPLANNED?

- A planned quit attempt includes things like planning ahead to quit on a certain date (e.g. New Year's), making arrangements to obtain a nicotine patch, or waiting to quit until all of the cigarettes were smoked in your current pack.
- An unplanned quit attempt are situations where you just decided to quit one day and did just that.

Planned quit attempt	[ ]	CHECK ONE ONLY
Unplanned quit attempt	[ ]	

23. To what extent do you agree or disagree with the following statements about why you quit smoking. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I was concerned about my health as a smoker.	O	O	O	O	O
I worried about the impact of my smoking on others around me.	O	O	O	O	O
I thought about the extra money I would have when I stopped smoking cigarettes.	O	O	O	O	O
Smoking often got in the way of my physical or social activities.	O	O	O	O	O
I seriously wanted to quit smoking and thought I was ready.	O	O	O	O	O

24. There are a number of reasons why people *might* quit smoking. For each of the following, please indicate how important that potential reason was to you personally when you decided to quit smoking, using a 5-point scale, where '1' means not important at all and '5' means very important. If something does not apply to you, please check the N/A option.

	Not important at all 1	**2**	**3**	**4**	**Very important 5**	**N/A**
Because my wife/husband/partner asked me to quit.	O	O	O	O	O	O
To feel in control of my life.	O	O	O	O	O	O
To feel better in general.	O	O	O	O	O	O
To prove I could quit smoking if I really wanted to.	O	O	O	O	O	O
So I didn't smell of smoke/cigarettes.	O	O	O	O	O	O
Because I knew other people who have gotten sick or died because of smoking.	O	O	O	O	O	O
Because there was someone or something to help me quit.	O	O	O	O	O	O

ASK EVERYONE:

25. Please tell me if you think each of the following statements is definitely true, probably true, probably not true or definitely not true.

	Definitely true	**Probably true**	**Probably not true**	**Definitely not true**	**Don't know/No response**
Former smokers can expect to live longer than those who continue to smoke.	O	O	O	O	O
Within one year of quitting smoking, the risk of having a smoking-related heart attack is cut in half.	O	O	O	O	O
There is no health benefit from quitting smoking after you already have a smoking-related disease.	O	O	O	O	O
The health benefits of quitting smoking begin within one day of quitting.	O	O	O	O	O
The chances of having a heart attack start to go down within 2 days of quitting smoking.	O	O	O	O	O
After quitting, the cravings for nicotine will get weaker over time.	O	O	O	O	O
For some smokers, it is better to keep smoking than risk the stress and disruption of quitting.	O	O	O	O	O
There are now more ex-smokers than smokers in	O	O	O	O	O

Canada.					
Most smokers who quit take several attempts to do so.	O	O	O	O	O
Quitting takes practice.	O	O	O	O	O

26. Do you know where to go to get information to help you quit smoking (stay quit)?

Yes [ ]
No [ ] CHECK ONE ONLY

IF YES:

27. Where would you go for information?

_____
_____
_____
_____

INTERVENTION GROUP

The next few questions are about the **On The Road To Quitting (OTRQ)** online program that you were asked to use a few months ago. *OTRTQ* is an online program designed to help people quit smoking or cut down.

28. Have you visited the OTRTQ program/website during the past three months? This does not include the times you visited the site when we asked you to do so as part of this study.

Yes [ ]
No [ ]

29. Thinking about your visits to *OTRTQ* Web site, what <u>impact</u> do you think the *OTRTQ* quit smoking program had in each of the following areas? Please include <u>all</u> of the times you visited the site or used the program.

	No impact	**Small impact**	**Medium impact**	**Big impact**
Helping you understand your smoking habits, such as when you smoke and why.	O	O	O	O
Helping you understand the advantages of quitting smoking.	O	O	O	O
Increasing your knowledge about health facts and smoking.	O	O	O	O
Increasing your motivation to quit smoking.	O	O	O	O
Increasing your confidence that you can quit smoking or stay quit.	O	O	O	O

Teaching you skills to help you quit smoking or cut down.	O	O	O	O
Providing you with information to help you quit smoking or cut down.	O	O	O	O
Providing you with ideas about how to create a positive environment for yourself.	O	O	O	O
Helping you identify difficult situations and develop ways to cope with them.	O	O	O	O
Giving you ideas to help you stay smoke-free once you have quit smoking.	O	O	O	O

30. To what extent do you agree or disagree with the following statements about the *OTRTQ* program. Please use a 5-point scale, with '1' meaning you strongly disagree and '5' meaning strongly agree.

	Strongly disagree 1	**2**	**3**	**4**	**Strongly agree 5**
I would recommend the program to my friends who smoke.	O	O	O	O	O
I got the kind of help I needed from the program.	O	O	O	O	O
The activities were interesting and useful.	O	O	O	O	O
The OTRTQ website was easy to use.	O	O	O	O	O
It was easy to find what I needed on the website.	O	O	O	O	O

31. Overall, how useful was the OTRTQ program to help you try to quit smoking, or cut down on the amount you smoke (or stay quit)?

☐ 1 Not useful at all — ☐ 2 — ☐ 3 In between — ☐ 4 — ☐ 5 Very useful

32. Did you take any other action, or change your behaviour in any way, because of the OTRTQ program?

Yes [ ]
No [ ] CHECK ONE ONLY

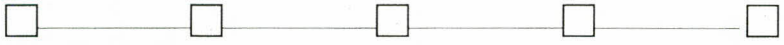
IF YES:

33. What did you do?

BACKGROUND INFORMATION

These last questions are for background and analytical purposes only. Please remember that your responses to these and other questions will be kept completely confidential.

34. In general, how active are you? This includes all forms of exercise and physical activity. Please use a 5-point scale, where '1' is not active at all, and '5' is very active.



1	2	3	4	5
Not active at all		In between		Very active

Thank you. That completes the survey. Your participation is greatly appreciated.

Sondage de suivi après 6 mois

Il s'agit ici du suivi d'un sondage auquel vous avez participé il y a environ trois mois. Nous vous sommes reconnaissants de votre participation à cette étude.

Vos réponses demeureront strictement confidentielles. Santé Canada n'aura accès qu'aux données consolidées. Aucune personne ne sera identifiée de quelque manière que ce soit. Cette étude est réalisée pour Santé Canada par Phœnix SPI, une maison de recherche indépendante, par le biais du panel en ligne eVox.

Il ne vous faudra pas plus de 15 minutes pour remplir le questionnaire. Vous pouvez sauvegarder vos réponses à tout moment et retourner au questionnaire pour le remplir à votre convenance.

NOTES INTERNES :

- LÀ OÙ IL CONVIENT DE LE FAIRE, ON OFFRIRA AUX RÉPONDANTS LA POSSIBILITÉ DE CHOISIR LA CATÉGORIE DE RÉPONSE « JE NE SAIS PAS/N'A PAS RÉPONDU ». UNE AUTRE CATÉGORIE DE RÉPONSE, « SANS OBJET », SERA AUSSI OFFERTE SÉPARÉMENT.
- ON AURA RECOURS À UN SYSTÈME D'IDENTIFICATION PERMETTANT DE REGROUPER LES QUESTIONNAIRES REMPLIS PAR CHAQUE PARTICIPANT (PRÉ-, POST- ET SUIVI).

USAGE DE LA CIGARETTE

Les premières questions portent sur l'usage de la cigarette. Il est question ici des cigarettes que vous achetez toutes faites et de même que celles que vous roulez vous-même.

1. Actuellement, fumez-vous la cigarette tous les jours, à l'occasion ou jamais?

Je fume tous les jours	[ ]	
Je fume à l'occasion (moins d'une fois par jour)	[ ]	COCHEZ UNE SEULE RÉPONSE
Je ne fume pas	[ ]	ALLEZ À LA Q14

SI FUME TOUS LES JOURS :

2. En moyenne, combien de cigarettes fumez-vous chaque jour?

Quelques bouffées chaque jour	[ ]	
1 à 4 cigarettes chaque jour	[ ]	
5 à 10	[ ]	COCHEZ UNE SEULE RÉPONSE
11 à 20	[ ]	
21 à 30	[ ]	
Plus de 30 cigarettes par jour	[ ]	

SI FUME À L'OCCASION :

3. Au cours des 30 derniers jours, environ combien de jours avez-vous fumé?

Nombre de jours : _____ INDIQUEZ UN NOMBRE, PAS UNE FOURCHETTE.

4. Les jours où vous fumez, environ combien de cigarettes fumez-vous?

Nombre de cigarettes par jour : _____ INDIQUEZ UN NOMBRE, PAS UNE FOURCHETTE.

5. Lesquels des énoncés suivants s'appliquent à vous? (PRÉSENTEZ DE FAÇON ALÉATOIRE.)

	Oui	**Non**
Trouvez-vous difficile de ne **pas** fumer là où c'est interdit, par exemple dans les restaurants, les salles de cinéma, les salles de spectacles ou les aéroports?		
Fumez-vous plus le matin que le reste de la journée?		
Fumez-vous même lorsque vous êtes malade et au lit presque toute la journée?		
Vous arrive-t-il d'avoir grandement envie d'une cigarette (l'impression d'avoir vraiment besoin d'une cigarette à ce moment précis)?		
Vous inquiétez-vous de manquer de cigarettes?		

6. Combien de temps après votre réveil fumez-vous votre première cigarette?

Moins de 5 minutes [ ]
6 à 30 minutes [ ] COCHEZ UNE SEULE RÉPONSE
31 à 60 minutes [ ]
Plus de 60 minutes [ ]

7. À quelle cigarette auriez-vous le plus de difficulté à renoncer?

La première cigarette du matin [ ]
Toute autre cigarette [ ] COCHEZ UNE SEULE RÉPONSE

8. À quelle fréquence fumez-vous aux **moments** suivants? Si l'un de ces moments ne s'applique pas à vous, veuillez cocher la case « S. O. » (sans objet).

	Souvent	**Parfois**	**Jamais**	**S. O.**
Avant d'arriver au travail	O	O	O	O
Pendant la journée au travail	O	O	O	O
Après le travail	O	O	O	O
En soirée	O	O	O	O
Pendant le week-end	O	O	O	O

9. Combien de temps passez-vous dans des endroits où se trouvent des fumeurs?

Beaucoup de temps	[ ]	
Passablement de temps	[ ]	COCHEZ UNE SEULE RÉPONSE
Peu de temps	[ ]	
Aucun (temps)	[ ]	

TENTATIVES RÉCENTES DE RENONCEMENT À LA CIGARETTE

Les questions suivantes portent sur le renoncement à la cigarette.

10. Au cours des trois derniers mois environ, avez-vous essayé de cesser de fumer?

Oui	[ ]	
Non	[ ]	ALLEZ À LA QUESTION 14
J'ai cessé de fumer il y a plus de 3 mois	[ ]	ALLEZ À LA QUESTION 14

SI OUI :

11. Combien de fois avez-vous essayé de cesser de fumer, au cours des trois derniers mois ? Ne tenez compte que des occasions où vous n'avez pas fumé pendant au moins une journée parce que vous tentiez de cesser de fumer.

Une fois	[ ]	
2 fois	[ ]	
3 fois	[ ]	COCHEZ UNE SEULE RÉPONSE
4 fois	[ ]	
5 fois ou plus	[ ]	

12. Avez-vous réussi à cesser de fumer, c'est-à-dire que vous ne fumez plus à l'heure actuelle?

Oui, je ne fume plus	[ ]	ALLEZ À LA QUESTION 14
Non, je fume toujours	[ ]	

SI NON :

13. Au cours des trois derniers mois, quelle est la période **la plus longue** pendant laquelle vous n'avez pas fumé durant le dernier mois?

Indiquer le nombre de jours : _____

DISPOSITION À CESSER DE FUMER

14. Lequel des énoncés suivants décrit le mieux vos intentions à l'égard de votre usage de la cigarette?

Je prévois cesser de fumer dans les 30 prochains jours [ ]

Je prévois cesser de fumer dans les 6 prochains mois	[ ]	
Je prévois cesser de fumer mais je ne sais pas quand je le ferai	[ ]	COCHEZ UNE
Je ne prévois pas cesser de fumer mais		SEULE
je veux réduire ma consommation	[ ]	RÉPONSE
Je ne prévois pas cesser de fumer ni réduire ma consommation	[ ]	
J'ai cessé de fumer*	[ ]	

*POSEZ LES TROIS PROCHAINES QUESTIONS, PUIS PASSEZ À Q22.

15. Présentement, à quel point êtes-vous **motivé(e)** à cesser de fumer ou à ne pas recommencer?

1	2	3	4	5
Pas motivé(e) du tout		Entre les deux		Très motivé(e)

16. Dans quelle mesure êtes-vous **confiant(e)** de pouvoir cesser de fumer ou de ne pas recommencer?

1	2	3	4	5
Pas confiant(e) du tout		Entre les deux		Très confiant(e)

17. Dans quelle mesure **savez-vous** ce que vous pouvez faire pour arriver à cesser de fumer ou pour ne pas recommencer?

1	2	3	4	5
Rien du tout		Entre les deux		Très bien

ÉLABORATION D'UN PLAN DE RENONCEMENT

18. Veuillez indiquer les choses que vous avez faites au cours des trois derniers mois.

	Oui	Non
Choisi une date à laquelle vous cesserez de fumer.		
Réduit le nombre de cigarettes que vous fumez.		
Pour essayer de réduire votre consommation, vous avez évité de fumer vos cigarettes en entier.		
Parlé à votre médecin de famille, un pharmacien, un conseiller ou un autre professionnel de la santé à propos de votre intention de cesser de fumer.		
Dit à vos amis/amies ou à votre famille que vous aviez l'intention de cesser de fumer.		
Essayé des produits de substitution de la nicotine, comme le timbre ou la gomme à la nicotine.		

Essayé d'éviter les situations qui vous donnent envie de fumer.		
Cherché, dans Internet, des renseignements sur le renoncement au tabac, ou de l'aide pour cesser de fumer.		
Avez-vous examiné et essayé des programmes de renoncement au tabac?*		

*Version pour le groupe étudié : ajoutez ce qui suit à la question « autre que le programme *Sur la voie de la réussite* auquel nous vous avons demandé de participer pour cette étude? »

POSEZ LES TROIS PROCHAINES QUESTIONS À CEUX QUI **N'ONT PAS** CESSÉ DE FUMER :

19. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupe étant donné que je fume la cigarette.	O	O	O	O	O
Je m'inquiète des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pense à l'argent que j'aurai de plus quand j'aurai cessé de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêche souvent de sortir ou de faire de l'activité physique autant que je voudrais.	O	O	O	O	O
Je veux sérieusement cesser de fumer et je crois être prêt(e).	O	O	O	O	O

20. Il y a plusieurs raisons pour lesquelles quelqu'un *pourrait* vouloir cesser de fumer. Veuillez indiquer l'importance qu'ont pour vous, personnellement, les raisons présentées ci-dessous et ce, à l'aide d'une échelle de 1 à 5, où « 1 » signifie que la raison en question n'est pas du tout importante et « 5 », qu'elle est très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Si mon conjoint ou ma conjointe me demandait de cesser de fumer.	O	O	O	O	O	O
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O
Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que je suis capable de cesser de fumer si je le veux vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connais des gens qui sont	O	O	O	O	O	O

tombés malades ou sont décédés à cause de la cigarette.						
S'il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

21. Croyez-vous que vous fumerez toujours dans un an?

Certainement [ ]
Probablement [ ]
Probablement pas [ ]
Certainement pas [ ]

POSEZ LES TROIS PROCHAINES QUESTIONS À CEUX **QUI ONT CESSÉ** DE FUMER :

22. LORSQUE VOUS AVEZ CESSÉ DE FUMER, L'AVIEZ-VOUS PLANIFIÉ OU NON?

- Une tentative planifiée comprend la planification de cesser de fumer à une date précise (p. ex. pour le Jour de l'an), prendre les moyens nécessaires pour se procurer des timbres de nicotine ou attendre d'avoir fumé toutes les cigarettes d'un paquet avant d'arrêter.
- Une tentative non planifiée comprend toute situation où vous avez simplement décidé de cesser de fumer et vous l'avez fait.

Je l'avais planifié [ ] COCHEZ UNE SEULE RÉPONSE
Je ne l'avais pas planifié [ ]

23. Jusqu'à quel point êtes-vous d'accord ou en désaccord avec les énoncés suivants expliquant peut-être pourquoi avez-vous cessé de fumer? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	**2**	**3**	**4**	**Tout à fait d'accord 5**
Ma santé me préoccupait étant donné que je fumais la cigarette.	O	O	O	O	O
Je m'inquiétais des répercussions de la cigarette sur mon entourage.	O	O	O	O	O
Je pensais à l'argent que j'aurais de plus quand je cesserais de fumer la cigarette.	O	O	O	O	O
La cigarette m'empêchait souvent de sortir ou de faire de l'activité physique autant que je voulais.	O	O	O	O	O
Je voulais sérieusement cesser de fumer et je croyais être prêt(e).	O	O	O	O	O

24. Il y a plusieurs raisons pour lesquelles quelqu'un *pourrait* cesser de fumer. Veuillez indiquer l'importance qu'ont eue pour vous les raisons présentées ci-dessous quand vous avez décidé de cesser de fumer. Utilisez une échelle de 1 à 5, où « 1 » signifie que la raison en question n'était pas du tout importante et « 5 », qu'elle était très importante. Si un de ces points ne s'applique pas à vous, veuillez cocher la case « S. O. ».

	Pas du tout important 1	**2**	**3**	**4**	**Très important 5**	**S. O.**
Mon conjoint ou ma conjointe m'a demandé de cesser de fumer.	O	O	O	O	O	O
Pour me sentir en contrôle de ma vie.	O	O	O	O	O	O
Pour me sentir mieux en général.	O	O	O	O	O	O
Pour prouver que j'étais capable de cesser de fumer si je le voulais vraiment.	O	O	O	O	O	O
Pour ne pas être imprégné(e) d'une odeur de fumée/cigarette.	O	O	O	O	O	O
Parce que je connaissais des gens qui étaient tombés malades ou sont décédés à cause de la cigarette.	O	O	O	O	O	O
Il y avait quelqu'un ou quelque chose pour m'aider à cesser de fumer.	O	O	O	O	O	O

POSEZ À TOUS :

25. Veuillez me dire si vous croyez que chacun de ces énoncés est tout à fait vrai, probablement vrai, probablement faux ou tout à fait faux.

	Tout à fait vrai	**Probablement vrai**	**Probablement faux**	**Tout à fait faux**	**Je ne sais pas/Je préfère ne pas répondre**
Les anciens fumeurs vivent plus longtemps que ceux qui continuent à fumer.	O	O	O	O	O
Un an après avoir cessé de fumer, le risque de faire une crise cardiaque associée au tabagisme diminue de moitié.	O	O	O	O	O
Il n'y a aucun avantage de cesser de fumer lorsque l'on souffre déjà d'une maladie liée au tabagisme.	O	O	O	O	O
Les bienfaits du renoncement au tabac commencent à se manifester une journée après avoir cessé de fumer.	O	O	O	O	O
Les risques de subir une crise cardiaque commencent à diminuer 2 jours après avoir	O	O	O	O	O

cessé de fumer.					
Après avoir cessé de fumer, le besoin de nicotine s'estompe graduellement.	O	O	O	O	O
Pour certains fumeurs, il est préférable de continuer à fumer plutôt que d'affronter les risques et les inconvénients liés au stress de cesser de fumer.	O	O	O	O	O
À l'heure actuelle, il y a plus d'anciens fumeurs que de fumeurs au Canada.	O	O	O	O	O
La plupart des fumeurs ne parviennent à cesser de fumer qu'après plusieurs tentatives.	O	O	O	O	O
Cesser de fumer demande de la pratique.	O	O	O	O	O

26. Savez-vous où obtenir de l'information pour vous aider à cesser de fumer (ou à ne pas recommencer)?

Oui [ ]
Non [ ] COCHEZ UNE SEULE RÉPONSE

SI OUI :

27. Où chercheriez-vous à obtenir cette information?

_____
_____
_____

MODULE DU GROUPE ÉTUDIÉ

Les prochaines questions portent sur le programme en ligne ***Sur la voie de la réussite*** auquel on vous a demandé de participer il y a quelques mois. *Sur la voie de la réussite* est un programme en ligne conçu pour aider les fumeurs à cesser de fumer ou à diminuer leur consommation de tabac.

28. Avez-vous consulté le site Web du programme Sur la voie de la réussite au cours des trois derniers mois? Veuillez ne pas compter les fois où nous vous avons demandé de consulter le site dans le cadre de cette étude.

Oui [ ]
Non [ ]

29. Quel effet le programme *Sur la voie de la réussite* a-t-il eu sur ce qui suit? Veuillez tenir compte de toutes les fois où vous avez consulté le site Web ou utilisé le programme.

	Aucun effet	Faible effet	Modeste effet	Effet important
Vous aider à comprendre vos habitudes en matière de tabagisme (p. ex., les moments où vous fumez et pourquoi vous le faites).	O	O	O	O
Vous aider à comprendre les avantages à cesser de fumer.	O	O	O	O
Améliorer vos connaissances en ce qui a trait aux effets du tabagisme sur la santé.	O	O	O	O
Accroître votre motivation à cesser de fumer.	O	O	O	O
Vous rendre plus confiant(e) que vous pouvez cesser de fumer ou ne pas recommencer.	O	O	O	O
Vous enseigner des techniques pour cesser de fumer ou réduire votre consommation de tabac.	O	O	O	O
Vous offrir des renseignements pour vous aider à cesser de fumer ou à réduire votre consommation.	O	O	O	O
Vous donner des idées sur la façon de créer, pour vous-même, un environnement favorable.	O	O	O	O
Vous aider à reconnaître les situations difficiles et à trouver des moyens pour composer avec celles-ci.	O	O	O	O
Vous donner des moyens vous permettant d'éviter les rechutes une fois que vous aurez cessé de fumer.	O	O	O	O

30. Dans quelle mesure êtes-vous d'accord ou en désaccord avec les énoncés suivants portant sur le programme *Sur la voie de la réussite*? Veuillez utiliser une échelle de 1 à 5, où « 1 » signifie que vous êtes tout à fait en désaccord et « 5 », que vous êtes tout à fait d'accord.

	Tout à fait en désaccord 1	2	3	4	Tout à fait d'accord 5
Je recommanderais le programme à mes amis fumeurs et amies fumeuses.	O	O	O	O	O
Ce programme m'a offert le genre d'aide dont j'avais besoin.	O	O	O	O	O
Les activités étaient intéressantes et utiles.	O	O	O	O	O
Le site Web du programme Sur la voie de la réussite était facile à utiliser.	O	O	O	O	O
Il était facile de trouver ce dont j'avais besoin dans le	O	O	O	O	O

site Web.					

31. En général, dans quelle mesure le programme *Sur la voie de la réussite* vous a-t-il aidé à cesser de fumer ou à diminuer votre consommation de tabac (ou à ne pas recommencer)?

1	2	3	4	5
Pas du tout utile		Entre les deux		Très utile

32. Avez-vous pris d'autres mesures ou changé des habitudes depuis que vous connaissez le programme *Sur la voie de la réussite*?

Oui [ ]
Non [ ] COCHEZ UNE SEULE RÉPONSE

SI OUI :

33. Qu'avez-vous fait?

_____
_____
_____

RENSEIGNEMENTS GÉNÉRAUX

Ces dernières questions nous permettront de mettre les résultats en contexte et de les analyser. Soyez assuré(e) que vos réponses à toutes les questions demeureront strictement confidentielles.

34. En général, dans quelle mesure êtes-vous actif ou active? Il est question de toutes les formes d'exercice et d'activité physique. Veuillez utiliser l'échelle de 1 à 5, où « 1 » signifie que vous n'êtes pas du tout actif ou active et « 5 », que vous êtes très actif ou active.

1	2	3	4	5
Pas du tout actif ou active		Entre les deux		Très actif ou active

Merci. Voilà la fin du questionnaire. Nous vous sommes très reconnaissants de votre participation.

Invitation Email

Re: New eVox Panel Survey Invitation! /Nouvelle invitation pour sondage eVox Panel!

LA VERSION FRANÇAISE SUIT

This survey is located at => {CLICKTHRU1}
eVox Member ID => {PASS}

We are pleased to invite you to our new survey. This survey should take no more than 10 minutes to complete. We would like to remind you that all answers remain confidential. All respondents who complete this survey will receive an entry for this month's $1,000 draw.

The survey is located at: {CLICKTHRU1}
Your eVox member ID is: {PASS}

If you have any questions or comments about the eVox Panel, please contact us at eVox@opinionsearch.com or visit us at:

https://survey.opinionsearch.com/evox/home/index.asp

All of us appreciate your willingness to participate in our exciting research panel!

Thank you!

If your mail client does not support HTML and you are unable to click on the link above, please copy and paste the full URL below into your browser

http://poll.opinionsearch.com/Start/SURVEY/XXXXevox.html

If you received this email in error or if you have decided not to become a panel member, simply disregard this message and DO NOT follow the link specified above.

****

LIEN => {CLICKTHRU1}
Votre numéro de membre eVox : {PASS}

Nous sommes heureux de vous inviter à participer à notre nouveau sondage. Répondre au questionnaire ne devrait pas prendre plus de 10 minutes de votre temps. Nous désirons réitérer que toutes vos réponses demeureront confidentielles. Tous les répondants qui compléteront ce sondage admissibles à notre tirage mensuel de 1 000 $.

Vous trouverez le sondage à l'adresse suivante : {CLICKTHRU1}
Votre numéro de membre eVox est le : {PASS}

Si vous avez des questions ou des commentaires à propos du panel eVox, veuillez nous contacter à l'adresse électronique eVox@opinionsearch.com ou visitez notre site Web situé à l'adresse suivante : https://survey.opinionsearch.com/evox/home/indexfr.asp

Nous vous sommes reconnaissants de bien vouloir faire partie de notre passionnant panel de recherche !

Merci!

Si votre système de courriel n'accepte pas le langage HTML et que vous n'êtes pas en mesure de cliquer sur le lien ci-haut, veuillez copier et coller l'adresse complète dans votre fureteur.

http://poll.opinionsearch.com/Start/SURVEY/XXXXevox.html

Si vous avez reçu ce courriel par erreur ou si vous avez décidé de ne pas devenir membre du panel, veuillez tout simplement ignorer ce message et ne PAS accéder au lien ci-dessus.

Reminder Email

Re: REMINDER: New eVox Panel Survey Invitation

This survey is located at => {CLICKTHRU1}
eVox Member ID => {PASS}

A few days ago we invited you to our latest survey, we are still looking for participants. This survey should take no more than 10 minutes to complete. We would like to remind you that all answers remain confidential. All respondents who complete this survey will receive an entry for this month's $1,000 draw.

The survey is located at: {CLICKTHRU1}
Your eVox member ID is: {PASS}

If you have any questions or comments about the eVox Panel, please contact us at eVox@opinionsearch.com or visit us at:

https://survey.opinionsearch.com/evox/home/index.asp

All of us appreciate your willingness to participate in our exciting research panel!

Thank you!

If your mail client does not support HTML and you are unable to click on the link above, please copy and paste the full URL below into your browser

http://poll.opinionsearch.com/Start/SURVEY/XXXXevox.html

If you received this email in error or if you have decided not to become a panel member, simply disregard this message and DO NOT follow the link specified above.

****

Vous trouverez le sondage au : => {CLICKTHRU1}
Numéro de membre du panel eVox : => {PASS}

Il y a quelques jours, nous vous avons invité(e) à participer à notre plus récent sondage; nous sommes toujours à la recherche de participants. Le sondage est d'une durée approximative de 10 minutes. Nous souhaitons vous rappeler que vos réponses demeureront strictement confidentielles. Toutes les personnes qui auront répondu à ce sondage courront la chance de gagner 1 000 $ lors de notre tirage mensuel.

Vous trouverez le sondage au : {CLICKTHRU1}
Entrez votre numéro de membre du panel eVox : {PASS}

Si vous avez des questions ou des commentaires concernant le panel eVox, veuillez

communiquer avec nous à l'adresse suivante : eVox@opinionsearch.com ou visitez notre site Web :

https://survey.opinionsearch.com/eVox/fr/

Nous vous remercions de votre participation à notre panel de recherche original!

Merci!

Si votre serveur de courriels ne vous permet pas de lire le langage HTML et qu'il vous est impossible de cliquer sur le lien, veuillez copier l'adresse suivante et la coller dans votre navigateur :

http://poll.opinionsearch.com/Start/SURVEY/XXXXevox.html

Si ce courriel vous a été acheminé par erreur ou si vous avez décidé de ne plus adhérer au panel, veuillez ne pas tenir compte de ce message et NE PAS vous diriger vers le lien mentionné.

Email Instructions for Intervention Group

Re: Health Canada study on smoking & quitting smoking

Thank you for agreeing to take part in this study on smoking and quitting smoking. Using the eVox panel, Phoenix SPI, an independent research firm, is conducting this study on behalf of Health Canada. In addition to the follow-up surveys you will be asked to complete, we're asking you and other research participants to visit and use Health Canada's *On the Road to Quitting* (*OTRTQ*) Web site.

OTRTQ is an online program designed to help people quit smoking. Please review the Web site and try the actions and steps that are part of the program as if you had come to *OTRTQ* on your own. It is not necessary that you quit smoking during this study, only that you review and use the tools and information available on the Web site.

Here's what you need to know to access the *OTRTQ* site:

The *OTRTQ* Web site is located at: [CLICK]
Your Log-in code is: [PASS]

If your email program does not support HTML and you are unable to click on the link above, please copy and paste the full URL into your browser: [ENTER URL]

This URL will take you to a 'mirror Web site' created by Phoenix for the purpose of this study. This means that each time you access *OTRTQ*, you need to use the URL in this email. Should you access any links to information or resources outside of the *OTRTQ* site, these Web pages will open in a new browser window. To return to *OTRTQ*, close the browser window. If you ever get 'lost', please re-enter the above URL. In order to better understand how *OTRTQ* is used by visitors, Phoenix will be tracking usage of the site. We want to assure you that all information collected through this research will be treated in complete confidence.

You have two weeks to review *OTRTQ* – we encourage you to visit it as often as you want, and for as long as you want. The end date for using the site is: [ENTER DATE]. Following this, you will be invited to participate in a follow-up survey.

We would like to remind you that you must complete this activity to be eligible for the survey. People who complete the survey will be eligible for the prize draw for that survey, and will be invited to complete two other short follow-up surveys. As you know, extra prizes are available for this study – over $15,000 in prizes, with 75 prizes in total!

If you have any questions about this study, please feel free to contact Philippe Azzie of Phoenix by email (pazzie@phoenixspi.ca) or phone (613-260-1700, ext. 222).

Thank you.

Courriel donnant les directives pour le groupe d'intervention

Objet : Étude de Santé Canada sur le tabagisme et l'abandon du tabagisme

Merci d'avoir accepté de participer à cette étude sur le tabagisme et l'abandon du tabagisme. Par le biais du panel eVox, Phoenix SPI, une firme indépendante de recherche, effectue cette étude pour le compte de Santé Canada. En plus des sondages de suivi auxquels nous vous demanderons de répondre, nous vous demandons, ainsi qu'à d'autres participants, de visiter et d'utiliser le site Web *Sur la voie de la réussite* de Santé Canada.

Sur la voie de la réussite est un programme en ligne conçu pour aider les gens à cesser de fumer. Nous vous demandons de consulter le site Web, de poser les gestes et de suivre les étapes proposées dans le cadre du programme comme si vous vous y étiez rendu de votre propre chef. Il n'est pas nécessaire que vous cessiez de fumer au cours de l'étude; nous ne vous demandons que de consulter le site et d'utiliser les outils qui vous sont proposés.

Pour accédez au site Web, veuillez suivre les étapes suivantes :

Le site Web du programme *Sur la voie de la réussite* se trouve à l'adresse [CLIQUEZ]
Votre mot de passe est le suivant [PASS]

Si votre logiciel de courriels ne vous permet pas de lire le langage HTML et qu'il vous est impossible d'ouvrir le lien en cliquant dessus, veuillez copier et coller le lien suivant dans une fenêtre de votre navigateur [ENTREZ L'URL].

Cette adresse URL vous dirigera vers un site miroir créé par Phoenix aux fins de cette étude. Nous vous demandons donc de toujours accéder au site en cliquant sur le lien ci-dessus. Si vous cliquez sur des liens ou des ressources qui ne se trouvent pas sur le site du programme *Sur la voie de la réussite*, votre navigateur ouvrira une nouvelle fenêtre. Pour revenir au site du programme, vous n'avez qu'à fermer la nouvelle fenêtre. Si vous vous « perdez », vous n'avez qu'à entrer de nouveau l'URL ci-dessus. Afin de mieux comprendre comment les visiteurs utilisent le site du programme *Sur la voie de la réussite*, Phoenix surveillera la façon dont vous utilisez le site. Nous désirons vous assurer que tous les renseignements recueillis dans le cadre de cette recherche demeureront strictement confidentiels.

Vous avez deux semaines pour examiner le site Web du programme et nous vous encourageons à le visiter aussi souvent et aussi longtemps que vous le désirez. La date limite est le [ENTREZ LA DATE]. Une fois cette phase terminée, nous vous inviterons à participer à un sondage de suivi.

Nous vous rappelons que vous devez participer à cette activité pour pouvoir répondre aux sondages de suivi. Ceux qui répondront au premier sondage en entier seront admissibles au tirage pour ce sondage et seront invités à répondre à deux autres courts sondages de suivi. Nous vous rappelons que nous ferons tirer 75 lots d'une valeur totale de plus de 15 000 $!

Pour toute question concernant cette étude, veuillez communiquer avec Philippe Azzie de Phoenix par courriel à pazzie@phoenixspi.ca ou par téléphone au 613 260-1700, poste 222.

Merci.

Email Reminder for Intervention Group: Limited Use Participants

Re: Health Canada's On the Road to Quitting (OTRTQ) Web site

We noticed that you have not spent much time at Health Canada's On the Road to Quitting (OTRTQ) Web site. You have just [ENTER TIME] to explore the site, so we encourage you to visit it again soon and try the actions and steps that are part of the program.

For your convenience, here's the link to the Web site and your log-in code:

The OTRTQ Web site is located at: [CLICK]
Your log-in code is: [PASS]

We want to remind you that this URL takes you to a 'mirror Web site' created for the purpose of this study. Each time you access OTRTQ for this research, please make sure you use the URL in this email.

If you have any questions about this study, please feel free to contact Philippe Azzie of Phoenix by email (pazzie@phoenixspi.ca) or phone (613-260-1700, ext. 222). Please be assured that all information collected through this research will be treated in complete confidence.

Thank you.

****

Objet : Site Web *Sur la voie de la réussite* de Santé Canada

Nous nous sommes aperçus que vous n'aviez pas passé beaucoup de temps sur le site Web du programme *Sur la voie de la réussite* de Santé Canada. Il ne vous reste que [ENTREZ LA DURÉE] pour l'explorer et nous vous encourageons à le visiter bientôt, à poser les gestes et à suivre les étapes proposées dans le cadre du programme. La date limite pour vous rendre sur le site est le [ENTREZ LA DATE].

Pour vous faciliter la vie, voici de nouveau l'adresse du site Web et votre mot de passe :

Le site Web du programme *Sur la voie de la réussite* se trouve à l'adresse [CLIQUEZ]
Votre mot de passe est le suivant [PASS]

À titre de rappel, cette adresse URL vous dirigera vers un site miroir créé par Phoenix aux fins de cette étude. Nous vous demandons donc de toujours accéder au site en cliquant sur le lien ci-dessus.

Pour toute question concernant cette étude, veuillez communiquer avec Philippe Azzie de Phoenix par courriel à pazzie@phoenixspi.ca ou par téléphone au 613 260-1700, poste 222. Nous désirons vous assurer que tous les renseignements recueillis dans le cadre de cette recherche demeureront strictement confidentiels.

Merci.

Email Reminder for Intervention Group: Non-Users

Re: Health Canada's On the Road to Quitting (OTRTQ) Web site

We noticed that you have not yet visited Health Canada's On the Road to Quitting (OTRTQ) Web site. In case you've misplaced the information to access the site, here's what you need to know:

The OTRTQ Web site is located at: [CLICK]
Your log-in code is: [PASS]

This URL will take you to a 'mirror Web site' created for the purpose of this study. This means that each time you access OTRTQ, you need to use the URL in this email.

We ask that you review the Web site and try the actions and steps that are part of the program as if you had come to OTRTQ on your own. You have just [ENTER TIME] to explore OTRTQ – we encourage you to visit the site as soon as you can.

Remember, you need to complete this activity to be eligible for the survey, and only people who complete the survey will be eligible for the prize draw. As you know, there are extra prizes available for this study – over $15,000 in prizes, with 75 prizes in total!

If you have any questions about this study, feel free to contact Philippe Azzie of Phoenix by email (pazzie@phoenixspi.ca) or phone (613-260-1700, ext. 222). Please be assured that all information collected through this research will be treated in complete confidence.

Thank you.

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Objet : Site Web *Sur la voie de la réussite* de Santé Canada

Nous nous sommes aperçus que vous n'aviez toujours pas encore visité le site Web du programme *Sur la voie de la réussite* de Santé Canada. Si vous avez égaré l'information pour accéder au site, voici ce que vous devez faire :

Le site Web du programme *Sur la voie de la réussite* se trouve à l'adresse [CLIQUEZ]
Votre mot de passe est le suivant [PASS]

Cette adresse URL vous dirigera vers un site miroir créé par Phoenix aux fins de cette étude. Nous vous demandons donc de toujours accéder au site en cliquant sur le lien ci-dessus.

Nous vous demandons de consulter le site Web, de poser les gestes et de suivre les étapes proposées dans le cadre du programme comme si vous vous y étiez rendu de votre propre chef. Il ne vous reste que [ENTREZ LA DURÉE] pour l'explorer et nous vous encourageons à le visiter bientôt. La date limite pour vous rendre sur le site est le [ENTREZ LA DATE].

Rappelez-vous que vous devez participer à cette activité pour pouvoir répondre aux sondages de suivi et que seules les personnes qui répondront aux sondages en entier seront admissibles aux tirages. Comme vous le savez, nous ferons tirer 75 lots d'une valeur totale de plus de 15 000 $!

Pour toute question concernant cette étude, veuillez communiquer avec Philippe Azzie de Phoenix par courriel à pazzie@phoenixspi.ca ou par téléphone au 613 260-1700, poste 222. Nous désirons vous assurer que tous les renseignements recueillis dans le cadre de cette recherche demeureront strictement confidentiels.

Merci.

In-depth Interview Guide – Users

— Initial contact:
- Explain purpose of interview. Obtain agreement to participate in interview.
- Schedule time for interview. Ask person to review OTRTQ website once again prior to interview, and to be at a computer, if possible, during the interview so that he/she would have access to the website during the interview. Ask person to review site itself, not OTRTQ Guide.
- Email copy of interview guide in advance of interview. Confirm email address. Ask participant to review interview guide and reflect on issues.
- Obtain survey data for respondent and review prior to interview. Identify appropriate probes based on survey responses (i.e. explore tools used, changes in smoking behaviour, increase in confidence/motivation/knowledge, etc.).

— Subsequent contact:
- Confirm person is available for interview. Ask if person has reviewed interview guide sent in advance of the interview. If not, re-schedule interview.
- If not available, re-schedule for another time.
- Interview would take approximately 30-40 minutes.
- Note that responses are confidential. Names will not be identified as part of this research in any reports.
- Inform respondent that, where relevant, you would like to explore some of their responses to the surveys they had completed. If respondent expresses any concerns with this, remind him/her that the responses to the surveys and this interview will be treated in complete confidence. No individuals will be identified in any reports.
- Record name, age, and phone number.

NOTE: INVITE PARTICIPANT TO ACCESS THE WEBSITE DURING THE INTERVIEW TO HELP HIM/HER PROVIDE MORE SPECIFIC FEEDBACK.

Overall Impressions of *OTRTQ* Program

I'd like to start by asking you some general questions about *On the Road to Quitting*.

1. What's your overall impression of the *On the Road to Quitting* program? Why?

   Probe: - positive/negative
   - reasons for overall impression

2. What do you think are the main strengths of the *On the Road to Quitting* program and Web site? That is, what is particularly well done? Anything else?

   Probe: - features, content, visuals, structure/organization

3. And what do you think is not done very well or are areas in need of improvement? Anything else?

Probe: - features, content, visuals, structure/organization

4. Did you try to quit smoking or cut down on the amount you smoke during the last month or so? If so, were you successful? Did the OTRTQ Web site help you? How did you actually quit smoking? What did you do? (Adjust language based on survey data – did they try to quit, succeed at quitting, cut down the number of cigarettes, etc.)

Use of *OTRTQ* Program and Features

Turning to your use of *On the Road to Quitting*,

5. In total, approximately how many times did you visit *On the Road to Quitting*? And how long did you spend at the Web site each visit, on average? Was this enough time to take full advantage of all that the site offers?

6. There are two main ways to use the site… as a personal assessment & planning guide or to get information on specific topics of interest. Which way did you use the site? Why did you use it this way? (See survey data)

7. Where did you go during your visits to the site? What features or information attracted your attention or interest? Any others?

Probe:
- personal profile
- activities
- information topics

8. How useful or effective were the features that you used? Let's start with… REVIEW EACH FEATURE USED BY PARTICIPANT

Probe:
- personal profile
- activities
- information topics

9. Are there any other features that you can think of that would improve the value or usefulness of the OTRTQ site and program to you?

Probe: - games, FAQs, etc.

Assessment of Site Content and Tone

10. Does *On the Road to Quitting* provide you with the kind of information and assistance that you need to try to quit smoking? If not, why not?

11. Does OTRTQ answer your questions in terms of what you want or need to know to help you quit smoking or reduce the amount you smoke? Please explain.

12. Did you read anything that made you want to know more? If so, what?

13. Is there any other information you'd like to see added to the site... any other subjects or topics you like to know about? If so, what?

    Probe: - issues/challenges that are neglected

14. Was the information easy to understand? If not, what was difficult to understand or unclear? Is the tone of the language appropriate? If not, how could this be improved?

15. How believable or credible is the information provided? Why do you say that?

16. In the survey, you said you did the following activities... (LIST ACTIVITIES). I'd like to know how helpful you found each one, and how it could be improved. How about...? (REVIEW EACH ACTIVITY) How helpful was this to you? How could it be improved? (DIRECT RESPONDENT TO RELEVANT PART OF SITE, IF NEEDED)

    - Questionnaire to create your personal profile.
    - What does smoking cost you?
    - Write down any other reasons you have for smoking.
    - Making the decision to quit.
    - Preparing to quit within the next month: Steps to success.
    - Building motivation.
    - Call a quitline.
    - Subscribe to e-Quit.
    - Order or print the Guide to becoming a non-smoker.
    - Make a doctor's appointment.

17. What impact did the OTRTQ have in terms of...? Why do you say that?

    - Helping you understand your smoking habits, such as when you smoke and why.
    - Increasing your motivation to quit smoking.
    - Increasing your confidence that you can quit smoking or stay quit.
    - Teaching you skills and providing you with information to help you quit smoking or cut down.

Assessment of Site Design and Navigation

Turning to the appearance of the Web site,

18. What do you think of the overall look and feel of the site... is it appealing? Does it engage your interest and make you want to read further? Why do you say that?

19. Do you like the graphics, colours and other visuals used on the site? How could this be improved?

20. What do you think about the structure of the site… is it well organized and easy to use? If not, why not?

21. Did you find the organization of the site to be intuitive and logical? If not, why not? Could you find things easily? If not, what were you unable to find? How could the organization of the site be improved?

22. Did you encounter any problems when using the site? If so, what problems?

Future Use

23. How likely would you be to use the *On the Road to Quitting* program if you decide to quit smoking? How useful do you think it would be in terms of helping you quit smoking or cut down on your smoking? DO NOT ASK IF ALREADY QUIT

    Probe: - likelihood of visiting site in future
    - things to improve site to make them want to use it in future

24. Would you recommend *On the Road to Quitting* to someone who wants to quit smoking? Why/why not?

25. Do you have any final comments or ideas you'd like to offer before we conclude the interview?

THANK YOU VERY MUCH FOR YOUR TIME AND THOUGHTFUL FEEDBACK.

Guide d'entrevue approfondie – Utilisateurs

— Première communication:

- Expliquez l'objet de l'entrevue. Obtenez l'accord du participant.
- Convenez du moment de l'entrevue. Demandez au participant d'examiner le site Internet SLVDLR une fois de plus avant l'entrevue et invitez-le à s'installer devant un ordinateur pour l'entrevue, si c'est possible, afin qu'il ait accès au site. Demandez au participant d'examiner le site Internet du programme plutôt que le Guide SLVDLR.
- Faites parvenir à l'avance un guide d'entrevue par courrier électronique. Confirmez l'adresse électronique. Demandez au participant d'examiner le guide d'entrevue et de réfléchir aux enjeux soulevés.
- Obtenez les données d'enquête relatives au répondant et examinez-les avant l'entrevue. Élaborez les questions d'approfondissement indiquées selon les réponses formulées dans le cadre de l'enquête (p. ex., examinez les outils utilisés, les changements au chapitre de l'usage du tabac, l'amélioration de la confiance, de la motivation, du savoir, etc.).

— Communication subséquente:

- Confirmez la disponibilité du participant pour l'entrevue. Vérifiez s'il a examiné le guide d'entrevue qui lui a été acheminé à l'avance. Dans la négative, remettez l'entrevue à plus tard.
- Si le participant n'est pas disponible, remettez l'entrevue à plus tard.
- Il faut autour de 30 à 40 minutes pour mener à bien l'entrevue.
- Signalez la confidentialité des réponses. Les rapports découlant de la présente étude ne divulgueront pas de noms.
- Indiquez au répondant que lorsque c'est pertinent de le faire, vous aimeriez vous pencher sur certaines des réponses qu'il a formulées dans le cadre des enquêtes auxquelles il a participé. Si cette éventualité soulève des préoccupations chez le répondant, rappelez-lui que les réponses formulées dans le cadre des enquêtes et de la présente entrevue seront traitées en toute confidentialité. Les rapports ne divulgueront pas de noms.
- Consignez le nom, l'âge et le numéro de téléphone.

NOTE: INVITEZ LE PARTICIPANT À VISITER LE SITE PENDANT L'ENTREVUE POUR QU'IL PUISSE PLUS FACILEMENT FORMULER DES COMMENTAIRES PRÉCIS.

Impressions générales sur le programme *SLVDLR*

J'aimerais commencer par des questions générales au sujet du programme *Sur la voie de la réussite*.

1. Quelles sont vos impressions générales sur le programme *Sur la voie de la réussite*? Pourquoi?

   Approfondir: - impressions positives/négatives
   - raisons pour expliquer les impressions générales

2. Selon vous, quels sont les principaux points forts du programme et du site Internet *Sur la voie de la réussite*? Autrement dit, qu'est-ce qui est particulièrement réussi? Voyez-vous autre chose?

Approfondir: - caractéristiques, contenu, images, structure/organisation

3. À votre avis, qu'est ce qui n'est pas trop réussi, ou autrement dit, quels seraient les éléments à améliorer? Voyez-vous autre chose?

   Approfondir: - caractéristiques, contenu, images, structure/organisation

4. Au cours du dernier mois, avez-vous essayé de cesser de fumer ou de réduire le nombre de cigarettes que vous fumez? Si c'est oui, avez-vous réussi? Le site Internet SLVDLR vous a-t-il aidé? Comment êtes-vous parvenu à cesser de fumer exactement? Qu'avez-vous fait? (Adaptez le propos en fonction des données d'enquête – le répondant a-t-il essayé de cesser de fumer, a-t-il réussi, a-t-il réduit le nombre de cigarettes qu'il fume, etc.)

Utilisation du programme *SLVDLR* et de ses caractéristiques

À propos de la façon dont vous avez utilisé *Sur la voie de la réussite*,

5. Au total, combien de fois environ avez-vous visité le site *Sur la voie de la réussite*? En moyenne, vos visites duraient combien de temps? Était-ce suffisant pour tirer le maximum des possibilités du site Internet?

6. En gros, il y a deux façons d'utiliser le site… comme guide d'évaluation personnelle et de planification, ou en vue d'obtenir de l'information sur des sujets précis selon les intérêts. De quelle façon avez-vous utilisé le site? Pourquoi? (Voir les données d'enquête)

7. Lors de vos visites sur le site, quelles caractéristiques avez-vous sélectionnées? Quels aspects ou renseignements ont retenu votre attention ou stimulé votre intérêt? Y en a-t-il d'autres?

   Approfondir: - profil de fumeur
   - activités
   - rubriques d'information

8. Dans quelle mesure estimez-vous que les caractéristiques que vous avez sélectionnées étaient utiles ou efficaces? Commençons par … PASSER EN REVUE CHACUNE DES CARACTÉRISTIQUES SÉLECTIONNÉES PAR LE PARTICIPANT

   Approfondir: - profil de fumeur
   - activités
   - rubriques d'information

9. Selon vous, y a-t-il des caractéristiques qui pourraient améliorer la valeur ou l'utilité du site et du programme SLVDLR?

   Approfondir: - jeux, Foire aux questions (FAQ), etc.

Évaluation du contenu et de la forme

10. Le site *Sur la voie de la réussite* offre-t-il le genre de renseignements et d'aide dont vous avez besoin pour essayer de renoncer au tabagisme? Si c'est non, pourquoi pas?

11. Le site SLVDLR offre-t-il des réponses à vos questions en ce qui concerne ce que vous souhaitez ou devez savoir pour cesser de fumer ou pour réduire le nombre de cigarettes que vous fumez? Veuillez préciser.

12. Est-ce qu'au fil de votre lecture, quelque chose vous a donné envie d'en apprendre davantage sur un sujet? Si c'est oui, de quoi s'agissait-il?

13. Aimeriez-vous que le site comprenne d'autres renseignements... qu'il traite d'autres sujets qui vous intéressent? Si c'est oui, lesquels?

    Approfondir: - enjeux/défis oubliés

14. Les renseignements étaient-ils faciles à comprendre? Si c'est non, qu'est-ce qui était difficile à comprendre ou n'était pas clair? Le ton était-il indiqué? Si c'est non, quelles améliorations pourrait-on apporter?

15. Dans quelle mesure les renseignements présentés sont-ils plausibles ou crédibles? Et pourquoi donc?

16. Dans le cadre de l'enquête, vous avez indiqué avoir effectué les activités suivantes... (ÉNUMÉRER LES ACTIVITÉS). J'aimerais savoir jusqu'à quel point chacune de ces activités vous a été utile et quelles améliorations pourraient leur être apportées. Par exemple, ... (PASSER CHAQUE ACTIVITÉ EN REVUE) Dans quelle mesure cette activité vous a-t-elle aidé? Comment pourrait-on l'améliorer? (AU BESOIN, GUIDER LE RÉPONDANT VERS LES SECTIONS PERTINENTES DU SITE)

    - Questionnaire afin d'établir votre profil.
    - Combien ça vous coûte de fumer?
    - Pourquoi fumez-vous?
    - Prendre la décision de cesser de fumer.
    - Je me prépare à cesser de fumer.
    - Développer la motivation.
    - Utiliser un service d'appel pour le renoncement au tabagisme.
    - S'inscrire à e-J'arrête.
    - Commander ou imprimer le Guide pour devenir un non-fumeur.
    - Prendre rendez-vous avec son médecin.

17. Quelles ont été les répercussions du programme SLVDLR pour ce qui est de ...? Et pourquoi donc?

    - Vous aider à comprendre vos habitudes à l'égard du tabac, p. ex., les moments où vous fumez et pourquoi.

- Accroître votre motivation pour cesser de fumer.
- Renforcer votre conviction que vous êtes capable de cesser de fumer ou de ne pas recommencer.
- Vous donner des moyens et vous présenter des renseignements susceptibles de vous aider à cesser de fumer ou à réduire le nombre de cigarettes que vous fumez.

Évaluation de la conception du site et de l'expérience de navigation

Au sujet de la présentation du site Internet…

18. En général, que pensez-vous de l'allure du site… La trouvez-vous intéressante? Selon vous, est-ce que cette dimension du site stimule l'intérêt et incite à poursuivre la lecture? Et pourquoi donc?

19. Aimez-vous les illustrations, les couleurs et les autres aspects visuels du site? Comment pourrait-on les améliorer?

20. Que pensez-vous de la structure du site… le site est-il bien organisé, convivial? Si c'est non, pourquoi pas?

21. Selon-vous, le site était-il organisé avec flair, de façon logique? Dans la négative, pourquoi pas? Êtes-vous parvenu à trouver facilement ce que vous cherchiez? Dans la négative, qu'est-ce que vous n'avez pas trouvé? Comment pourrait-on améliorer l'organisation du site?

22. L'utilisation du site vous a-t-elle posé des problèmes? Si c'est oui, quels étaient-ils?

Utilisation à l'avenir

23. Dans quelle mesure êtes-vous susceptible de recourir au programme *Sur la voie de la réussite* si vous décidez de cesser de fumer? Selon vous, jusqu'à quel point le programme pourrait-il parvenir à vous aider à cesser de fumer ou à réduire le nombre de cigarettes que vous fumez? NE PAS POSER CETTE QUESTION SI LE PARTICIPANT A CESSÉ DE FUMER

    Approfondir: - probabilité qu'il visite le site de nouveau
    - améliorations à apporter au site qui l'encourageraient à le visiter de nouveau

24. Recommanderiez-vous *Sur la voie de la réussite* à quelqu'un qui souhaite cesser de fumer? Pourquoi/pourquoi pas?

25. En conclusion, aimeriez-vous présenter des commentaires ou d'autres idées avant la fin de l'entrevue?

MERCI BEAUCOUP POUR VOS COMMENTAIRES PERTINENTS ET LE TEMPS QUE VOUS NOUS AVEZ CONSACRÉ.

In-depth Interview Guide – Non-Users

— Initial contact:
- Confirm person did not use *OTRTQ* (or use it beyond one brief visit). Some may have used the *Guide to Becoming a Non-Smoker* (either by ordering the Booklet or using the HTML version). This Guide is not the same as *OTRTQ*.
- Explain purpose of interview. Obtain agreement to participate in interview.
- Schedule time for interview. Ask person to review OTRTQ website once again prior to interview, and to be at a computer, if possible, during the interview so that he/she would have access to the website during the interview. Ask person to review site itself, not OTRTQ Guide.
- Do not ask those who never visited the site to visit it now. Just set a time for the interview or conduct it right away.

— Subsequent contact:
- Confirm person is available for interview. Ask if person has reviewed interview guide sent in advance of the interview. If not, re-schedule interview.
- If not available, re-schedule for another time.
- Interview would take approximately 20-25 minutes.
- Note that responses are confidential.
- Record name, age, and phone number.

NOTE: INVITE PARTICIPANT TO ACCESS THE WEBSITE DURING THE INTERVIEW TO HELP HIM/HER PROVIDE MORE SPECIFIC FEEDBACK.

NOTE: THIS SHOULD BE MORE OF A 'FREE-FLOWING' INTERVIEW WHERE INTERVIEWERS PROBE FOR SPECIFIC REASONS WHY THE PARTICIPANT DID NOT USE THE SITE, BUT HAD INDICATED IN A RECENT SURVEY THAT THEY WERE SERIOUSLY TRYING TO QUIT. WHILE ALL REASONS ARE VALID, FOCUS AS MUCH AS POSSIBLE ON THE *OTRTQ* SITE ITSELF.

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1. Were you aware of *On the Road to Quitting* before we recruited you for this research? If so, how did you first hear about it?

2. What expectations did you have, if any, when we asked you to visit and use Health Canada's *On the Road to Quitting* Web site and online quit smoking program? Any others? Were your expectations met? Why/why not?

3. You indicated in the first survey that you completed for us that you were seriously considering quitting smoking. Why did you not use or visit the Web site (FOR THOSE WHO WENT TO FIRST PAGE, ADD: more often)? Any other reasons?

   Probe:
   - not ready to prepare to quit
   - technical problems
   - lack of time
   - not interested

- not the right time for respondent/not convenient to do then
- site-specific reasons (PROBE FOR DETAILS)

4. To what extent were the requirements that we asked of you for participating in this research study too heavy or inconvenient, and that this is the reason, or part of the reason, why you did not visit/explore the site? Please explain.

5. Do you plan to visit the Web site in the future? If so, why? If not, why not?

6. What, if anything, could be done to the *On the Road to Quitting* site or program that would make you want to visit and use it in future? Anything else?

7. Are there any other features that you can think of that would improve the value or usefulness of the OTRTQ site and program to you?

   Probe: - games, FAQs, etc.

8. If you decide to quit smoking, what type of information and assistance would you need? Why?

   Probe: - content, format
   - self-help versus NRT/medication

9. Who do you think would be <u>most</u> likely to use a web-based program like *On the Road to Quitting*? Why do you say that?

10. And who do you think would <u>not</u> be likely to use this program? Why?

11. Do you have any final comments or suggestions to improve the *On the Road to Quitting* site or program to make is as useful as possible to people trying to quit smoking or cut down on the amount they smoke?

THANK YOU VERY MUCH FOR YOUR TIME AND THOUGHTFUL FEEDBACK.
IT IS VERY MUCH APPRECIATED.

Guide d'entrevue approfondie – Non-utilisateurs

— Première communication:

- Confirmez que la personne n'a pas recouru au site *SLVDLR* (au-delà d'une visite rapide). Certains pourraient avoir utilisé le *Guide pour devenir un non-fumeur* (livret commandé ou version HTML). Le Guide est distinct du programme *SLVDLR*.
- Expliquez l'objet de l'entrevue. Obtenez l'accord du participant.
- Convenez du moment de l'entrevue. Demandez au participant d'examiner le site Internet SLVDLR une fois de plus avant l'entrevue et invitez-le à s'installer devant un ordinateur pour l'entrevue, si c'est possible, afin qu'il ait accès au site. Demandez au participant d'examiner le site Internet du programme plutôt que le Guide SLVDLR.
- N'invitez pas les personnes qui n'ont jamais visité le site à le visiter à ce moment-là. Convenez d'un moment pour l'entrevue ou procédez immédiatement à l'entrevue.

— Communication subséquente:

- Confirmez la disponibilité du participant pour l'entrevue. Vérifiez s'il a examiné le guide d'entrevue qui lui a été acheminé à l'avance. Dans la négative, remettez l'entrevue à plus tard.
- Si le participant n'est pas disponible, remettez l'entrevue à plus tard.
- Il faut autour de 20 à 25 minutes pour mener à bien l'entrevue.
- Signalez la confidentialité des réponses.
- Consignez le nom, l'âge et le numéro de téléphone.

NOTE: INVITEZ LE PARTICIPANT À VISITER LE SITE PENDANT L'ENTREVUE POUR QU'IL PUISSE PLUS FACILEMENT FORMULER DES COMMENTAIRES PRÉCIS.

NOTE: L'ENTREVUE DEVRAIT S'ARTICULÉE PRINCIPALEMENT AUTOUR D'UNE DISCUSSION LIBRE AU COURS DE LAQUELLE L'ENQUÊTEUR CHERCHERA À APPROFONDIR LES RAISONS PRÉCISES POUR EXPLIQUER QUE LE PARTICIPANT N'AIT PAS UTILISÉ LE SITE MÊME S'IL AVAIT INDIQUÉ DANS LE CADRE D'UNE ENQUÊTE RÉCENTE QU'IL ESSAYAIT SÉRIEUSEMENT DE CESSER DE FUMER. BIEN QUE TOUTES LES RAISONS SOIENT VALABLES, DANS TOUTE LA MESURE DU POSSIBLE, METTEZ L'ACCENT SUR LE SITE *SLVDLR*.

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1. Connaissiez-vous le site *Sur la voie de la réussite* avant d'être choisi pour la présente étude? Si c'est oui, comment en aviez-vous entendu parler?

2. Lorsque nous vous avons demandé de consulter le site Internet et le programme en ligne pour cesser de fumer *Sur la voie de la réussite* de Santé Canada, quelles étaient vos attentes, s'il y en avait? Aviez-vous d'autres attentes? Le site a-t-il répondu à vos attentes? Pourquoi/pourquoi pas?

3. Dans le cadre de la première enquête à laquelle vous avez participé, vous avez indiqué que vous envisagiez sérieusement de cesser de fumer. Pourquoi n'avez-vous pas utilisé ou visité le site Internet (pour les participants qui ont visité la première page, ajouter: plus souvent)? Y a-t-il d'autres raisons?

Approfondir: - pas prêt à se préparer à cesser de fumer
- problèmes techniques
- manque de temps
- manque d'intérêt
- ce n'était pas le bon moment pour le répondant/pas commode à ce moment-là
- raisons particulières au site Internet (OBTENIR PLUS DE DÉTAILS)

4. Dans quelle mesure les exigences auxquelles nous vous avons demandé de satisfaire pour la présente étude étaient trop lourdes, ou pas commodes, et jusqu'à quel point cela explique-t-il, en tout ou en partie, que vous n'ayez pas visité ou exploré le site? Veuillez expliquer.

5. Prévoyez-vous visiter le site à l'avenir? Si c'est oui, pourquoi? Si c'est non, pourquoi pas?

6. Quelles améliorations pourrait-on apporter au site ou au programme *Sur la voie de la réussite* pour vous encourager à le visiter ou à l'utiliser à l'avenir? Y en a-t-il d'autres?

7. Selon vous, y a-t-il des caractéristiques qui pourraient améliorer la valeur ou l'utilité du site ou du programme SLVDLR?

Approfondir: - jeux, Foire aux questions (FAQ), etc.

8. Si vous décidiez de cesser de fumer, de quel genre d'information et d'aide auriez-vous besoin? Pourquoi?

Approfondir: - contenu, format
- effort autonome par rapport à la substitution de nicotine/aux médicaments

9. Selon-vous, quelles personnes seraient les <u>plus</u> susceptibles de recourir à un programme sur Internet comme *Sur la voie de la réussite*? Et pourquoi donc?

10. À votre avis, qui ne serait <u>pas</u> susceptible de recourir à ce programme? Pourquoi?

11. En conclusion, aimeriez-vous présenter d'autres commentaires ou suggestions visant à améliorer le site et le programme *Sur la voie de la réussite* pour qu'ils soient aussi utiles que possible aux personnes qui essaient de cesser de fumer ou de réduire le nombre de cigarettes qu'elles fument?

NOUS VOUS SOMMES TRÈS RECONNAISSANTS DE VOS COMMENTAIRES PERTINENTS ET DU TEMPS QUE VOUS NOUS AVEZ CONSACRÉ.

Recruitment Screener

Profile characteristics:

— 4 focus groups, with 2 in each of Toronto and Montreal (French). In each city, groups to be conducted with a mix of participants by age, education, gender, length of time smoking, and amount smoked.

— 10 participants to be recruited for 7-8 show per group.

— Participants to be paid $60 incentives.

— Groups to be conducted in the evening in regular focus group facilities, with each participant having access to a computer terminal (up to a maximum of 7-8 computers). The groups to last two hours.

— Participants to review sections of the OTRTQ website in advance of the groups. An email letter will be sent in advance to participants. The letter will contain clear instructions on what needs to be done by the participant.

— Some participants will be pre-recruited through an online panel, others to be recruited through cold calling.

— Sponsorship of study to be revealed (i.e. Health Canada).

— The following table presents the distribution of the focus groups:

TIME	Montreal	Toronto
	DATE	**DATE**
	French	English
6:00 p.m.	Group 1	Group 3
8:00 p.m.	Group 2	Group 4

Recruitment Screener

IF AN ONLINE PANEL PRE-RECRUIT:

Hello, may I speak to _____ (INSERT NAME FROM LIST).

- ❑ IF PERSON IS AVAILABLE, CONTINUE.
- ❑ IF NOT AVAILABLE, ARRANGE CALL-BACK.

Hello, my name is _____. I'm calling on behalf of Phoenix, a public opinion research firm. You recently took part in a survey we conducted for Health Canada using the eVox panel. As part of this research, we asked some participants if they were willing to be contacted for a focus group on smoking & quitting smoking. You indicated that you would.

IF NOT A PRE-RECRUIT:

Hello, my name is _____. I'm calling on behalf of Phoenix, a public opinion research firm. We've been commissioned by Health Canada, a department of the Government of Canada, to conduct a set of discussion groups on smoking & quitting smoking.

IF RESPONDENT SAYS THAT HE/SHE DOES NOT SMOKE, ASK IF THERE IS ANYONE ELSE IN THE HOUSEHOLD WHO IS A SMOKER. IF THEY SAY 'NO', THANK THEM AND DISCONTINUE CALL. IF THEY SAY 'YES', ASK TO SPEAK TO THAT PERSON AND START OVER.

The discussion group would be up to two hours in length. People who take part will receive a cash honorarium for their time, and light refreshments will be served. Your participation is completely voluntary and your decision to participate or not will not affect any dealings you may have with the Government of Canada. All information collected will be used for research purposes only in accordance with laws designed to protect your privacy.

May I ask you a few questions to see whether you qualify for the research?

Yes	1	
No	2	THANK/DISCONTINUE

---

1. AT THE PRESENT TIME, DO YOU SMOKE CIGARETTES EVERY DAY, OCCASIONALLY OR NOT AT ALL? THIS INCLUDES CIGARETTES THAT ARE BOUGHT READY-MADE, AS WELL AS CIGARETTES THAT PEOPLE MAKE THEMSELVES.

Every day	1	GO TO Q2
Occasionally (less than every day)	2	GO TO Q3
Not at all	3	THANK/DISCONTINUE

IF SMOKE DAILY:

2. On average, how many cigarettes do you smoke per day?

Number of cigarettes per day: _____ GET MIX.

IF SMOKE OCCASIONALLY:

3. In the past 30 days, on about how many days did you smoke?

Number of days: _____ MUST BE 15 DAYS OR MORE

4. How long have you been smoking? WANT MIX.

Less than 2 years	1
2-5 years	2
6-10 years	3
11-20 years	4
Over 20 years	5

5. In the past year, have you seriously tried to quit smoking?

Yes	1	THANK/DISCONTINUE
No	2	

6. Are you seriously considering quitting smoking within the next six months?

Yes	1	THANK/DISCONTINUE
No	2	

7. Could you please tell me which of the following age groups you fall into? READ LIST; WANT GOOD MIX.

Under 30	1	THANK/DISCONTINUE
30 to 39	2	
40 to 49	3	
50 to 55	4	
56 and above	5	THANK/DISCONTINUE

8. Do you currently have access to and use the Internet?

Yes	1	
No	2	THANK/DISCONTINUE

9. How often would you say you use the Internet, not including email? (READ LIST)

Less than 2 hours per week	1	THANK/DISCONTINUE
2-5 hours per week	2	
6-10 hours per week	3	
More than 10 hours per week	4	

10. Do you, or does any member of your household or immediate family, work in any of the following fields? READ LIST

ADVERTISING
MARKET RESEARCH
THE MEDIA (radio, television, newspapers, magazines etc.)
HEALTH CANADA
TOBACCO INDUSTRY

Yes	1	THANK/DISCONTINUE
No	2	

11. What is the highest level of education you have completed? READ LIST IF NECESSARY; WANT GOOD MIX.

Less than high school	1
High school	2
Some college/technical school/CEGEP	3
Graduated college/technical school/CEGEP	4
Some university	5
Graduated university	6

12. Have you ever attended a discussion group or interview which was arranged in advance and for which you received a small sum of money?

Yes	1	
No	2	GO TO END SECTION

13. When did you last attend one of these discussion groups or interviews?

Less than 12 months ago	1	THANK/DISCONTINUE
Over 12 months ago	2	

14. Have you attended more than five discussion groups or paid interviews in your lifetime?

Yes	1	THANK/DISCONTINUE
No	2	

RECORD GENDER BY OBSERVATION (ENSURE APPROXIMATE SPLIT)

Female	1
Male	2

The group will take place on (DAY OF THE WEEK), (DATE), at (TIME). It will last approximately two hours. Participants will be asked to review a section of Health Canada's website in advance of the group. People who take part will be paid $60 for their time. Would you be willing to attend?

Yes	1	
No	2	THANK/DISCONTINUE

Do you have a pen handy so that I can give you the address where the discussion group will be held? It will be held at (ADDRESS). When you arrive, please tell people you are there for a focus group. We ask that you arrive 15 minutes early so that the groups can start on time. If you use glasses to read or use the computer, please remember to bring them with you.

The group will be recorded for research purposes and members of the research team will be observing the discussion from an adjoining room. You will be asked to sign a form to acknowledge that you may be audio and/or video-taped during the session. All information collected will be used for research purposes only and administered in accordance with laws designed to protect your privacy.

Since we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call so that we can get someone to replace you. You can reach us at ____ at our office. Please ask for ____. Someone will call you the day before to remind you about the discussion group.

In the next few days we will be sending you an email. The email will provide you with a link to the website that you will need to review before the group and tell you what you need to know and do.

Could I please confirm your name, phone number, and email address?

NAME:
PHONE #: HOME:
EMAIL ADDRESS:
FOCUS GROUP TIME/LOCATION:

Questionnaire de recrutement

Charactéristiques du profil:

— 2 groupes à Montréal (Français). Dans chaque groupe, un bon mélange de participants par groupe d'âge, éducation, sexe, depuis quand ils fument, et le nombre de cigarettes fumées.

— 10 participants à recruter pour 7-8 présences par groupe.

— Les participants seront payés un incitatif de 60$.

— Les groupes auront lieu en soirée à l'intérieur de centre de groupes de discussion réguliers avec un ordinateur pour chaque participant (7-8 ordinateurs). Les groupes dureront 2 heures.

— Les participants doivent lire des sections du site de l'OTRTQ avant de se présenter au groupe. Chaque participant recevra un courriel qui donnera les instructions sur la marche à suivre.

— Quelques participants seront recrutés à partir d'une liste provenant d'une étude sur Internet, les autres, au hazard.

— Commanditaire de l'étude à être révélé (i.e. Santé Canada).

— Voici les heures et date des groupes:

Questionnaire de recrutement

SI PROVIENT DE LA LISTE DES PRÉ-RECRUTÉS EN LIGNE:

Bonjour, puis-je parler à _____ (INSÉRER LE NOM DE LA LISTE).

- ❑ CONTINUEZ SI LA PERSONNE EST DISPONIBLE.
- ❑ SI NON DISPONIBLE, PRENDRE UN RENDEZ-VOUS.

Bonjour/bonsoir, je suis _____ , de Phœnix, une maison de recherche indépendante sur l'opinion publique. Vous avez récemment participé à un sondage pour Santé Canada en utilisant le panel eVox. Nous avions alors demandé à quelques participants s'ils voulaient participer à un groupe de discussion sur le fait de fumer et d'arrêter de fumer. Vous aviez indiqué que vous étiez intéressé(e).

SI NON PRÉ-RECRUTÉ:

Bonjour/bonsoir, je suis _____ , de Phœnix, une maison de recherche indépendante sur l'opinion publique. Nous sommes mandatés par Santé Canada, un département du Gouvernement du Canada pour organiser des groupes de discussion sur le fait de fumer et d'arrêter de fumer.

SI LE RÉPONDANT DIT NE PAS FUMER, DEMANDER À PARLER À UN FUMEUR DANS LE FOYER. SI PAS DE FUMEUR, TERMINER. SI IL Y A UN FUMEUR, DEMANDER À LUI PARLER ET RELIRE L'INTRODUCTION.

Cette étude comportera une série de rencontres de discussion d'une durée de deux heures chacune. Les participants et participantes recevront une rétribution en guise de remerciement pour leur temps et des rafraîchissements seront servis. Vous êtes tout à fait libre de participer ou non à cette étude et votre décision d'y participer ou non n'aura aucun effet sur vos relations avec le gouvernement du Canada. Elles ne seront utilisées qu'à des fins de recherche et seront traitées conformément aux lois visant à protéger les renseignements personnels.

Puis-je vous poser quelques questions pour déterminer votre admissibilité à cette étude ?

Oui	1	CONTINUER
Non	2	REMERCIER ET METTRE FIN À L'ENTRETIEN

1. Actuellement, fumez-vous la cigarette tous les jours, à l'occasion ou jamais ? Ceci inclus les cigarettes que vous achetez toutes faites et celles que vous fabriquez vous-même.

Tous les jours	1	PASSEZ À LA Q3
A l'occasion(pas tous les jours)	2	PASSEZ À LA Q2
Jamais	3	REMERCIER ET METTRE FIN ÀL'ENTRETIEN

SI FUME TOUS LES JOURS:

2. En moyenne, combien de cigarettes fumez-vous par jour?

Nombre de cigarettes par jour: _____ OBTENIR UN BON PARTAGE

SI FUME A L'OCCASION:

3. Au cours des 30 derniers jours, environ combien de jour avez-vous fumé?

Nombre de jours: _____ DOIT ÊTRE 15 JOURS ET PLUS

4. Depuis combien de temps fumez-vous? OBTENIR UN BON PARTAGE

Moins de 2 ans	1
2-5 ans	2
6-10 ans	3
11-20 ans	4
Plus de 20 ans	5

5. Au cours de la dernière année, avez-vous tenté sérieusement d'arrêter de fumer?

Oui	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2	

6. Songez-vous sérieusement arrêter de fumer au cours des prochains 6 mois?

Oui	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2	

7. Auquel des groupes d'âges suivants appartenez-vous ? LIRE LA LISTE; AVOIR UN BON PARTAGE

Moins de 30 ans	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
30 à 39 ans	2	
40 à 49 ans	3	
50 à 55 ans	4	
56 ans et plus	5	REMERCIER ET METTRE FIN À L'ENTRETIEN

8. Avez-vous présentement accès à l'internet et utilisez-vous l'internet?

Oui	1	
Non	2	REMERCIER ET METTRE FIN À L'ENTRETIEN

9. A quelle fréquence utilisez-vous l'internet, en excluant les courriels? (LIRE LA LISTE)

Moins de 2 heures par semaine	1 REMERCIER ET METTRE FIN À L'ENTRETIEN
2-5 heures par semaine	2
6-10 heures par semaine	3
Plus de 10 heures par semaine	4

10. Est-ce que vous ou un membre de votre foyer ou famille immédiate travaille dans un des domaines suivants? LIRE LA LISTE

PUBLICITÉ
RECHERCHE EN MARKETING
LES MÉDIAS (RADIO, TÉLÉVISION, JOURNAUX, REVUES, ETC.)
SANTÉ-CANADA
INDUSTRIE DU TABAC

Oui	1 REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2

11. Quel est le niveau d'études le plus élevé que vous avez complété? LIRE LA LISTE AU BESOIN, AVOIR UN BON PARTAGE.

Secondaire partiel ou moins	1
Secondaire terminé	2
Collège ou école technique ou cégep : études partielles	3
Collège ou école technique ou cégep : études terminées	4
Études universitaires partielles	5
Études universitaires terminées	6

12. Avez-vous déjà participé à un groupe de discussion ou une entrevue organisée à l'avance et reçu une somme d'argent en échange de votre participation?

Oui	1
Non	2 ALLEZ À LA FIN

13. Quand avez-vous participé la dernière fois à un groupe de discussion ou une entrevue?

Il y a moins de 12 mois	1 REMERCIER ET METTRE FIN À L'ENTRETIEN
Il y a plus de 12 mois	2

14. Avez-vous assisté à plus de 5 groupes de discussion ou entrevues dans votre vie?

Oui	1 REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2

NOTER LE SEXE PAR OBSERVATION (VISER UNE COMPOSITION ÉQUILIBRÉE DANS CHAQUE GROUPE)

Femme	1
Male	2

La rencontre de discussion aura lieu le (JOUR DE LA SEMAINE) (DATE), À (HEURE). Elle durera environ deux heures. Les participants devront lire une section sur le site internet de Santé Canada avant de se présenter au groupe. Vous recevrez un montant de 60 $ comptant en reconnaissance du temps accordé. Acceptez-vous d'y participer ?

Oui	1	
Non	2	REMERCIER ET METTRE FIN À L'ENTRETIEN

Si vous avez un crayon à portée de la main, je vais vous donner l'adresse où aura lieu la discussion. Elle aura lieu au _____. Au moment de vous présenter, veuillez indiquer qu'on vous attend pour participer à un groupe de discussion. Nous vous demandons d'arriver 15 minutes à l'avance. Si vous avez besoin de lunettes pour lire à l'ordinateur, veuillez les apporter.

Nous enregistrerons la discussion à des fins de recherche et des membres de l'équipe de recherche observeront la rencontre à partir d'une pièce voisine. Nous vous demanderons de signer un formulaire de renonciation indiquant que vous êtes au courant que la rencontre sera enregistrée sur audiocassette ou vidéocassette. Tous les renseignements recueillis ne seront utilisés qu'à des fins de recherche et seront traités conformément aux lois visant à protéger les renseignements personnels.

Étant donné que nous n'invitons qu'un petit nombre de personnes, votre participation est très importante pour nous. S'il vous est impossible de vous présenter, pour une raison ou pour une autre, veuillez communiquer avec nous afin que nous puissions trouver un remplaçant. Vous pouvez nous joindre à nos bureaux au ____. Veuillez demander ____. Quelqu'un vous téléphonera la veille pour vous rappeler la rencontre.

Dans les prochains jours, nous vous enverrons un courriel qui vous donnera le lien pour vous rendre sur le site que vous devrez visiter avant le groupe de discussion ainsi que les instructions sur la marche à suivre.

Puis-je confirmer votre nom, numéro de téléphone et votre adresse courriel?

NOM DU RÉPONDANT :
N^{O} DE TÉLÉPHONE – RÉSIDENCE :
ADRESSE COURRIEL :
HEURE/LIEU DE LA RENCONTRE:

Email Instructions for Focus Group Participants

To:
From:
Subject: Health Canada Smoking Study

Dear X,

Thank you for agreeing to take part in this study that Phoenix Strategic Perspectives Inc., an independent research firm, is conducting on behalf of Health Canada. As mentioned when we contacted you, we need participants to review Health Canada's *On the Road to Quitting* (*OTRTQ*) Web site prior to the focus group discussion.

Here's the link to access the Web site:

www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/now-maintenant/road-voie/index_e.html

If you are unable to click on the link above, please copy and paste the full URL into your browser.

Please explore the Web site and try the actions and steps that are part of the *OTRTQ* program as if you had come to it on your own. Please make note of any aspects of *OTRTQ* that you view as strengths, as well as anything that you feel is missing or not done well.

If you have any questions or problems, you should contact Philippe Azzie at Phoenix by e-mail (pazzie@phoenixspi.ca) or phone (613-260-1700, extension 222).

Finally, please confirm receipt of this email by sending us a brief message in reply.

Thank you again for agreeing to take part in this research.

Moderator's Guide

Introduction (5 minutes)

- ❑ Introduce moderator/Phoenix
- ❑ Thanks for attending/value your being here
- ❑ Explain general purpose of focus group discussions:
  - Gauge *opinions* about issues/ideas/products
  - Not a knowledge test; no right or wrong answers (interested in opinions)
  - Okay to disagree; want people to speak up if hold different view
- ❑ Tonight, we're conducting research on behalf of Health Canada. The purpose is to review the website, *On the Road to Quitting*. This is the site that we asked you to review prior to tonight's discussion. We want to talk about the site and explore related issues.
- ❑ Looking for candour and honesty; comments treated in confidence; reporting in aggregate form only; taping and note-taking for report writing purposes only; observers behind one-way glass.
- ❑ If you have a cell phone, please turn it off.
- ❑ Any questions? ACCEPT BRIEF QUESTIONS BUT DO NOT LINGER.
- ❑ Roundtable introduction: Please tell us your first name and one of your favourite interests or hobbies.

Background/Context: Smoking Behaviour & Attitudes (30 minutes)

When we recruited you for this study, you all indicated that you are smokers. I'd like to start by asking you some general questions about smoking.

1. How many of you smoke on a daily basis? (HANDCOUNT) For those of you who do, approximately how many cigarettes do you smoke a day? For those who don't, how often do you smoke?

2. How long have you been smoking?

3. Has anyone ever tried to quit smoking? (HANDCOUNT) If so, how did that go?

4. Have you ever looked for information or assistance on quitting smoking? (HANDCOUNT) What motivated you to look for this information/assistance?

IF YES:

5. What type of information or assistance were you looking for? What steps did you take to find it? What information or assistance were you able to find? Was it useful?

   Probe: - types of information/assistance sought
   - sources of information/assistance
   - value/usefulness of information/assistance

6. Were any of you previously aware of the *On the Road to Quitting* online quit smoking program that we asked you to review in advance of this group? Has anyone visited the site before? (HANDCOUNTS FOR BOTH)

ASK THOSE AWARE OF OTRTQ:

7. How did you first hear about *On the Road to Quitting*?

   Probe: - a friend/spouse
   - Internet search
   - counsellor/physician

Overall Impressions of *OTRTQ* Website/Program (20 minutes)

I'd now like to turn to *On the Road to Quitting*, the web-based program for quitting smoking. Did you all have the opportunity to review the website in advance? CONFIRM AND CONTINUE.

Let's begin by discussing the website and program in general. Before we do, please use the computers in front of you and take 4-5 minutes to refresh your memories of what it looks like and what it offers.

- ALLOW 4-5 MINUTES FOR PARTICIPANTS TO REVIEW AND EXPLORE THE *OTRTQ* SITE ON THE COMPUTER IN FRONT OF THEM.
- DURING SUBSEQUENT DISCUSSION, HAVE PARTICIPANTS FOCUS ON MAIN SCREEN THAT MODERATOR USES (I.E. USING PROJECTOR) TO FOCUS ON SPECIFIC ELEMENTS/ ASPECTS OF THE SITE.

8. Where did you go during your visit to the website, both now and when you explored the site at home? What features or information attracted your attention or interest? MODERATOR TO USE PROJECTOR TO FOCUS ON SPECIFIC ELEMENTS OF SITE.

   Probe: - review of 'Guide to becoming a non-smoker'
   - review of other site info/features

9. What's your overall impression of the *On the Road to Quitting* program? Why?

   Probe: - positive/negative
   - reasons for overall impression

10. Have you ever visited or used any <u>other</u> online program or website that helps people quit smoking? If so, what did you visit or use? How useful was it? How does it compare to the OTRTQ program? Why do you say that?*

*IF SOME RESPONDENTS HAVE USED OR VISITED ANY OTHER ONLINE QUIT SMOKING PROGRAMS/WEBSITES, HAVE THEM REFER BACK TO THOSE SITE WHERE APPROPRIATE IN THE DISCUSSION (E.G. BETTER/WORSE TOOLS, LOOK AND APPEAL, CONTENT, STRENGTHS/ WEAKNESSES, ETC.).

Motivations to Use *OTRTQ* Program (20 minutes)

11. Does the *On the Road to Quitting* program and the way in which the information is presented motivate you to want to quit smoking? Why/why not? How could it be improved so that it (better) motivates you to quit smoking?

    Probe: - impact of/suggestions for program content
    - impact of/suggestions for program 'look and feel'

12. How likely would you be to use the *On the Road to Quitting* program if you decide to quit smoking? (HANDCOUNT) Why/why not? (PROBE FOR SPECIFICS, ESPECIALLY FROM THOSE WHO SAY NO)

13. How useful do you think it would be in terms of helping you quit smoking or cut down on your smoking? Why?

    Probe: - build confidence
    - increase motivation

14. What would encourage or motivate you to use *On the Road to Quitting*? Anything else?

Perceived Effectiveness of *OTRTQ* Program (45 minutes)

15. What do you think are the main strengths of the *On the Road to Quitting* program and website? That is, what is particularly well done? Anything else? Is there anything particularly unique or noteworthy about the site? If so, what?

    Probe: - features, content, visuals, structure/organization

16. And what do you think is not done very well or are areas in need of improvement? Anything else?

    Probe: - features, content, visuals, structure/organization

17. Is this the type of information and tools you would expect to find at an online program designed to help people quit smoking? If not, why not? What is missing?

18. Was the information easy to understand? If not, what was difficult to understand or unclear?

19. Was the information relevant or useful to you? Why/why not? Was any of it new information? If so, how much? What was new to you? Is there any other information you'd like to see added to the site? If so, what?

20. Did you learn anything new about <u>your</u> smoking from *On the Road to Quitting*? Anything else?

    Probe: - understand habits
    - increased knowledge of health facts

21. Does the web-based format make you to want to use *On the Road to Quitting*? If not, why not? How could it be improved? What other features would you like to see added, if any?

    Probe: - other formats
    - other features

22. Turning to the appearance of the website, what do you think of the overall look and feel of the site... is it appealing? Why do you say that?

23. What do you think about the structure of the site... is it well organized and easy to use? If not, why not?

24. Did you encounter any problems when using the website? If so, what problems?

25. Do you have suggestions to improve the appearance or structure of the website?

26. Who do you think would be <u>most</u> likely to use this program? Why?

27. Who do you think would <u>not</u> be likely to use this program? Why?

28. Would you recommend *On the Road to Quitting* to someone who wants to quit smoking? (HANDCOUNT)

29. Do you think <u>you</u> will ever go back to the site in future? If not, why not? What could be done to it that would make you want to return and use it in future? Anything else?

Conclusion

30. Do you have any final comments or ideas you'd like to offer before we conclude?

THANK YOU VERY MUCH FOR YOUR TIME AND THOUGHTFUL FEEDBACK.
IT IS VERY MUCH APPRECIATED.

Guide de l'animateur

Introduction (5 minutes)

- Présenter l'animateur et Phœnix.
- Remercier les participants de leur présence et souligner l'importance de celle-ci.
- Expliquer le but de ce genre de rencontre :

  - recueillir vos *opinions* sur les questions, les idées ou les produits présentés;

  - il ne s'agit pas d'évaluer vos connaissances; il n'y a pas de bonnes ou de mauvaises réponses (nous voulons connaître votre opinion);
  - vous avez le droit de ne pas être d'accord; n'hésitez pas à exprimer un point de vue différent.

- Ce soir, nous réalisons une étude pour Santé Canada qui a pour but d'évaluer son site Web intitulé *Sur la voie de la réussite*. Il s'agit du site que nous vous avons demandé de visiter avant la rencontre de ce soir. Nous voulons discuter de ce site et de questions s'y rapportant.
- Nous vous demandons d'être francs et honnêtes. Les commentaires seront traités de manière confidentielle. Nous ne rapporterons que l'ensemble des commentaires. L'enregistrement et la prise de notes serviront uniquement à la préparation du rapport. Il y a des observateurs derrière le miroir sans tain.
- Veuillez désactiver la sonnerie de votre téléphone cellulaire, si vous en avez un.
- Avez-vous des questions ? RÉPONDRE BRIÈVEMENT; NE PAS S'ATTARDER SUR CES QUESTIONS.
- Présentations par tour de table : Veuillez vous présenter par votre prénom et nous faire connaître un de vos principaux intérêts ou un de vos passe-temps préférés.

Renseignements généraux / contexte : usage de la cigarette et attitudes (30 minutes)

Quand nous vous avons invités à participer à cette étude, vous avez tous affirmé être fumeurs. J'aimerais commencer par vous poser quelques questions générales sur l'usage de la cigarette.

1. Combien, ici, fument chaque jour ? (DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER) Vous qui fumez chaque jour, combien de cigarettes fumez-vous par jour, environ ? Vous qui ne fumez pas chaque jour, à quelle fréquence fumez-vous ?

2. Depuis quand fumez-vous ?

3. Est-ce que certains ou certaines d'entre vous ont déjà essayé de cesser de fumer ? (DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER) Vous qui l'avez déjà essayé, comment les choses se sont-elles passées ?

4. Avez-vous déjà cherché des renseignements sur le renoncement au tabac ou de l'aide pour cesser de fumer ? (DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER) Qu'est-ce qui vous a motivé à chercher des renseignements ou de l'aide ?

SI OUI :

5. Quels genres de renseignements ou d'aide cherchiez-vous ? Qu'avez-vous fait pour trouver ces renseignements ou cette aide ? Quels renseignements ou quelle aide avez-vous trouvés ? Ces renseignements ou cette aide ont-ils été utiles ?

   Sonder : - genres de renseignements ou d'aide recherchés
   - sources de renseignements ou d'aide
   - utilité des renseignements ou de l'aide

6. Étiez-vous déjà au courant du programme en ligne, ayant pour but de vous aider à cesser de fumer, intitulé *Sur la voie de la réussite*, que nous vous avons demandé de visiter avant cette rencontre ? Aviez-vous déjà visité ce site ? (POUR LES DEUX : DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER)

AUX PARTICIPANTS QUI ÉTAIENT DÉJÀ AU COURANT DU PROGRAMME :

7. Comment avez-vous appris l'existence du programme *Sur la voie de la réussite* ?

   Sonder : - ami / conjoint
   - recherche dans Internet
   - conseiller / médecin

Opinion des participants à l'égard du site Web ou programme *Sur la voie de la réussite* (20 minutes)

Parlons maintenant du programme en ligne, ayant pour but d'aider les gens à cesser de fumer, intitulé *Sur la voie de la réussite*. Avez-vous tous et toutes eu l'occasion de visiter ce site avant la rencontre ? CONFIRMER ET CONTINUER.

Nous parlerons d'abord du site Web et du programme de façon générale mais, avant, veuillez utiliser l'ordinateur devant vous et prendre 4 ou 5 minutes pour vous rappeler à quoi ressemble ce site et ce qu'il offre.

- ACCORDER 4 OU 5 MINUTES AUX PARTICIPANTS POUR VISITER LE SITE WEB *SUR LA VOIE DE LA RÉUSSITE*, À L'AIDE DE L'ORDINATEUR DEVANT EUX.
- PENDANT LA DISCUSSION QUI SUIVRA, DEMANDER AUX PARTICIPANTS DE PORTER ATTENTION PRINCIPALEMENT À L'ÉCRAN DE L'ANIMATEUR QUI UTILISERA LE PROJECTEUR POUR ATTIRER L'ATTENTION SUR CERTAINS ÉLÉMENTS/ASPECTS DU SITE.

8. Quelles pages du site Web avez-vous visitées ici, aujourd'hui, et chez vous ? Quelles fonctions ou quels renseignements ont attiré votre attention ? L'ANIMATEUR

UTILISERA LE PROJECTEUR POUR ATTIRER L'ATTENTION SUR CERTAINS ÉLÉMENTS DU SITE.

Sonder :- opinion des participants à l'égard du *Guide pour devenir un non-fumeur*
- autres renseignements ou fonctions du site

9. Que pensez-vous du programme *Sur la voie de la réussite*, dans son ensemble ? Pourquoi ?

   Sonder : - positif / négatif
   - raisons

10. Avez-vous déjà eu recours à un autre programme en ligne ou visité un autre site Web ayant pour but d'aider les gens à cesser de fumer ? Si oui, quels sites avez-vous visités ou à quels programmes avez-vous eu recours ? Dans quelle mesure vous a-t-il été utile ? Comment se compare-t-il au programme *Sur la voie de la réussite* ? Pourquoi dites-vous cela ?*

*SI CERTAINS PARTICIPANTS ONT DÉJÀ EU RECOURS À UN AUTRE PROGRAMME EN LIGNE OU VISITÉ UN AUTRE SITE WEB SUR LE RENONCEMENT AU TABAC, DEMANDER À CES PARTICIPANTS DE FAIRE DES COMPARAISONS, LÀ OÙ IL EST PERTINENT DE LE FAIRE, PENDANT LA DISCUSSION (P. EX., INDIQUER SI LE SITE EST SUPÉRIEUR OU INFÉRIEUR AUX AUTRES EN CE QUI A TRAIT AUX OUTILS OFFERTS, À SA PRÉSENTATION ET À SON ATTRAIT, À SON CONTENU, À SES FORCES ET FAIBLESSES, ETC.)

La motivation à recourir au programme (20 minutes)

11. Est-ce que le programme *Sur la voie de la réussite* et la façon dont les renseignements sont présentés vous motivent à cesser de fumer ? Pourquoi / pourquoi pas ? Comment pourrait-on l'améliorer de façon à ce qu'il vous motive [davantage] à cesser de fumer ?

    Sonder : - l'effet du contenu / suggestions à l'égard du contenu
    - l'effet de la présentation / suggestions à l'égard de la présentation

12. Quelles sont les chances que vous ayez recours au programme *Sur la voie de la réussite* si vous décidiez de cesser de fumer ? (DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER) Pourquoi / pourquoi pas ? (CHERCHER À OBTENIR DES DÉTAILS, SURTOUT AUPRÈS DE CEUX AYANT OFFERT UNE RÉPONSE DÉFAVORABLE)

13. Selon vous, dans quelle mesure vous aiderait-il à cesser de fumer ou à réduire votre consommation de tabac ? Pourquoi ?

    Sonder : - amélioration de la confiance en soi
    - augmentation de la motivation

14. Qu'est-ce qui vous encouragerait ou vous motiverait à recourir au programme *Sur la voie de la réussite* ? Autre chose ?

Ce qu'on pense de l'efficacité du programme *Sur la voie de la réussite* (45 minutes)

15. Selon vous, quelles sont les principales forces du programme et site Web *Sur la voie de la réussite* ? Autrement dit, que trouvez-vous particulièrement bien fait ? Autre chose ? À vos yeux, ce site comporte-t-il quelque chose de particulièrement unique ou remarquable ? Si oui, quoi ?

    Sonder : - fonctions, contenu, images, structure/organisation

16. Et quels aspects du programme ou du site ne sont pas bien faits, quels aspects devrait-on améliorer ? Autre chose ?

    Sonder : - fonctions, contenu, images, structure/organisation

17. Est-ce que les renseignements et les outils offerts sont ceux que vous vous attendriez à trouver dans un site Web conçu pour aider les gens à cesser de fumer ? Si non, pourquoi ? Que manque-t-il ?

18. Les renseignements sont-ils faciles à comprendre ? Si non, quelles parties sont difficiles à comprendre ou quelles parties ne trouvez-vous pas claires ?

19. Trouvez-vous les renseignements pertinents ou utiles, personnellement ? Pourquoi / pourquoi pas ? Y avez-vous appris quelque chose ? Combien en avez-vous appris ? Qu'avez-vous appris ? Aimeriez-vous voir ajoutés certains renseignements au site ? Si oui, lesquels ?

20. Avez-vous appris quelque chose sur votre usage de la cigarette, grâce au programme *Sur la voie de la réussite* ? Autre chose ?

    Sonder : - compréhension de ses habitudes
    - meilleure compréhension de certains faits sur la santé

21. Le fait que le programme *Sur la voie de la réussite* soit offert en ligne vous donne-t-il envie de l'utiliser ? Si non, pourquoi ? Quelles améliorations pourrait-on apporter ? Quelles autres fonctions aimeriez-vous voir ajoutées ?

    Sonder : - autres formats
    - autres fonctions

22. Parlons un instant de l'apparence du site. Que pensez-vous de la présentation du site, dans son ensemble… est-elle attrayante ? Pourquoi dites-vous cela ?

23. Que pensez-vous de la structure du site… est-il bien organisé et facile à utiliser ? Si non, pourquoi ?

24. Avez-vous eu des problèmes lors de votre visite du site ? Si oui, lesquels ?

25. Que proposez-vous pour améliorer l'apparence ou la structure du site ?

26. Selon vous, qui serait le plus susceptible d'avoir recours à ce programme ? Pourquoi ?

27. À votre avis, qui n'aurait pas recours à ce programme ? Pourquoi ?

28. Recommanderiez-vous le programme *Sur la voie de la réussite* à une personne désireuse de cesser de fumer ? (DEMANDER AUX PARTICIPANTS DE LEVER LA MAIN; COMPTER)

29. Pensez-vous que vous retournerez à ce site Web à l'avenir ? Si non, pourquoi ? Que devrait-on faire pour vous donner le goût de retourner à ce site et de recourir à ce programme, à l'avenir ? Autre chose ?

Conclusion

30. Avez-vous d'autres commentaires ou d'autres idées à formuler avant de conclure ?

MERCI BEAUCOUP DE VOTRE TEMPS ET DE VOS PRÉCIEUX COMMENTAIRES.
NOUS VOUS EN SOMMES TRÈS RECONNAISSANTS.