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A HARRIS INTERACTIVE COMPANY

Evaluation of Canadian Tobacco Product Health-Related Labels (Cigarettes and Little Cigars)

Prepared for Health Canada

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Table of Contents

Executive Summary

Harris/Decima is pleased to present this report to Health Canada highlighting the findings from the Evaluation of Canadian Tobacco Product Health-Related Labels research study.

As the labelling requirements for certain tobacco products (cigarettes and little cigars) have been replaced, there was a commitment to follow-up on previous research conducted in March 2012 to track their effectiveness. This research evaluated the impact of tobacco product health-related labels (cigarettes and little cigars) by measuring levels of consumer knowledge, awareness, attitudes, recall and behaviour change and comparing the results to those obtained around the time of the implementation of the new *Tobacco Products Labelling Regulations (Cigarettes and Little Cigars)* (TPLR-CLC). The research will allow Health Canada to measure the effectiveness and impact of the renewed labelling regulations. The total cost to conduct this research was $133,874.42, including HST.

To meet these objectives, a landline telephone survey was conducted with 1,502 Canadian adult smokers, aged 18 years and older. Surveys were conducted between March 2 and 30, 2013 (in English and French) and took an average of 14 minutes to complete. A sample of this size yields a margin of error of +/-2.5%, 19 times out of 20.

The key findings based on the survey results are presented below.

- **The majority of Canadian smokers (86%) are daily smokers**, who smoke an average of 15.9 cigarettes per day, and smoke their first cigarette of the day within the first thirty minutes (51%) of waking. Most (88%) smoked their first cigarette in adolescence by 18 years of age.

- **Most smokers (81%) have made a quit attempt at least once in the past and among this group a majority (60%) have tried to quit in the past year.** Willpower continues to be the most popular quit method (49%).

- **Nearly all smokers (93%) consider smoking to be a health problem in Canada.** Smokers recall a number of smoke-related health effects or diseases including lung cancer (50%), heart attacks (36%), cancer in general (35%), emphysema (20%), and lung disease (18%).

- **The percentage of smokers who find themselves looking at or reading health warning messages on cigarette packages (79%) has increased (up eight points from 71% in 2012).**

- **The percentage of smokers who report that they see or hear about the health effects of smoking from cigarette packages has increased over the past 12 months since the baseline study (up 9 points to 60% in 2013).** Health warning messages and images relating to oral cancer, lung disease or cancer, heart disease and children/babies are more likely to be recalled by smokers.

- **Smokers were asked if they could recall or describe anything else they saw or read on cigarette packages. Of the 48% that could recall or describe something else, the items they could recall included the 1-866 Quitline/toll free number and website address (20%) and the word "Warning" (18%).**

- **Among smokers who recall seeing or reading something inside a cigarette package (44%), over half (53%) recall seeing a health information message with the 1-866 Quitline/toll free number or website address, and one-quarter (26%) recall seeing tips to help them quit.**

- **Most smokers agree that health warning messages on cigarette packages provide important information (86%) and are accurate (85%). Nearly two-thirds of smokers (66%) agree that messages make smoking seem less attractive.**

- **Nearly half of all smokers (49%) say the messages on cigarette packages are very effective or somewhat effective at increasing their desire to quit smoking, and a similar percentage of smokers (43%) find the warnings effective at getting them to try to quit. Both have increased from the baseline one year ago (44% and 38% respectively).**

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Contract Number: HT372-123681/001/CY
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Harris/Decima Inc. certifies that the final deliverables comply with the political neutrality requirement in section 6.2.4 of the Procedures for Planning and Contracting Public Opinion Research in the Government of Canada.

Doug Anderson, Senior Vice President
Harris/Decima Inc.

Sommaire

Harris/Décima a le plaisir de remettre à Santé Canada le présent rapport qui résume les résultats de l'étude de recherche intitulée Évaluation des étiquettes relatives à la santé sur les produits du tabac vendus au Canada.

À la suite du remplacement des exigences en matière d'étiquetage pour certains produits du tabac (cigarettes et petits cigares), il a été convenu de faire le suivi d'une recherche menée en mars 2012 afin de connaître l'efficacité des nouvelles exigences. Cette recherche a évalué l'impact des étiquettes relatives à la santé sur les produits du tabac (cigarettes et petits cigares) en mesurant les niveaux de connaissance des consommateurs, leur sensibilisation, leurs attitudes, le rappel et le changement de comportement et a comparé les résultats à ceux obtenus lors de l'entrée en vigueur du nouveau *Règlement sur l'étiquetage des produits du tabac (cigarettes et petits cigares)* (REPT CPC). La recherche permettra à Santé Canada de mesurer l'efficacité et l'impact du nouveau règlement sur l'étiquetage. Le coût total de la recherche a été de 133 874,42 $, TVH comprise.

Afin d'atteindre ces objectifs, un sondage téléphonique a été réalisé auprès de 1 502 fumeurs canadiens adultes de 18 ans et plus. La collecte de données s'est échelonnée du 2 au 30 mars 2013 (en français et en anglais) et la durée moyenne de chaque sondage a été de 14 minutes. La marge d'erreur d'un échantillon de cette taille est de ± 2,5 %, 19 fois sur 20.

Les principales conclusions tirées des résultats du sondage sont présentées ci-dessous.

- **La majorité des fumeurs canadiens (86 %) sont des fumeurs quotidiens** qui fument en moyenne 15,9 cigarettes par jour et qui fument leur première cigarette de la journée dans les 30 minutes (51 %) qui suivent le réveil. La plupart des répondants (88 %) ont fumé leur première cigarette à l'adolescence, avant d'avoir 18 ans.

- **La plupart des fumeurs (81 %) ont déjà essayé d'arrêter de fumer au moins une fois par le passé et, dans ce groupe, la majorité d'entre eux (60 %) ont essayé d'arrêter de fumer au cours de la dernière année.** La volonté demeure la méthode la plus populaire pour arrêter de fumer (49 %).

- **Pratiquement tous les fumeurs (93 %) considèrent que le tabagisme est un problème de santé au Canada.** Les fumeurs parviennent à nommer un certain nombre d'effets sur la santé ou de maladies qui sont causés par la consommation de cigarettes, dont le cancer du poumon (50 %), les crises cardiaques (36 %), le cancer en général (35 %), l'emphysème (20 %) et les maladies pulmonaires (18 %).

- **Le pourcentage des fumeurs qui regardent ou lisent les mises en garde figurant sur des paquets de cigarettes (79 %) a augmenté – une hausse de 8 points par rapport à 2012 (71 %).**

- **Le pourcentage des fumeurs qui indiquent avoir vu ou entendu parler des effets de la cigarette sur la santé sur les paquets de cigarettes a augmenté au cours des 12 derniers mois, soit depuis l'étude de référence – une hausse de 9 points en 2013 (60 %).** Les fumeurs se rappellent plus souvent les mises en garde et les images relatives au cancer buccal, aux maladies pulmonaires, au cancer du poumon, aux maladies cardiaques ainsi que les mises en garde qui concernent les enfants/bébés.

- **Les fumeurs devaient indiquer s'ils pouvaient se rappeler ou décrire autre chose qu'ils avaient vu ou lu sur les paquets de cigarettes. C'était le cas pour 48 % d'entre eux et les éléments dont ils se souvenaient étaient notamment le numéro 1-866/numéro de téléphone pour arrêter de fumer et l'adresse d'un site Web (20 %) ainsi que le mot « Avertissement » (18 %).**

- **Parmi les fumeurs qui se rappellent avoir vu ou lu quelque chose à l'intérieur d'un paquet de cigarettes (44 %), plus de la moitié d'entre eux (53 %) se rappellent avoir vu une mise en garde avec le numéro 1-866/numéro de téléphone pour arrêter de fumer ou l'adresse d'un site Web, et le quart d'entre eux (26 %) se rappelle avoir vu des trucs pour les aider à arrêter de fumer.**

- **La plupart des fumeurs sont d'accord pour dire que les mises en garde sur les paquets de cigarettes fournissent des renseignements importants (86 %) et sont exactes (85 %). Les deux tiers des fumeurs (66 %) s'entendent pour dire que les mises en garde rendent la cigarette moins attrayante.**

- **Près de la moitié de tous les fumeurs (49 %) affirment que les mises en garde sont très efficaces ou assez efficaces pour leur donner davantage le désir d'arrêter de fumer, et une proportion semblable de fumeurs (43 %) trouvent les mises en garde efficaces pour les amener à essayer de cesser de fumer. Ces deux données sont en hausse par rapport à l'étude de référence menée il y a un an (44 % et 38 %, respectivement).**

Firme de recherche : Harris/Décima Inc.
Numéro de contrat : HT372-123681/001/CY
Date d'octroi du contrat : le 8 février 2013

Harris/Décima certifie que les produits livrables finals sont conformes à l'exigence de neutralité politique décrite à la disposition 6.2.4 de la Procédure

de planification et d'attribution de marchés de services de recherche sur l'opinion publique au sein du gouvernement du Canada nouvellement amendée.

Doug Anderson, vice-président principal
Harris/Décima Inc.

Introduction

Harris/Decima is pleased to present this report to Health Canada highlighting the findings from the Evaluation of Canadian Tobacco Product Health-Related Labels quantitative research study. The total cost to conduct this research was $133,874.42, including HST.

As the *Tobacco Products Labelling Regulations (Cigarettes and Little Cigars)* (TPLR-CLC) recently came into force and Health Canada collected baseline information on their effectiveness, there was a commitment to follow-up on the baseline research. This is consistent with Treasury Board requirements and the Cabinet Directive on Streamlining Regulations, whereby Departments and Agencies are required to evaluate their regulatory programs to objectively assess the effectiveness of these programs in achieving expected results, both intended and unintended. Evaluating tobacco product health-related labels is also a requirement of the Federal Tobacco Control Strategy (FTCS) 2007 Treasury Board submission no. 833708.

This research evaluated the impact of the new tobacco product health-related labels (cigarettes and little cigars) by measuring levels of consumer knowledge, attitudes, awareness, recall and behaviour change and comparing the results to those obtained during the baseline evaluation[1].

Specific research objectives included the following:

- To examine knowledge of health effects or diseases associated with smoking;
- To probe Canadians' knowledge, attitudes, awareness, recall, and behaviour change related to the tobacco product health-related labels that appear on packages of cigarettes and little cigars;
- To examine the effect of the health-related labels on cessation behaviours; and
- To compare findings to research conducted prior to the coming into force of the TPLR-CLC.

To meet these objectives, a landline telephone survey using random digit dialling (RDD) was conducted with 1,502 Canadian adult smokers. Surveys were conducted between March 2 and 30, 2013 (in English and French) and took an average of 14 minutes to complete. A detailed description of the methodology used to complete this research is presented at the end of this report.

The detailed findings from this research are presented in subsequent chapters of this report. Appended to this report are the survey instruments (English and French) and detailed tabular tables (presented under separate cover).

[1] 2012 baseline evaluation of Canadian graphic health warning messages (HC POR 11-08), http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2012/075-11/index.html

Detailed Findings

This report is divided into four sections. The first part presents an overview of smokers' current behaviours with respect to frequency and their preferred brand of cigarettes. The second section reviews participants' attempts to quit smoking. This is followed by a discussion of smokers' perceptions of the health effects related to smoking. The last section examines the recall and perceptions of health warning messages and health information messages.

When comparing the 2013 results to the baseline, it is important to note that the new warnings had already started to appear on some cigarette packages when the baseline data was collected in March 2012. Although retailers were required to exclusively sell packages with the new warnings by June 21, 2012, some cigarette brands started to appear at retail with the new warnings as early as January 2012.

Where applicable, responses that differ from the 2012 baseline study, as well as any subgroup differences by region, age, gender, income, education and occupation, are noted. A red circle indicates where the yearly change is significant at the 95% confidence interval. As such, we are 95% certain that there has been a change year to year and it is not due to chance.

The numbers presented are rounded. In some cases, it may appear that ratings collapsed together are different by a percentage point from when they are presented individually.

Smoker Profile

The survey began with a series of questions to understand respondents' current smoking behaviour including frequency, age at which they started smoking, and their preferred brand of cigarettes.

Age Started and Smoking Prevalence

Most smokers (88%) smoked their first cigarette by age 18 with more than half of this group (58%) having smoked their first cigarette by the age of 15. Very few smokers (12%) report that they had their first cigarette once they became adults.

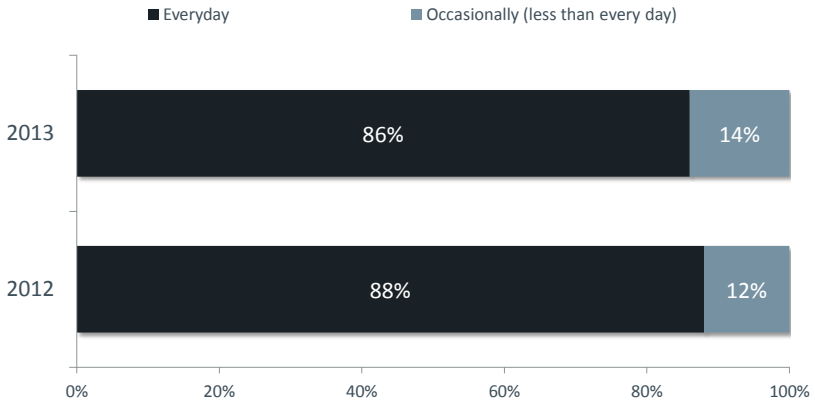
Certain groups of smokers are more likely to have smoked their first cigarette by the age of 15. These include part-time workers (76%) and those who did not complete high school (74%).

The majority of smokers report that they smoke every day. Almost nine in ten smokers (86%) report that they are daily smokers while the remaining fourteen percent smoke occasionally.

Occasional smoking seems to be more prominent with university graduates as more than one-quarter of university-educated smokers (28%) reported smoking occasionally, the highest compared to all other education levels which ranged from 8% to 13%.

Frequency of Smoking

Question 1
At the present time, do you smoke cigarettes every day or occasionally?



Base: All respondents
2013: n=1,502
2012: n=1,505

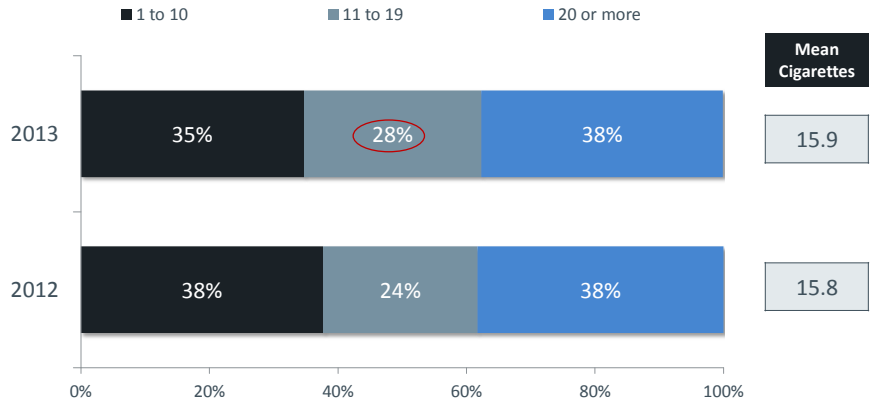
Cigarettes Smoked Per Day

Of those who smoke on a daily basis, the average number of cigarettes smoked per day is 15.9. There is variance among smokers, however, with over three in ten (35%) reporting that they smoke 10 or fewer cigarettes each day, another three in ten (28%) who smoke 11 to 19 cigarettes per day and almost four in ten (38%) who smoke 20 or more cigarettes each day.

Among smokers, groups who have the largest proportion of heavy smokers (i.e. those who smoke 20 or more cigarettes per day) are those who have not completed high school (59%), those with a household income of less than $20,000 per year (55%), people who are 45 years of age or older (47%), and males (43%).

Average Cigarettes Smoked Per Day: Daily Smokers

Question 3
On average, how many cigarettes do you smoke per day?

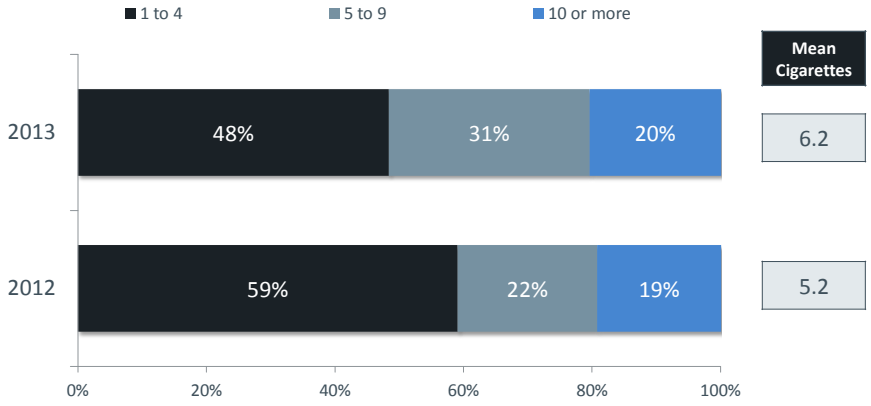


Base: Valid responses among daily smokers
2013: n=1,290
2012: n=1,337

The average number of cigarettes occasional smokers report consuming on the days that they smoke is 6.2 and about half (48%) smoke 4 cigarettes or less. Only two in ten occasional smokers (20%) smoke 10 or more cigarettes per day.

Average Cigarettes Smoked Per Day: Occasional Smokers

Question 4
On the days that you smoke, about how many cigarettes do you smoke?



Base: Valid responses among occasional smokers
2013: n=198
2012: n=153

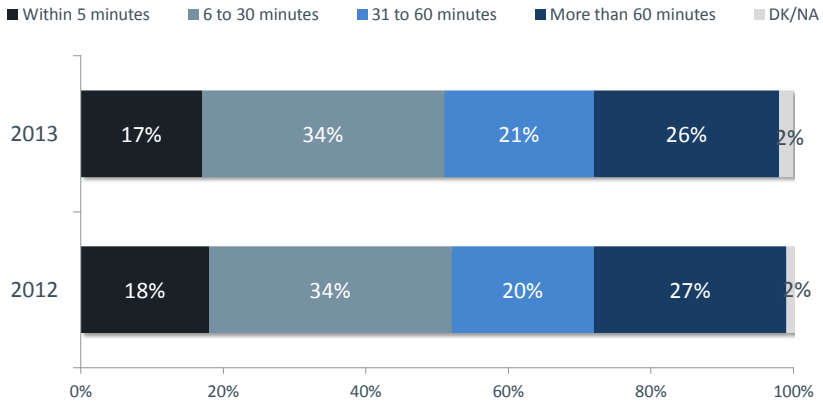
First Cigarette After Waking

Among all smokers, most (72%) smoke their first cigarette within the first hour after waking up, with half of smokers (51%) consuming their first cigarette within 30 minutes after waking, and two in ten (21%) between 31 and 60 minutes of waking. The remaining one-quarter (26%) consume their first cigarette more than an hour after waking up.

When taking only daily smokers into account, 81% smoke their first cigarette within the first hour of waking up, with almost six in ten (57%) consuming their first cigarette within 30 minutes after waking, and almost one-quarter (23%) between 31 and 60 minutes of waking. The remaining two in ten (18%) consume their first cigarette more than an hour after waking up.

First Cigarette After Waking

Question 5
How soon after you wake up do you smoke your first cigarette?



Base: All respondents
2013: n=1,502
2012: n=1,505

Smoking Cessation

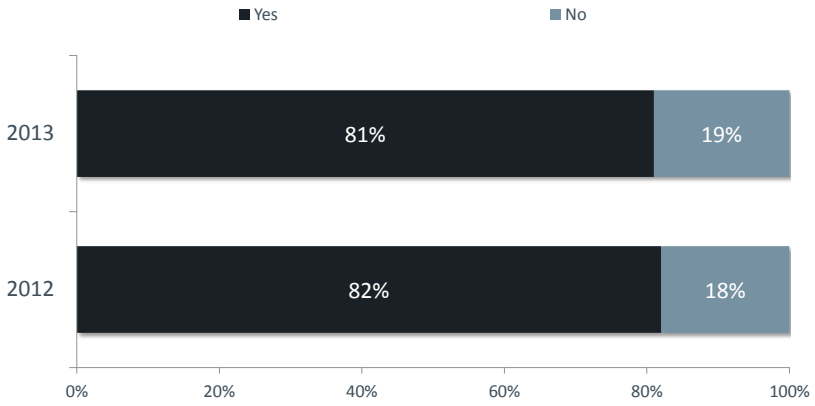
The following section details smokers' experience with attempts to quit. Respondents were asked about previous quit attempts as well as their consideration of future attempts.

Eight in ten smokers (81%) have attempted to quit smoking at some point in the past.

Eighty-seven percent of smokers aged 35 years and older made at least one attempt to quit smoking in the past (versus seventy-one percent of smokers aged 18 to 34). Daily smokers (82%) are more likely than occasional smokers (73%) to have made a quit attempt in the past.

Attempt to Quit Smoking

Question 7
Have you ever tried to quit smoking?



Base: All respondents
2013: n=1,502
2012: n=1,505

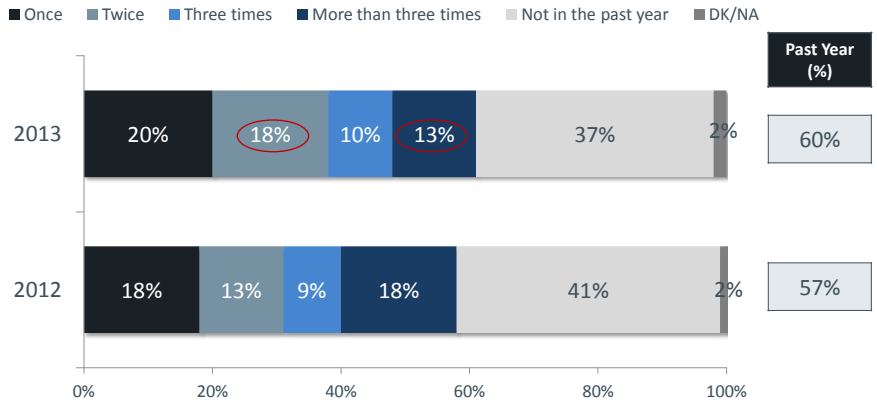
Quit Attempts

Among smokers who have ever tried to quit, the majority (60%) made at least one attempt to quit for at least 24 hours in the past year. Two in ten (20%) made only one attempt to quit in the past year while four in ten (40%) tried to quit more than once.

Among adult smokers who have ever tried to quit smoking, young adult smokers 18 to 34 years of age, as well as smokers classified as having a low addiction level based on the heaviness of smoking index (HSI)[2], are more likely to have tried to make a quit attempt in the past year (72% and 65%, respectively) among which nearly two-thirds tried to quit two or more times (61% and 67%, respectively).

Quit Attempts In Past Year

Question 8
In the past year, how many times have you stopped smoking for at least 24 hours because you were trying to quit smoking?



Base: Those who have tried to quit smoking
2013: n=1,291
2012: n=1,250

Among smokers who have tried to quit smoking, nearly three-quarters (72%) report that they remained smoke-free longer than 72 hours, including six in ten (58%) whose attempt lasted longer than one week, and four in ten (40%) whose attempt lasted longer than one month. A small percentage (8%) had their quit attempt last longer than one year.

[2] The heaviness of smoking index (HSI) is a fairly reliable predictor of dependence or addiction which considers the measure time to first cigarette (TTFC) and cigarettes per day (CPD), indexing a smoker as low, moderate, or highly addicted.

Past Quit Methods

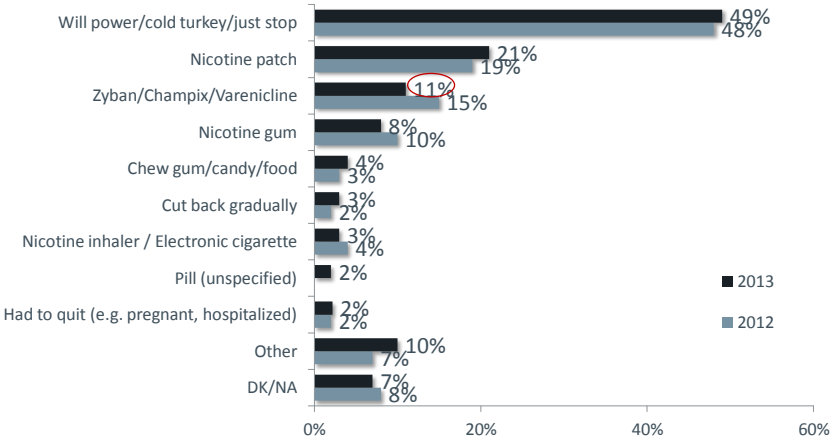
By far the most common method used to quit smoking is willpower. Half of respondents who have tried to quit smoking (49%) did so cold turkey during their most recent quit attempt. Two in ten (21%) used a nicotine patch while trying to quit, and about one in ten tried a smoking cessation aid such as Zyban, Champix, or Varenicline (11%), and/or nicotine gum (8%).

Quitting cold turkey was more popular among young adult smokers 18 to 24 years of age (76%), occasional smokers (62%), and males (54%). Reported usage of the nicotine patch as a smoking cessation product is higher among females (25%) and daily smokers (23%).

Smokers classified as having a high addiction level based on the HSI[2] are less likely to have tried quitting cold turkey during their most recent quit attempt (30%).

Method Used In Most Recent Quit Attempt

Question 10
Thinking of your most recent quit attempt, what methods did you use?



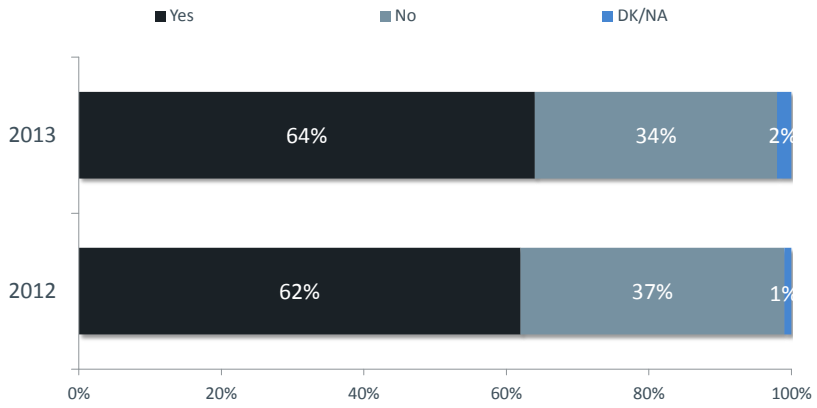
Base: Those who have tried to quit smoking
2013: n=1,291
2012: n=1,250
**Note: Responses only shown if 2% or more.*

Considering Quitting Smoking

Nearly two-thirds of smokers (64%) report that they are currently thinking of quitting smoking. Smokers who tried to quit in the past year (79%) and males (68%) are more likely to be considering quitting smoking.

Thinking of Quitting Smoking

Question 11a
Are you now seriously thinking of quitting smoking?



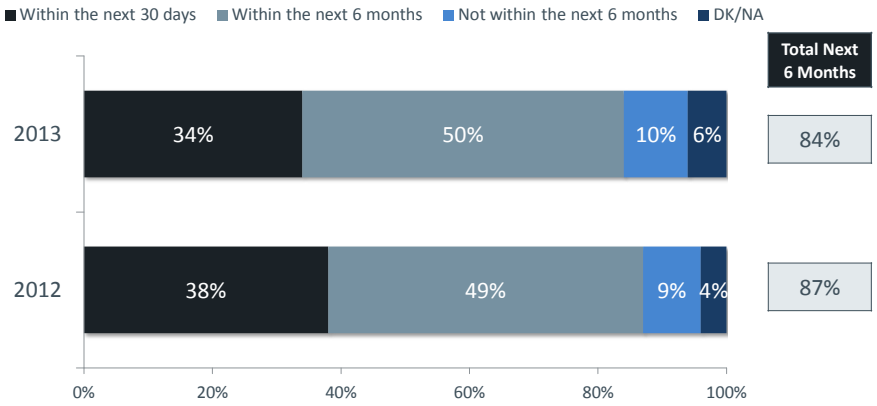
Base: All respondents
2013: n=1,502
2012: n=1,505

Among smokers considering quitting, the large majority (84%) is considering quitting in the next six months, including one-third (34%) who think they will try to quit in the next 30 days.

Occasional smokers (55%) and smokers who made a quit attempt at least once in the past year (44%) are more likely to be considering quitting smoking in the next 30 days.

Timeframe When Trying to Quit

Question 11b
When do you think you will try to quit?



Base: Those who are seriously thinking of quitting smoking
2013: n=964
2012: n=912

Health Effects

Respondents were asked about their perceptions of the health effects of smoking and their recall of where this information was presented.

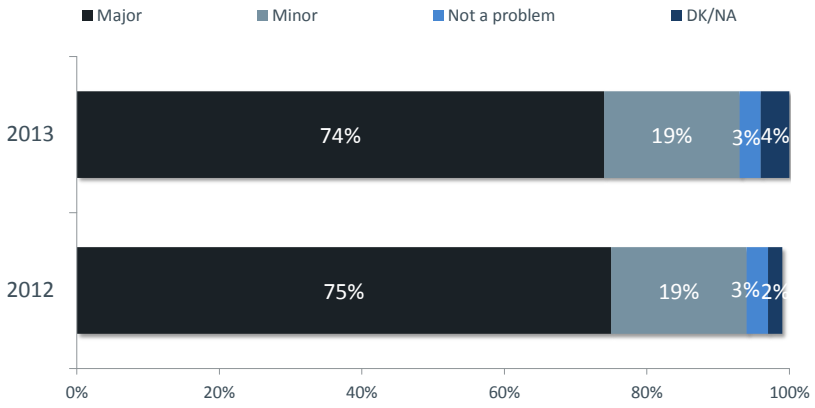
Health Problem in Canada

The vast majority of smokers (93%) view smoking as a health problem in Canada. Three-quarters (74%) think that smoking is a major health problem in Canada while two in ten (19%) view it as a minor problem. Very few smokers (3%) think smoking is not a health problem. These findings are similar to the 2012 baseline results.

Smokers who view smoking as a major health problem in Canada include those with children under the age of 18 (82%), who are seriously considering quitting smoking (82%), and who have made at least one quit attempt in the past year (81%).

Perceived Health Problem of Smoking in Canada

Question 12
In general, do you think that cigarette smoking is a major health problem, a minor health problem or not a health problem in Canada?



Base: All respondents
2013: n=1,502
2012: n=1,505

Health Effects of Smoking

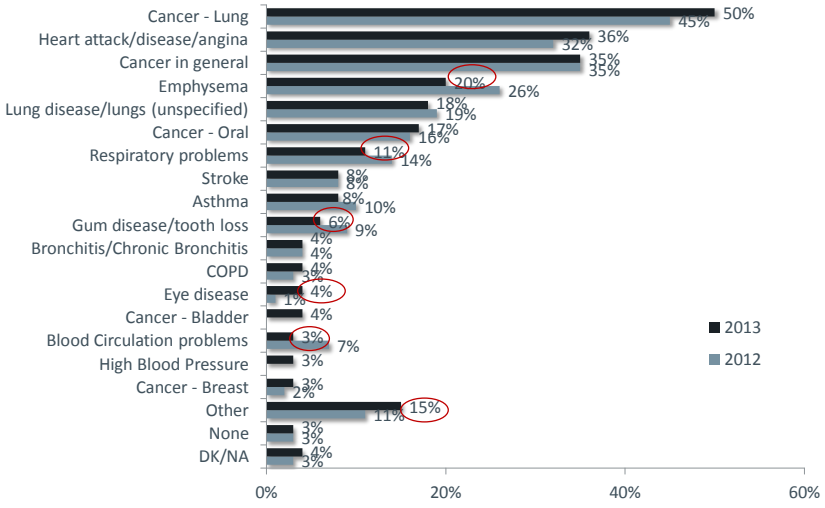
A wide variety of health issues are mentioned, unaided, by smokers when asked about specific health effects or diseases caused by smoking cigarettes. Lung cancer is mentioned the most often (50%), followed by heart attacks (36%) and cancer in general (35%). The next most often mentioned health issues caused by smoking are emphysema (20%), lung disease (18%), oral cancer (17%), respiratory problems (11%), stroke (8%), asthma (8%) and gum disease (6%).

This year, a larger percentage of smokers (4%) mention eye diseases (up three points from the 2012 baseline). Conversely, a smaller percentage of smokers mention emphysema, blood circulation, respiratory problems, and gum disease from the 2012 baseline (down six, four, three and three points, respectively).

Health Effects Caused by Smoking

Question 13

What specific human health effects or diseases, if any, can you think of that can be caused by smoking cigarettes?



Base: All respondents
2013: n=1,502
2012: n=1,505

**Note: Responses only shown if 3% or more.*

Sources of Information on Health Effects of Smoking

When asked, unaided, about where they have seen or heard information about the health effects of smoking, the majority of smokers (60%) mention having seen the information on cigarette packages. A similar percentage of smokers (57%) recall this information from television. A range of other sources where smokers have seen or heard about the health effects of smoking cigarettes include newspapers (15%), internet (12%), radio (12%), a doctor (11%), word of mouth (9%) and magazines (6%).

Unaided recall of information on the health effects of smoking on cigarette packages, from the internet and school has increased this year by nine, two and two points, respectively (from 51%, 10% and 2% in 2012). Recall from newspapers, magazines and billboards has decreased four, three and two points since 2012, respectively.

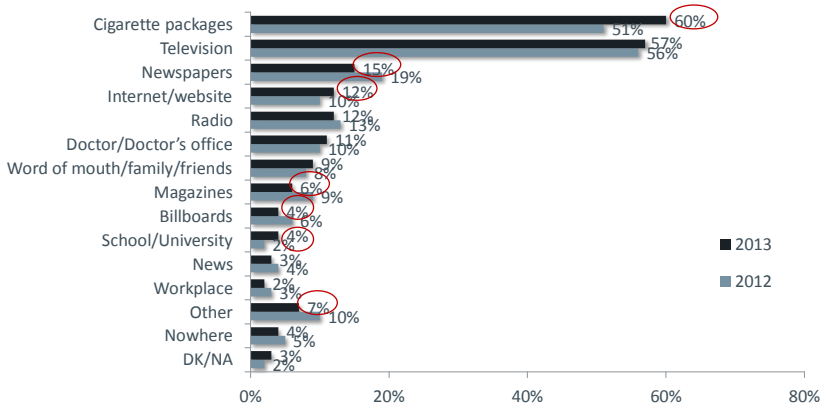
Regionally, smokers in Quebec are more likely to recall this information from television (65% vs. 53% of the rest of Canada) and less likely from a doctor (6% vs. 13% of the rest of Canada).

Smokers 65 years of age or older are less likely to recall seeing information on the health effects of smoking on cigarette packages (36%) compared to all other age groups. This group, along with the 55 to 64 year olds, is more likely to recall seeing information on television (67% and 65%, respectively) or in newspapers (22% and 24%, respectively) compared to younger smokers.

Sources of Information About Health Effects of Smoking

Question 14

Thinking generally about information which talks about the health effects of smoking cigarettes, where have you seen or heard any of this kind of information recently?



Base: All respondents
2013: n=1,502
2012: n=1,505
**Note: Responses only shown if 2% or more.*

Health Warning Messages and Health Information Messages

The next section details respondent recall of health warning messages and health information messages from cigarette packages, specifically. Respondents were asked about the frequency they look at health warning messages, the specific warning and information messages they recall, as well as the perceived effectiveness of the messages on individual smoking behaviour.

Information About Health Warning Messages on Cigarette Packages

Recall of having seen, read or heard something about health warning messages on cigarette packages in Canada remains high. Eighty-five percent of smokers report that they have seen, read or heard something about the health warning messages.

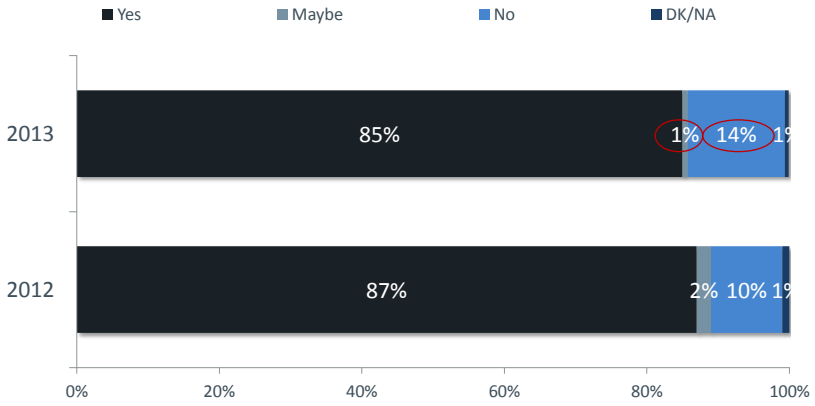
Those who do not recall having seen, read or heard anything about the health warning messages on cigarette packages in Canada has increased four points to 14 percent since 2012. This was expected since the health warnings received significant media attention when the TPLR-CLC came into full force in 2012.

Most regions in Canada observe a recall rate of almost nine in ten with the exception of Quebec. Quebec smokers (79%) are less likely to recall having seen, read, or heard something about health warning messages on cigarette packages compared to Ontario (89%), the Prairies (89%) and smokers in the Atlantic region (88%).

Those with a household income of $150,000 per year or more and females are more likely to recall having seen, read or heard something about health warning messages (96% and 88% respectively). In addition, smokers who are considering quitting in the next 30 days are also more likely to recall seeing, reading, or hearing something about health warning messages (92%) compared to those who are considering quitting in the next six months (80%) or not considering quitting at all (85%).

Awareness of Health Warning Messages on Cigarette Packages in Canada

Question 15
Have you seen, read or heard anything about the health warning messages on cigarette packages in Canada?



Base: All respondents
2013: n=1,502
2012: n=1,505

Frequency of Looking at Health Warning Messages

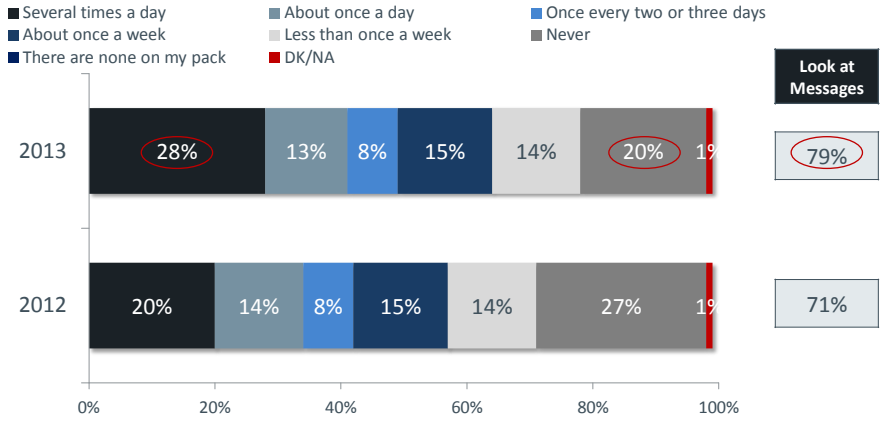
A large majority of smokers (79%, up eight points from 71% in 2012) find themselves looking at or reading health warning messages on cigarette packages. Over one-quarter (28%) look at health warning messages several times a day (an 8 point increase from 20% in 2012) in addition to just over one in ten who look at least once a day (13%). Nearly one-quarter (23%) look at the messages at least once per week, but not daily, while 14 percent look at the messages less than once per week.

Smokers who have not made a quit attempt in the past year, those 45 years of age or older and those who smoke their first cigarette of the day within the first hour after waking are more likely to report that they never look at or read the health warning messages on cigarette packages (27%, 25% and 22%, respectively).

Frequency of Looking at Health Warning Messages

Question 16a

Overall, about how often do you find yourself looking at, or reading any health warning messages on cigarette packages?

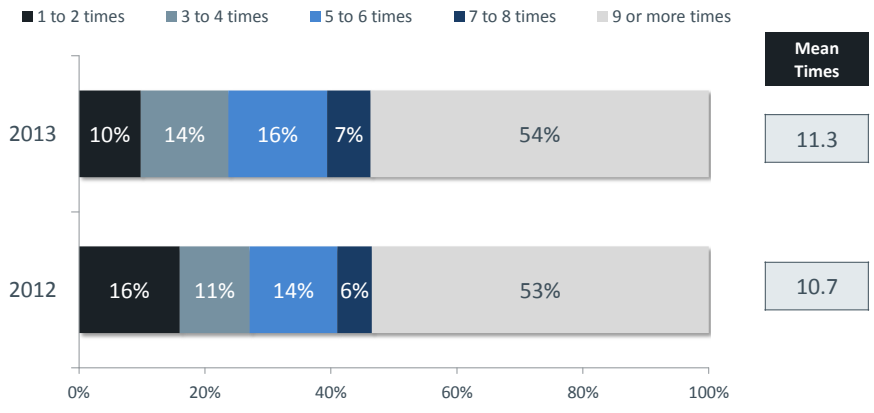


Base: All respondents
2013: n=1,502
2012: n=1,505

Among those who look at the health warning messages on cigarette packages several times per day, over half (54%) report that they do so 9 or more times per day while over four in ten (46%) look at the messages less often than this. Smokers who look at the warning messages several times per day report doing so, on average, 11.3 times.

Frequency of Looking at Health Warning Messages (Daily)

Question 16b
About how many times a day would you look at a message?



Base: Valid responses among those who look at a message several times a day
2013: n=380
2012: n=284

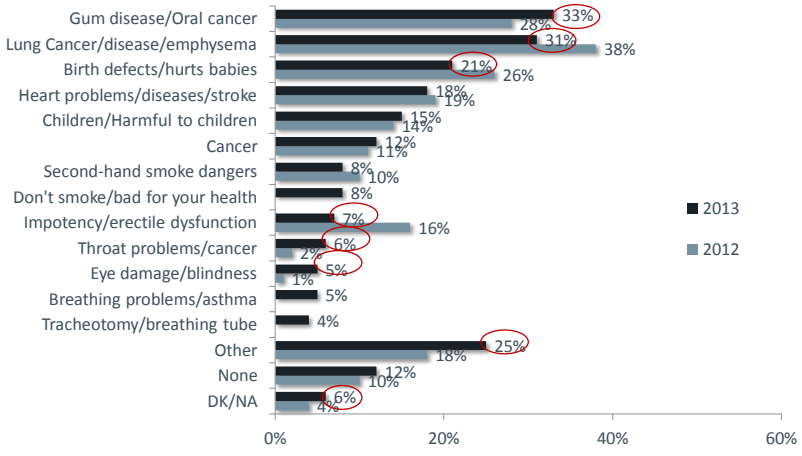
Recall of Specific Health Warning Messages and Images

The specific health warning messages recalled, unaided, by smokers are numerous and varied. About three in ten each recall messages about oral cancer or gum disease (33%), and lung cancer, lung disease or emphysema (31%). About two in ten (21%) recall messages about birth defects and smoking during pregnancy while a similar percentage (18%) mention heart diseases, heart problems and stroke. Fifteen percent of smokers recall messages about how smoking is harmful to children and one in ten (12%) recall messages about cancer in general.

Females are more likely than males to remember messages relating to birth defects (31% vs. 14% of males) and the harmful effects of smoking on children (19% vs. 12% of males). Messages that resonate with younger smokers relate to gum disease or oral cancer with four in ten smokers 18 to 34 years of age (40%) recalling these messages. In addition, about two in ten smokers 18 to 34 (18%) remember messages relating to the harmful effects of smoking on children. Smokers aged 35 to 54 years (9%) and over the age of 55 (10%) are more likely than 18 to 34 year old smokers (4%) to remember messages saying not to smoke or that it is bad for your health.

Top-of-Mind Recall of Health Warning Messages

Question 17
Without looking at a cigarette package, when it comes to the health warning messages that are on a cigarette packages, what specific health warning messages can you remember?



Base: All respondents
2013: n=1,502
2012: n=1,505
**Note: Responses only shown if 4% or more.*

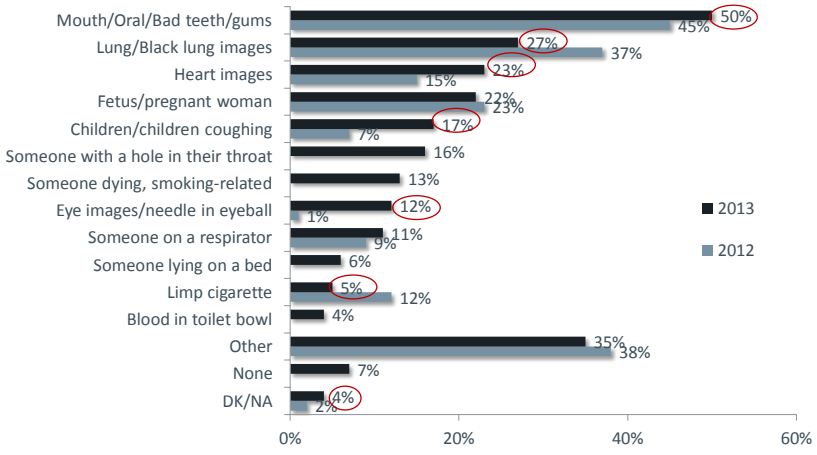
When asked about specific health warning pictures, images, or graphics recalled from cigarette packages, smokers recall images of a mouth such as bad teeth and gums most often. Half of smokers (50%) mention images of a mouth, while almost three in ten (27%) recall images of lungs. Another two in ten (23%) recall heart images, while similar percentages recall images of a pregnant woman (22%), children (17%) or someone with a hole in their throat (16%).

Smokers' recall of images of eyes, children coughing, a heart, and a mouth has increased since the 2012 baseline (up eleven, ten, eight and five points, respectively). Conversely, recall of health warning images of lungs and of a limp cigarette has decreased ten and seven points in 2013, respectively, which is not surprising as the new images for 2012 contain neither a picture of lungs nor a limp cigarette.

Recall of images relating to oral diseases and children coughing generally decreases with age. Images of lungs are more likely to resonate with smokers 45 years of age or older (32%). Females are more likely than males to remember images of a fetus or of a pregnant woman (28% compared to 17%), but less likely to remember images of a heart (19% compared to 25%).

Top-of-Mind Recall of Health Warning Images

Question 18
And without looking at a cigarette package, when it comes to the health warning messages that are on cigarette packages, what pictures or images or graphics can you remember?



Base: All respondents
2013: n=1,502
2012: n=1,505
**Note: Responses only shown if 4% or more.*

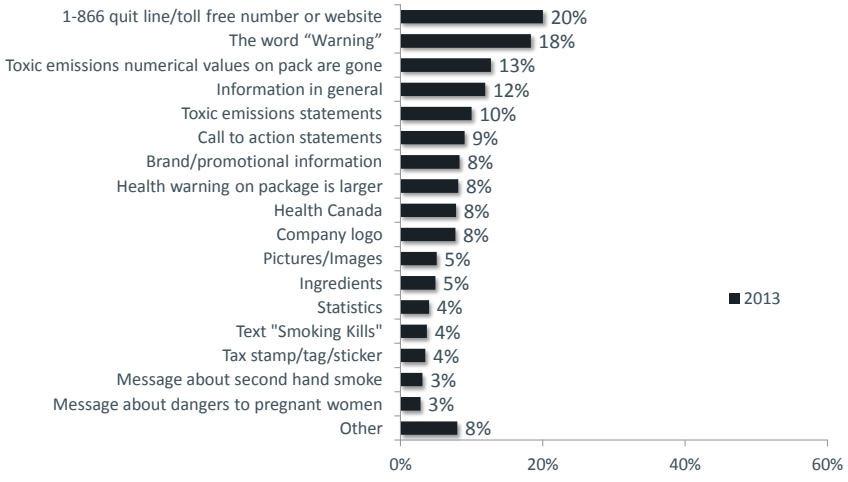
Recall of Other Items on Cigarette Packages

This year, a new open-ended question to gauge recall of other information on cigarette packages was introduced. The question provides a broad measure of other elements that a smoker may recall seeing or reading in addition to the health messages and images asked about in questions 17 and 18 of the 2013 survey. Other elements on cigarette packages include the 1-866 Quitline/toll free number, the "gosmokefree.gc.ca/quit" website address, toxic emissions statements, and the "call to action" statements.

Nearly half of all smokers (48%) are able to recall or describe other elements they saw or read on cigarette packages. Among these smokers, two in ten (20%) recall the 1-866 Quitline/toll free number or website address and a similar percentage (18%) recall the word "Warning". Just over one in ten smokers (13%) recall that the toxic emissions numerical values have been removed. Information in general, toxic emissions statements or call to action statements are also recalled by about one in ten smokers (12%, 10% and 9%, respectively).

Top-of-Mind Recall of Other Items on Cigarette Packages

Question 19
And without looking at a cigarette package, can you recall or describe anything else you saw or read on cigarette packages?



Base: All valid responses (n=693)
**Note: Responses only shown if 2% or more.*

In addition to health warning messages, images, and other elements on cigarette packages, smokers were asked if they could recall or describe anything they saw or read inside a cigarette package.

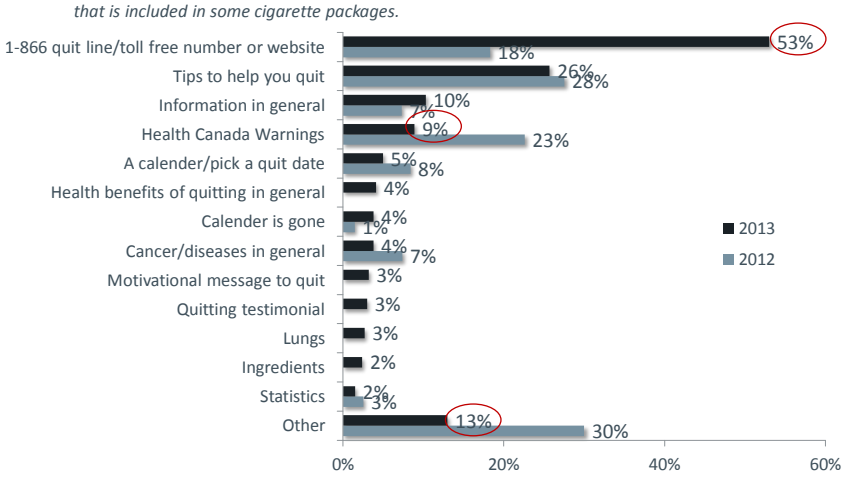
About four in ten smokers (44%) recall seeing or reading something inside a cigarette package, an increase of nine points since the 2012 baseline (35%). Among this group, over half (53%) recall the 1-866 Quitline/toll free number or the website address. About one-quarter (26%) recall "tips to help you quit". One in ten recall information in general (10%) or Health Canada warnings in general (9%).

The 1-866 Quitline number or website and "tips to help you quit" are more likely to be mentioned by smokers 18 to 34 years of age (60% and 33%, respectively).

Recall of Inside-Package Information

Question 22

Without looking at a cigarette package, can you recall or describe anything you saw or read inside a cigarette package? *The inside includes the back of the sliding part of the cigarette package or on the insert that is included in some cigarette packages.*



Base: All valid responses
2013: n=597
2012: n=489

**Note: Responses only shown if 2% or more.*

Aided Recall of Textual Elements

To gauge recall of specific textual elements on and/or inside cigarette packages, an aided question was introduced in 2013. Smokers who did not recall these elements unaided in two previous questions were read the aided question(s) and asked to give a yes or no answer.

Among smokers who were asked the aided question, about seven in ten (71%) recall the word "Warning", about two-thirds (67%) recall the words "Health Canada" and six in ten (59%) recall statements or messages about harmful chemicals in tobacco smoke.

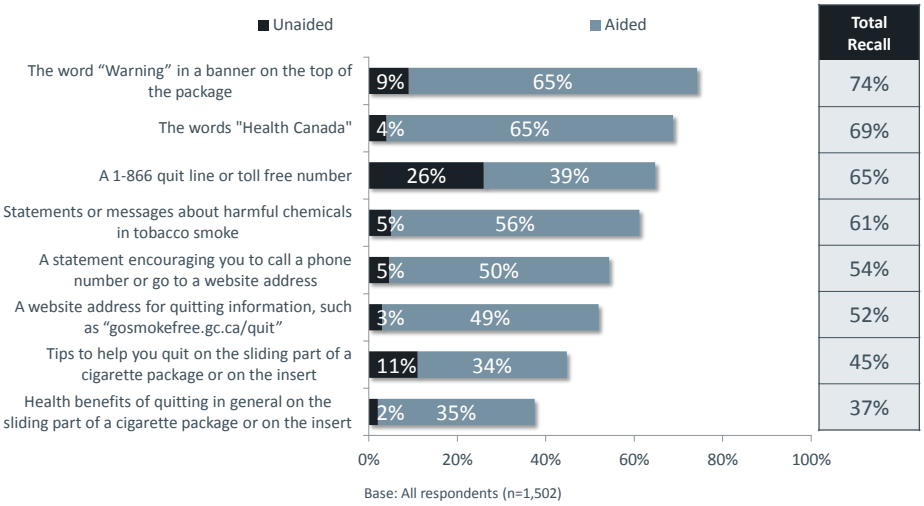
About half of smokers who were asked the aided question recall the 1-866 Quitline/toll free number (53%), a statement encouraging them to call a phone number or go to a website address (52%), and the website address for quitting information – gosmokefree.gc.ca/quit (50%).

Fewer than four in ten smokers who were asked the aided question recall reading or seeing tips to help them quit (38%) and information on the health benefits of quitting (36%), both found on the sliding part of a cigarette package or on the insert.

Aided recall for each of the textual elements generally decreases with age.

The following chart shows the unaided, aided and total recall of elements among all respondents[3].

Total Recall of Health Warning Information



Base: All respondents (n=1,502)

[3] The unaided information is a summary of the items mentioned at Q19 and Q22 and is among all respondents.

Health Warning Messages Statements

In general, most smokers agree that the health warning messages on cigarette packages are accurate (85%) including more than half (53%) who strongly agree. A similar percentage agree that the messages provide important information (86%), including 51 percent who strongly agree. Findings this year are consistent with the baseline collected in 2012.

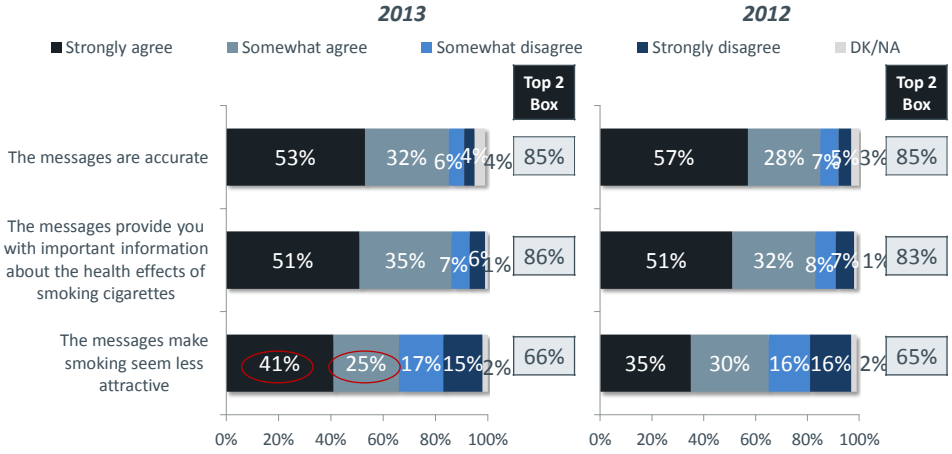
Two-thirds of smokers (66%) agree that the health warning messages make smoking seem less attractive. While overall agreement has remained unchanged since 2012, the percentage of those who strongly agree has increased 6 points this year to 41 percent.

Adult smokers aged 18 to 34 years are more likely to agree that health warning messages on cigarette packages provide important (91%) or accurate (90%) information compared to smokers 35 years and older (83%).

Agreement With Statements About Health Warning Messages

Question 20

Thinking generally about the health warning messages that are on cigarette packages in Canada, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements?



Base: All respondents
2013: n=1,502
2012: n=1,505

Perceived Effectiveness of Health Warning Messages

After being asked if smokers agree with the accuracy, importance, and ability of the messages at making smoking seem less attractive, they were then asked about the messages effectiveness at changing their smoking behaviour.

Smokers feel the most effective aspect of the messages is their ability to provide information about the health effects of smoking, with seven in ten (71%) reporting that the messages are very or somewhat effective at achieving this.

Just over half of smokers (54%) find the health warning messages to be effective in getting them to smoke less around others than they used to, a finding that has not changed since 2012.

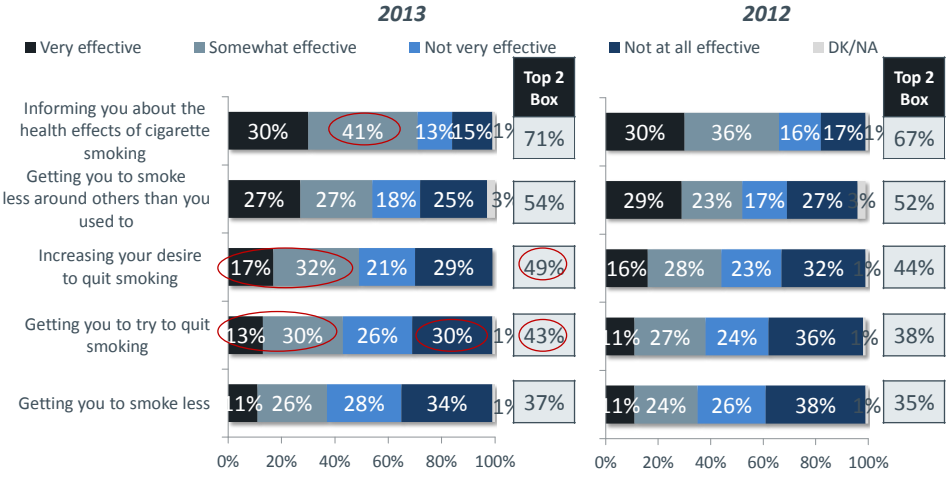
Nearly half of all smokers (49%) find that the warnings are effective at increasing their desire to quit and nearly the same percentage (43%) find the warnings effective at getting them to try to quit smoking. Both these findings are up five points respectively from the baseline results collected in 2012.

Almost four in ten (37%) report the health warnings are effective at getting them to smoke less (unchanged from 2012).

Perceived Effectiveness of Health Warning Messages

Question 21

Thinking about the health warning messages that are on cigarette packages, have these messages been very effective, somewhat effective, not very effective or not at all effective in each of the following ways?



Base: All respondents
2013: n=1,502
2012: n=1,505

Survey Methodology

Harris/Decima undertook a telephone survey with Canadian adult smokers.

Overview of Methodology

This research consisted of a telephone survey with Canadian adult smokers aged 18 years and older. Specifically, 1,502 Canadians were interviewed by telephone using a Random Digit Dialing (RDD) approach and therefore utilized probability sampling. A sample of this size drawn from the Canadian population would be expected to provide results accurate to within plus or minus 2.5 percent in 19 out of 20 samples.

The sampling plan was designed to obtain a distribution reflective of the general population of smokers, according to CTUMS 2011 data, with quotas placed on region.

Details regarding the approach used for completing this research are outlined below.

Questionnaire Design

Harris/Decima reviewed the questionnaire provided by Health Canada to ensure all questions were appropriately worded, key tracking questions were included, and new questions were added to meet Health Canada's objectives. The overall length of the survey was within the targeted length of 15 minutes and Harris/Decima collapsed and coded two open-ended and six "other specify" questions.

Survey Pre-tests

Prior to being finalized, the telephone survey was pre-tested on February 28, 2013 in both official languages to ensure it elicited the required information. In total, 10 interviews were conducted in English and 10 interviews were conducted in French. On average, the study took 14 minutes to complete. All calling was completed from Harris/Decima's Ottawa and Montreal call-centres.

Following the pretest, the data was reviewed by checking frequencies and skip logic to ensure the survey instrument was programmed properly. The pre-test completes were not included in the final dataset as it was decided to change the screening criteria slightly to screen out smokers who only roll their own cigarettes, as the changes to the health warning messages being evaluated did not apply to this group.

Sample Design and Selection

The sample for this survey was designed to complete 1,500 interviews with Canadian smokers. The sample was stratified by region to allow for meaningful sub-group analysis and to ensure that weighting factors stayed within the acceptable research standards.

The sample was drawn using SurveySampler technology, which ensures that all residential listings in Canadian provinces have an opportunity to be selected for inclusion in the survey. Within those households selected, respondents were screened to ensure they were eligible for the study, meaning a Canadian adult smoker, 18 years of age or older. In households with more than one adult smoker, the person with the most recent birthday in the household was selected.

Survey Administration

The telephone survey was conducted with 1,502 respondents in English or French using computer-assisted-telephone-interviewing (CATI) technology, from Harris/Decima's facilities in Ottawa and Montreal. The survey was completed between March 2 and 30, 2013. The average length of time required to complete the survey was approximately 14 minutes. All interviewing was conducted by fully trained and supervised interviewers, and a minimum of 5 percent of all completed interviews were independently monitored and validated in real time, with 75 percent of the survey needing to be monitored to count towards the 5 percent.

Harris/Decima informed all survey participants of the general purpose of the research, identified both the sponsor (Government of Canada) and the research supplier, and informed participants that their responses would be kept confidential. Furthermore, the survey was registered with the National Survey Registration System.

Harris/Decima used VOXCO's "Interviewer" CATI program for data collection. The software provided complete control over entry flow, including skips, valid ranges, and logical error-trapping. The "Interviewer" system imported sample directly from databases – no need for re-entry and no entry errors. Moreover, the system automated all scheduling and call-back tasks, ensuring that every appointment was set within project time limitations and that an interviewer was available for every call-back.

Sample Distribution

A sample of 1,502 drawn from the Canadian smoker population would be expected to provide results accurate to within plus or minus 2.5 percent in 95 out of 100 samples, as presented below (on the next page).

Sample	% Smoker Population*	Sample Size	Margin of Error**
Atlantic	**7.5**	**195**	**+/- 7.2**
NFLD	1.7	40	+/- 15.8
Prince Edward Island	0.5	35	+/- 16.9
Nova Scotia	2.9	60	+/- 12.9
New Brunswick	2.4	60	+/- 12.9
Quebec	**26.7**	**280**	**+/- 6.0**
Ontario	**36.6**	**360**	**+/- 5.3**
Prairies	**18.1**	**390**	**+/- 5.1**
Manitoba	3.8	95	+/- 10.3
Saskatchewan	3.3	95	+/- 10.3
Alberta	11.0	200	+/- 7.1
B.C.	**11.2**	**200**	**+/-7.1**
Territories	**n/a**	**75**	**+/- 11.5**
CANADA	**100**	**1,500**	**+/-2.5%**
**CTUMS 2011 Annual Persons Public Use Microdata File. Excludes Nunavut, Yukon and North West Territories*			
***In percentage points, at the 95% confidence interval*			

Sample Disposition and Response Rate

A total of 122,909 Canadian households were dialed for this study, of which 1,502 qualified as eligible and completed the survey (adult smokers 18 years and older). The overall response rate achieved for the telephone study was 13.26%. The following report on sample disposition and response rate follows MRIA guidelines, which are set up to establish consistency in reporting across the market research industry.

Empirical Calculation for Data Collection	
Total Numbers Attempted	**122,909**
Invalid	27,469
NIS, fax/modem, business/non-res.	6,028
Unresolved (U)	**35,332**
Busy	1,169
No answer, answering machine	34,163
In-scope - Non-responding (IS)	**42,205**
Household refusal	15,597
Respondent refusal	21,709
Language problem	1,767

Empirical Calculation for Data Collection	
Illness, incapable	874
Selected respondent not available	2,094
Qualified respondent break-off	164
In-scope - Responding units (R)	**11,855**
Language disqualify	10,353
No one 18+	
Other disqualify	
Completed interviews	1,502
Response Rate = R/(U+IS+R)	**13.26%**[4]

Non-response bias

The calculated response rate of this survey was 13.26%. The expected response rate for a telephone survey of this type with a comparable field length of four weeks is between 5% and 10%. In order to maximize the response rate while undertaking the study within the constraints of field time, sample size and budget, the following steps were taken:

- A minimum of eight callbacks were made to each listing before it was retired; however, four in ten (40%) answered on the first call attempt;
- Callback scheduling was varied to maximize the possibility of finding someone at home;
- Flexible callbacks and appointments were offered to respondents so they could respond to the survey at their most convenient time. Daytime interviewing was scheduled to pick up any appointments that were made for daytime hours; and
- Refusal conversions were attempted.

Response rates for telephone surveys in Canada and elsewhere have been steadily declining for many years and the trend appears to be continuing. Research has thus far indicated that response rates are a poor indicator of survey quality, yet there remains a valid concern that the universe of individuals ultimately providing responses has an increasing chance of being different from those who are not included in the final dataset. Fundamentally, once a household's phone number is drawn into the sample frame, there are only three ways that the number ends up as a non-response:

- The phone number is not attempted at a time when the potential respondent is available;

[4]Twenty pre-test completions were removed from the final dataset. The In-scope – Responding units (R) is 11,875 and the response rate is 13.28% when including these interviews.

- The survey sample is completed before the phone number needs to be attempted or re-attempted; or
- The respondent chooses not to answer or participate.

By implementing the callback measures described above, the risk of failing to provide a viable opportunity for an interview is mitigated.

However, the concern remains that the high percentage of households that are ultimately non-participants in a study may be different from the survey sample in a way that influences the results of the survey.

In order to investigate whether non-response bias may be having an impact on the results, two forms of tests have been applied:

1. **Comparing Sample Profile to Universe Profile.** Using CTUMS data from 2011 as the factual description of the universe being sampled, the demographic characteristics of the weighted final sample were examined in order to identify any differences and where any may exist, and to examine whether these had a statistically significant impact on the findings.

2. **Comparison of Early and Late Responders.** Using the information on the specific call attempt which resulted in the completed interview, an analysis was undertaken to investigate whether those who responded on the first attempt differed from those who responded only after at least one callback attempt. The callback strategy is specifically implemented to mitigate the risk that non-response is caused by an insufficient sampling attempt. This is built upon the logical hypothesis that those who require multiple attempts in order to be a respondent may be different from those who respond immediately and therefore may be at least somewhat similar to non-responders. At the very least, it is clear that if multiple attempts had not been made to contact these households, the respondent would have been considered a non-responder. Therefore, an analysis was undertaken to identify any differences and, where any may exist, examine whether these had a statistically significant impact on the findings.

Comparing Sample Profile to Universe Profile

The profile of the final sample (both weighted and unweighted) of Canadians was compared to the available population data. As is typically found with telephone surveys in Canada, the final, weighted sample over-represents those with higher levels of education. By under-representing lower education levels, some statistically significant differences were found between the education groups on three elements of the survey: First, the age at which respondents started smoking (“At what age did you smoke your first cigarette?”). Secondly, the number of cigarettes smoked in a day. Thirdly, as is typically seen with this group, awareness of health warning messages (“Have you seen, read or heard anything about the health warning messages on cigarette packages in Canada?”). That being said, the overall impressions and analysis of the data

would not have changed if the sample would have more closely mirrored the universe in terms of education levels.

Moreover, when looking at other key questions regarding quit attempts, health effects, recall of specific health warning information, or the effectiveness of health warning messages, no differences were found.

Therefore, weighting the results on education levels (in addition to the existing weighting for province, age and gender) setting quotas in order to boost the number of completions among lower educated Canadians would not have changed the overall survey results or the study conclusions.

Comparison of Early and Late Responders

A comparison of "early" and "late" responders to the survey was undertaken. Early responders are those who completed the survey upon first contact; late responders required two or more callbacks in order to secure their participation. For this survey, a comparison of these two groups across demographic variables reveals that early responders were somewhat less likely than later responders to live in Quebec or Ontario and to be younger (18-34 years). Attitudinally, while there are some statistically significant differences between the groups, the differences are fairly small and would not have an impact on the overall analysis. As a result, it would not appear that being a late responder and by theoretical extension, a non-responder, does not imply holding a contrasting set of opinions and may therefore not be considered a threat to the validity of the findings.

Non-Response Bias Data

The following table presents a profile of the final weighted and unweighted sample and how it compares to the Canadian population of smokers (18 years and older) on measured regional and demographic characteristics, based on the most recent (2011) CTUMS data.

Characteristics	Sample Size (unweighted)	Unweighted Sample %[1]	Weighted Sample %[1]	2011 CTUMS %	Type of responder (unweighted)	
					Early %[2] (n=602)	Late %[2] (n=900)
Region						
Atlantic	195	13.0	7.5	7.5	13.9	12.5
Quebec	280	18.6	36.0	36.7	24.1	15
Ontario	361	24.0	26.5	26.5	26.6	22.3
Prairies	390	25.9	18.6	18	22.2	28.4
BC	200	13.3	11.2	11.2	10.3	15.3
Territories	76	5.1	0.3	0.3	3.0	6.4
Gender						
Male	701	46.7	56.0	56.1	47.3	46.2

Characteristics	Sample Size (unweighted)	Unweighted Sample %[1]	Weighted Sample %[1]	2011 CTUMS %	Type of responder (unweighted)	
					Early %[2] (n=602)	Late %[2] (n=900)
Female	801	53.3	44.0	43.9	52.7	53.8
Age group[3]						
18-34 years	203	14.0	37.2	37.2	10.7	16.2
35-54 years	625	43.0	37.7	37.7	41.2	44.1
55 years plus	627	43.1	25.2	25.2	48.1	39.7
Education[3]						
No certificate, diploma or degree	241	16.2	15.4	18.8	17.4	15.4
High school certificate or equivalent	440	29.6	29.3	30.5	27.9	30.7
Some community college, vocational or trade school (or some CEGEP)	141	9.5	9.2	7.5	8.4	10.2
Completed community college, vocational or trade school (or completed CEGEP)	315	21.2	24.3	22.5	23.1	19.9
Some university (no degree)	88	5.9	4.7	5.2	6.3	5.7
University certificate, diploma or degree	262	17.6	17.1	15.2	16.9	18.1

[1] Among those providing valid responses.
[2] Early responders = those answering the survey on first contact.
Late responders = answered after two or more callbacks.
[3] Excludes dk/na responses.

Conclusion

The findings suggest that, despite finding some differences of statistical significance, non-response to this survey has not affected the final weighted sample to the extent that different conclusions would have been drawn from this study.

Data Analysis

Upon completion of data collection, Harris/Decima cleaned, coded, and weighted the data. As requested by Health Canada, a weighted data file (in SPSS and Excel) and set of cross-tabulation banners were provided. Our data analysis procedures are outlined below:

Data Validity and Integrity Checks: Our custom system immediately identifies cases where the interview length is unrealistically short, contradicts established

facts or presents patterns of response deserving attention. As a result, we can determine whether a case should be excluded from the final sample if necessary. All of these checks are performed manually and cleaned out of the data in the back end of the project. Harris/Decima uses a checklist to ensure all data that is delivered to the client has gone through a rigorous quality control process.

Data Cleaning: Harris/Decima analysts have considerable experience in cleaning data files, conducting statistical routines, producing tabular output, and weighting data to provide an accurate measure of the population as a whole.

The following are the basic steps taken when cleaning data files:

- Ensure that all coded questions have updated codes and multiple mentions do not have duplicate codes;
- Create all new variables as a result of programming;
- Confirm that all relevant variables are included in the data file;
- Final frequency check (for out-of-range values) and recodes created, including those for outliers;
- Verify that variable names and question numbers match the final version of the questionnaire; and
- Create and verify new variable creations (against source variables) as outlined in the analysis plan and perform spell check on all variables.

In addition to these generic rules, project specific requirements are also taken into account. It is also noteworthy that because the CATI software controls the questionnaire flow and data entry, data are typically quite clean from the outset.

Coding Procedures: The following details our coding procedures, which were performed on this study. The coding department takes the verbatim responses and creates a numeric code list of common answers. Our head coder, in close conjunction with the consulting team, collapses lists of responses to open-ended variables into categories. A single coder is used to maximize consistency on this task. The rough frequencies obtained from this exercise are used to develop a code list. Once final approval is granted, the code list is annotated with specific examples so that accurate coding is assured.

The annotated code list is provided to our coding team, which attaches codes directly to the electronic coding file. This exercise can also be performed in a two-pass format, by two different coders. The head coder reconciles inconsistencies, guaranteeing consistent and accurate reporting of open-ended responses. In general, Harris/Decima aims for less than 10% of responses remaining under an 'other specify' code category, creating codes for any mentions that add up to 1% or more of total responses. The resulting data file is exported to the statistical package to quantify the responses for statistical analysis.

Weighting: At the conclusion of the data collection and cleaning, Harris/Decima weighted the data by each stratum (in this case, region, age and gender) to reflect the actual percentages found in the smoker population, according to CTUMS 2011 data. This ensured the findings from the research could be extrapolated to the entire population with accuracy. Harris/Decima uses a standard procedure for calculating weighting factors, based on established methodological standards and extensive experience in sample weighting over literally hundreds of projects (including many for the Government of Canada).

This procedure involves calculating the actual population within each segment and the true percentage of the sample that would fall into each segment if the survey were conducted on strictly a random basis. Into this number is divided the actual segment sub-sample to produce a weighting factor that is then used to "weight" the data for that segment. While there are various ways of accomplishing this task, this procedure is the most straightforward and effective.

The stratums selected for the project were as follows:

- Region (Atlantic, Quebec, Ontario, Prairies, British Columbia and Territories);
- Gender (male and female); and
- Age (18 to 34, 35 to 54, and 55 plus).

The following table outlines the weighting scheme used for this study. Please note, since 2011 CTUMS data excludes the Territories, the sample in the Territories has been weighted to their percentage within the overall Canadian population using 2011 Census data (0.3%).

Province/Region	Age	Gender	Weighted Smokers (N)	Weighted Smokers (%)
Atlantic	18-34	Male	66,412	1.4%
		Female	54,791	1.1%
	35-54	Male	78,486	1.6%
		Female	66,449	1.4%
	55+	Male	47,378	1.0%
		Female	46,485	1.0%
Ontario	18-34	Male	275,511	5.7%
		Female	166,580	3.5%
	35-54	Male	260,889	5.4%
		Female	287,217	6.0%
	55+	Male	131,410	2.7%
		Female	153,574	3.2%
Quebec	18-34	Male	427,066	8.9%
		Female	284,755	5.9%
	35-54	Male	313,076	6.5%
		Female	214,223	4.5%

Province/Region	Age	Gender	Weighted Smokers (N)	Weighted Smokers (%)
	55+	Male	268,076	5.6%
		Female	259,782	5.4%
Prairies	18-34	Male	200,413	4.2%
		Female	135,324	2.8%
	35-54	Male	204,212	4.2%
		Female	152,922	3.2%
	55+	Male	95,144	2.0%
		Female	79,641	1.7%
B.C.	18-34	Male	123,452	2.6%
		Female	52,568	1.1%
	35-54	Male	137,266	2.9%
		Female	96,526	2.0%
	55+	Male	68,404	1.4%
		Female	60,955	1.3%
Total 18+			**4,808,987**	**100.0%**

Data Analysis: Harris/Decima prepared an analysis plan that included key banner breaks as required. Once the survey data had been collected and cleaned Harris/Decima ran a series of data tables that provided results for all questions in the survey, both overall and broken down by selected "banners." This permitted the comparison of results from various sub-group segments of interest; statistical significance testing was shown between all banner points in the data tables. Independent T-Tests were conducted for means (equal variances) and Independent Z-Tests for percentages. The analysis plan included four banners for the key segments, outlined as follows:

- Banner 1: Region, community size, age and gender;
- Banner 2: Education, household income, marital status, children under 18 years in the household, and language;
- Banner 3: Employment status, smoking frequency, # of cigarettes per day for daily and occasional smokers, age when first started smoking;
- Banner 4: Time of day smoke first cigarette, quit attempts, potential quitters; and
- Banner 5: Tracking data, persistent, hard-core smoker, Heaviness of Smoking Index (HSI)

Appendix A: Survey Instruments

English Questionnaire

Health Canada

Evaluation of Canadian Tobacco Health-Related Labels (Cigarettes and Little Cigars)

Questionnaire 2013

Introduction

Hello, my name is _____ and I am calling from Harris/Decima, a public opinion research company. We are conducting a brief study for the Government of Canada on issues affecting Canadians. Please be advised that we are not selling nor soliciting anything. Your participation is important if the results of the survey are to be accurate and your answers will be kept strictly confidential. This survey is registered with the National Survey Registration System.

CONFIRM WHETHER RESPONDENT WOULD LIKE TO BE INTERVIEWED IN ENGLISH OR FRENCH

We choose telephone numbers at random, then select one person from a household to be interviewed.

A. Does anyone in your household age 18 or older smoke manufactured cigarettes? [INTERVIEWER NOTE: WE ARE NOT LOOKING FOR THOSE WHO EXCLUSIVELY ROLL THEIR OWN CIGARETTES.]

01 - Yes	ASK B
02 – No (only rolls their own)	THANK AND TERMINATE
03 No (no smokers in the household)	THANK AND TERMINATE

B. Is there more than one person in your household age 18 or older that smokes manufactured cigarettes?

[INTERVIEWER NOTE: WE ARE NOT LOOKING FOR THOSE WHO exclusively ROLL THEIR OWN CIGARETTES.]

01 - Yes, more than one	ASK C
02 - One only	ASK TO SPEAK TO THAT PERSON; SKIP TO D

C. May I please speak to the one who has had the most recent birthday?

01 - Yes RE-INTRODUCE THEN CONTINUE TO MAIN QUESTIONNAIRE
02 - Not Available SCHEDULE CALL-BACK
03 – Refused THANK AND TERMINATE

D. Do you or does anyone in your household work for an advertising or market research firm, the media, or a tobacco company?

01 - Yes THANK AND TERMINATE
02 - No CONTINUE TO MAIN QUESTIONNAIRE

[IF ASKED: The survey should take about 15 minutes to complete]

[IF ASKED: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-888-602-6742, extension 8728].

IF PERSON SELECTED IS NOT AVAILABLE, ARRANGE FOR CALL-BACK

IF PERSON SELECTED IS NOT AVAILABLE OVER INTERVIEW PERIOD, ASK FOR ELIGIBLE PERSON WITH NEXT MOST RECENT BIRTHDAY

A. Smoking Behaviour

1. At the present time, do you smoke cigarettes every day or occasionally?

1 - Every day
2 - Occasionally (less than every day)
VOLUNTEERED
9 - DK/NA

2. At what age did you smoke your first cigarette?

[RECORD AGE IN YEARS]

		years

99 - DK/NA

IF SMOKE EVERY DAY (Q1=CODE 01), ASK:

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

PROBE FOR A PRECISE NUMBER. IF RESPONDENT SAYS ONE PACK A DAY, PROBE FOR NUMBER OF CIGARETTES IN A PACK [RECORD NUMBER OF CIGARETTES PER DAY]

		cigarettes per day

999 - DK/NA

IF SMOKE OCCASIONALLY (Q1=CODE 02), ASK:

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

[RECORD NUMBER OF CIGARETTES PER DAY]

		cigarettes per day

999 - DK/NA

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

DO NOT READ UNLESS NECESSARY TO CLARIFY

1 - Within 5 minutes
2 - 6 to 30 minutes
3 - 31 to 60 minutes
4 - More than 60 minutes
VOLUNTEERED
9 - DK/NA

6. What brand of cigarettes do you usually smoke?

DO NOT READ - CODE ONE ONLY.

[INTERVIEWER NOTE: PROBE IF THERE IS A PARTICULAR DESCRIPTOR FOR THE BRAND MENTIONED (E.G. SMOOTH, MEDIUM, RED, WHITE, FULL FLAVOR) AND KING SIZE OR REGULAR SIZE WITHIN THEIR BRAND.]

01 Belvedere Extra Mild Lights Regular Size
02 Belvedere Select Regular / (Extra Mild)
03 Belvedere Medium Regular Size
04 Benson & Hedges Sterling 100's / (Lights 100's)
05 Canadian Classics (White) Regular / (Extra Light)
06 Canadian Classics (Silver) Regular / (Light)
07 Canadian Classics Regular Size
08 Craven Menthol King Size
09 du Maurier Premiere / (Extra Light)
10 du Maurier King Size
11 du Maurier Distinct King Size / (Light)

12 du Maurier Distinct Regular / (Light)
13 du Maurier Regular Size
14 du Maurier Special King Size / (Special Mild)
15 du Maurier Prestige King Size / (Ultra Light)
16 Export 'A' Full Flavour Regular Size
17 Export 'A' Smooth Regular Size / (Light)
18 Export 'A' Medium Regular Size
19 Export 'A' Ultra Smooth Regular Size / (Ultra Light)
20 Matinée Mellow King Size / (Extra Mild)
21 Matinée Mellow Regular Size / (Extra Mild)
22 Matinée Slims King Size / (Slims Extra Mild)
23 Number 7 (Silver) Regular / (Extra Mild)
24 Number 7 (Blue) Regular / (Lights)
25 Number 7 Regular Size
26 Peter Jackson Regular 20
27 Peter Jackson King Size
28 Peter Jackson Select Flavour King Size / (Light)
29 Player's Smooth Flavour King Size / (Extra Light)
30 Player's Smooth Flavour Regular Size / (Extra Light)
31 Player's Rich Flavour King Size / (Light)
32 Player's Rich Flavour Regular Size / (Light)
33 Player's Light Smooth Regular Size
34 Player's Regular Size
35 Generic Chinese brand
36 - Generic First Nations/Aboriginal/Reserve brand
77 - Other (SPECIFY)_____
98 - No regular brand
99 - DK/NA

B. Quit Attempts

7. Have you ever tried to quit smoking?

1 - Yes
2 - No GO TO Q.11
9 - DK/NA GO TO Q.11

8. In the past year, how many times have you stopped smoking for at least 24 hours because you were trying to quit smoking?

READ

1 - Once
2 - Twice
3 - Three times
4 - More than three times

5 - Not in the past year
VOLUNTEERED
9 - DK/NA

9. How long did you remain smoke-free during your most recent quit attempt?

RECORD ESTIMATE BUT NOT RANGE

---------- year(s)
---------- months
---------- weeks
---------- days
999 – DK/NA

10. Thinking of your most recent quit attempt, what methods did you use?

PROBE: Are there any others?

DO NOT READ - CODE ALL THAT APPLY

01 - Nicotine gum
02 - Nicotine patch
03 - Zyban/champix/varenicline
04 - Clinic or group program
05 - Acupuncture
06 - Self-help program/support group
07 - Hypnosis
08 - More exercise/get physically fit
09 - Willpower/cold turkey/just stop
10 - Cut back gradually
11 - Avoid other smokers/smoking situations
12 - Chew gum/candy/food
13 - Used 1-866/1-800 number/quitline/website
14 – Counselling
15 – Electronic cigarette (also called an e-cigarette, electronic nicotine delivery system (ENDS))
77 - Other (SPECIFY_____)
99 - DK/NA

11. a) Are you now seriously thinking of quitting smoking?

1 - Yes
2 - No GO TO Q.12
9 - DK/NA GO TO Q.12
8 - REFUSED GO TO Q.12

IF YES TO Q.11(a), ASK :

b) When do you think you will try to quit?

READ

1 - Within the next 30 days,
2 - Within the next 6 months, or
3 - Not within the next 6 months
VOLUNTEERED
9 - DK/NA

C. Health Effects

ASK ALL

12. In general, do you think that cigarette smoking is a major health problem, a minor health problem or not a health problem in Canada?

1 - Major
2 - Minor
3 - Not a problem
9 - DK/NA

13. What specific human health effects or diseases, if any, can you think of that can be caused by smoking cigarettes? Are there any others?

DO NOT READ. CODE ALL THAT APPLY. [PROBE UNTIL FINISHED.]

01 - Addiction
02 - Air pollution/environmental damage
03 - Allergies
04 - Asthma
05 - Bad breath
06 - Blood circulation problems/Blood clots
07 - Bronchitis/Chronic bronchitis
08 - Cancer - Breast
09 - Cancer - Lung
10 - Cancer - Oral (tongue, lips, mouth, throat)
11 - Cancer - Bladder
12 - Cancer in general (DO NOT PROBE)
13 - Coughing
14 - Death/Premature death
15 - Dizziness/Nausea
16 - Effect on the fetus/unborn child (general)
17 - Emphysema
18 - Eye disease/ blindness/ Age-related macular degeneration (AMD)
19 - Gangrene

20 - Gum disease/tooth loss/mouth disease
21 - Headaches
22 - Heart attack/disease/angina
23 - High Blood Pressure
24 - Impotence/sexual dysfunction
25 - Lung disease/lungs (unspecified)
26 - Multiple sclerosis
27 - Poor physical condition/loss of energy
28 - Premature birth/Preterm birth
29 - Respiratory problems/difficulty breathing/shortness of breath
30 - Smaller babies/Reduced growth of babies during pregnancy
31 - Second-hand smoke
32 - Stroke
33 - Wrinkles/premature aging
34 - Yellow teeth/fingers/effect on appearance
77 - Other (SPECIFY) _____
98 - None
99 - DK/NA

14. Thinking generally about information which talks about the health effects of smoking cigarettes, where have you seen or heard any of this kind of information recently? Anywhere else?

DO NOT READ. CODE ALL THAT APPLY. [PROBE: Anywhere else?]

01 - Television
02 - Newspapers
03 - Magazines
04 - Radio
05 - Billboards
06 - News
07 - Cigarette packages
08 - Other tobacco product packages
09 - Doctor/Doctor's office
10 - School/University
11 - Workplace
12 - Word of mouth/family/friends
13 - Internet/website
14 – Facebook/social media
77 – Other (SPECIFY) _____
98 - Nowhere
99 - DK/NA

D. Health Warning Messages and Health Information Messages

15. Have you seen, read or heard anything about the health warning messages on cigarette packages in Canada?

1 - Yes
2 - Maybe
3 - No
9 - DK/NA

16. a) Overall, about how often do you find yourself looking at, or reading any health warning messages on cigarette packages? (NOTE TO INTERVIEWER: This refers to any health warning messages on cigarette packages, including old or new messages.) Would it be…?

READ

1 - Several times a day ASK 16.b)
2 - About once a day
3 - Once every two or three days
4 - About once a week
5 - Less than once a week
6 – Never
VOLUNTEERED
7 - There are none on my pack
9 - DK/NA

IF CODE 1 IN Q.16a), ASK:

16. b) About how many times a day would you look at a message?

[RECORD NUMBER OF TIMES PER DAY]

		times per day

999 - DK/NA

17. Without looking at a cigarette package, when it comes to the health warning messages that are on cigarette packages, what specific health warning messages can you remember?

[PROBE: Are there any others?] [INTERVIEWER NOTE: If a respondent is looking at a cigarette package, remind them to answer without looking at a cigarette package.]

_____

_____

_____

98 - None
99 - DK/NA

18. And without looking at a cigarette package, when it comes to the health warning messages that are on cigarette packages, what pictures or images or graphics can you remember?

[PROBE: Are there any others?] [INTERVIEWER NOTE: If a respondent is looking at a cigarette package, remind them to answer without looking at a cigarette package.]

_____

_____

_____

98 - None
99 - DK/NA

19. [NEW since baseline] And without looking at a cigarette package, can you recall or describe anything else you saw or read on cigarette packages? [PROBE: Anything else?] [INTERVIEWER NOTE: If a respondent is looking at a cigarette package, remind them to answer without looking at a cigarette package.]

DO NOT READ. CODE ALL THAT APPLY.

01 - 1-866 Quitline/toll free number
02 - Website address (e.g. “gosmokefree.gc.ca/quit”)
03 - Statement encouraging me to call a phone number or go to a web address
04 - Health Canada
05 – Company logo
06 – Brand/promotional information
07 - Text “Need help to quit?”
08 - Text “You can quit. We can help.”
09 - Text “You have the will. There is a way.”
10 - Message about chemicals that can cause cancer
11 - Message about hydrogen cyanide, a poisonous gas
12 - Message about benzene, a chemical that causes cancer
13 - Message about fine particles that can damage the respiratory system
14 - Tax stamp/tag/sticker
15 - Information in general
16 – The word “Warning”
17 – Health warning on package is larger

18 – "Toxic Emissions" amounts on side of pack are gone (e.g. Tar, Nicotine, Carbon Monoxide, Formaldehyde, Hydrogen Cyanide, Benzene)
77 - Other (SPECIFY_____)
98 – Nothing
99 - DK/NA

20. Thinking generally about the health warning messages that are on cigarette packages in Canada, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements?

READ AND ROTATE

a) The messages are accurate
b) The messages provide you with important information about the health effects of smoking cigarettes
c) The messages make smoking seem less attractive

1 - Strongly agree
2 - Somewhat agree
3 - Somewhat disagree
4 - Strongly disagree
9 - DK/NA

21. Thinking about the health warning messages that are on cigarette packages, have these messages been very effective, somewhat effective, not very effective or not at all effective in each of the following ways?

READ AND ROTATE

a) Getting you to smoke less
b) Getting you to smoke less around others than you used to
c) Increasing your desire to quit smoking
d) Getting you to try to quit smoking
e) Informing you about the health effects of cigarette smoking

1 - Very effective
2 - Somewhat effective
3 - Not very effective
4 - Not at all effective
9 - DK/NA

22. Without looking at a cigarette package, can you recall or describe anything you saw or read inside a cigarette package? The inside includes the back of the sliding part of the cigarette package or on the insert that is included in some cigarette packages. [PROBE: Anything else?] [INTERVIEWER NOTE: If a

respondent is looking at a cigarette package, remind them to answer without looking at a cigarette package.]

DO NOT READ. CODE ALL THAT APPLY.

01 - Tips to help you quit
02 - 1-866 Quitline/toll free number/picture of headset
03 - Website address (e.g. “gosmokefree.gc.ca/quit”)
04 – Health benefits of quitting in general
05 - A calendar/pick a quit date/never quit trying to quit
06 - Stop watch/clock/cravings only last a few minutes
07 - Text with yellow highlighting
08 - Information in general
09 – Elderly couple/quitting at any age/quitting increases life expectancy
10 – Lungs/benefits to lungs/coughing
11 - Calendar is gone
12 - Cancer/diseases in general
13 - Not seen sliding part of a cigarette pack
14 - Pregnant woman/quitting before or while pregnant/lower risk of miscarriage and stillbirth
15 - Soccer player/someone playing a musical instrument (saxophone)
16 - Quitting testimonial/Susan/woman who quit
77 - Other (SPECIFY_____)
98 - Nothing
99 - DK/NA

23. [NEW – Aided Question] Without looking, and thinking in general about what is on and inside a cigarette package, do you recall seeing any one of the following? How about… [INTERVIEWER NOTE: If a respondent is looking at a cigarette package, remind them to answer without looking at a cigarette package.]

1 – Yes
2 – No
VOLUNTEERED
9 – DK/NA .

Aided Question List [READ AND ROTATE]:

a) A 1-866 Quitline or toll free number. [SKIP IF Q19=01 OR Q22=02]
b) A website address for quitting information, such as “gosmokefree.gc.ca/quit”. [SKIP IF Q19=02 OR Q22=03]
c) Statements or messages about harmful chemicals in tobacco smoke, such as benzene, more than 70 chemicals that cause cancer, hydrogen cyanide, or fine particles. [SKIP IF Q19=10, 11, 12 OR 13]
d) Tips to help you quit on the sliding part of a cigarette package or on the insert. [SKIP IF Q22=01]

e) Health benefits of quitting in general on the sliding part of a cigarette package or on the insert. [SKIP IF Q22=04]
f) A statement encouraging you to call a phone number or go to a website address. [SKIP IF Q19=03, 07, 08 OR 09]
g) The word “Warning” in a banner on the top of the package. [SKIP IF Q19=16]
h) The words "Health Canada". [SKIP IF Q19=04]

E. Demographics

Finally, a few questions for statistical purposes. Please be assured that all your responses will be kept entirely anonymous and absolutely confidential.

24. In what year were you born? [RECORD 4 DIGIT YEAR]

_____ Year born
9999 - REFUSE/NA

25. What is the highest level of education you have reached?

DO NOT READ
1 - Elementary school or less (no schooling to grade 7)
2 - Some high school (grades 8 - 11)
3 - Completed high school (grades 12 or 13 or OAC)
4 - Some community college, vocational or trade school (or some CEGEP)
5 - Completed community college, vocational or trade school (or completed CEGEP)
6 - Some university (no degree)
7 - Completed university (Bachelor’s degree)
8 - Post graduate university (Master’s, Ph.D., completed or not)
9 - DK/NA

26. a) Which of the following categories best describes your current employment status? Are you:

[READ LIST – ACCEPT ONE ANSWER ONLY]

1 - Working full-time, that is, 35 or more hours per week
2 - Working part-time, that is, less than 35 hours per week
3 - Self-employed
4 - Unemployed, but looking for work
5 - A student attending school full-time
6 - Retired
7 - Not in the workforce [FULL-TIME HOMEMAKER, UNEMPLOYED, NOT LOOKING FOR WORK])

8 - [DO NOT READ] [IF VOLUNTEERED: Other -- DO NOT SPECIFY]
9 - [DO NOT READ] Refused

IF Q26a=CODE 01, 02, OR 03 ASK Q.26 b),c).

26. b) What is your current occupation?

RECORD VERBATIM

26. c) What are your most important activities or duties at work?

RECORD VERBATIM

27. Are you…

READ

1 - Married or living as a couple
2 - Single
3 - Widowed
4 - Separated
5 - Divorced
VOLUNTEERED
9 - DK/NA

28. Are there any children in your household under the age of 18?

1 - Yes
2 - No
9 - DK/NA

29. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes [READ LIST]?

1 - Under $20,000
2 - $20,000 to just under $ 40,000
3 - $40,000 to just under $ 60,000
4 - $60,000 to just under $ 80,000
5 - $80,000 to just under $100,000
6 - $100,000 to just under $150,000
7 - $150,000 and above
8 - (DO NOT READ) Refused

30. We may want to follow up with another survey in the future. Would you be able to participate?

1 - Yes/maybe
2 – No

31. (IF Q.30=01) What would be the best number to reach you at in the future?

Phone number: _____

This completes the survey. In case my supervisor would like to verify that I conducted this interview, may I please have your first name?

First Name: _____

On behalf of Health Canada, thank you very much for your participation.

RECORD:

32. Gender

1 Male
2 Female

33. Province/Territory

01 - British Columbia
02 - Alberta
03 - Saskatchewan
04 - Manitoba
05 - Ontario
06 - Quebec
07 - Newfoundland and Labrador
08 - Nova Scotia
09 - New Brunswick
10 - Prince Edward Island
11 - Yukon
12 - Northwest Territories
13 – Nunavut

34. Community Size

1 - 1 million plus
2 - 100,000 to 1 million
3 - 25,000 to 100,000
4 - 10,000 to 25,000

5 - 5,000 to 10,000
6 - Less than 5,000

French Questionnaire

Health Canada

Évaluation des étiquettes relatives à la santé sur les produits du tabac vendus au Canada (cigarettes et petits Questionnaire 2013

Introduction

Bonjour, je m'appelle _____ et je travaille pour Harris/Décima, une maison de recherche sur l'opinion publique. Nous faisons un sondage pour le compte du gouvernement du Canada sur des sujets qui sont importants pour les Canadiens. Soyez assuré que nous ne voulons rien vous vendre et que nous ne sollicitons rien. Vos réponses resteront strictement confidentielles, et votre participation est importante pour que les résultats du sondage soient exacts. Ce sondage est enregistré en vertu du système national d'enregistrement des sondages.

CONFIRMER SI LE/LA RÉPONDANT(E) PRÉFÈRE ÊTRE INTERVIEWÉ(E) EN FRANÇAIS OU EN ANGLAIS

Nous choisissons des numéros de téléphone au hasard, puis nous sélectionnons dans le foyer une personne qui sera interviewée.

A. Est-ce qu'il y a un membre de votre foyer qui a 18 ans ou plus et qui fume des cigarettes du commerce? [NOTE À L'INTERVIEWEUR : NOUS NE VOULONS PAS EFFECTUER LE SONDAGE AUPRÈS DE CEUX QUI FUMENT EXCLUSIVEMENT LES CIGARETTES QU'ILS ROULENT EUX-MÊMES.]

   01 - Oui POSER B
   02 – Non (fument seulement des cigarettes qu'il roulent eux-mêmes) REMERCIER ET TERMINER
   03 Non (aucun fumeur dans le foyer) REMERCIER ET TERMINER

B. Est-ce qu'il y a dans votre foyer plus d'une personne âgée de 18 ans ou plus qui fume des cigarettes du commerce? [NOTE À L'INTERVIEWEUR : NOUS NE VOULONS PAS EFFECTUER LE SONDAGE AUPRÈS DE CEUX QUI FUMENT EXCLUSIVEMENT LES CIGARETTES QU'ILS ROULENT EUX-MÊMES.]

   01 - Oui, plus d'une POSER C
   02 - Une seulement DEMANDEZ A PARLER A LA PERSONNE ÉLIGIBLE ET PASSER À LA QUESTION D

C. Est-ce que je pourrais parler au fumeur ou à la fumeuse qui a eu son anniversaire le plus récemment?

01 - Oui SE PRÉSENTER À NOUVEAU ET POURSUIVRE LE QUESTIONNAIRE PRINCIPAL
02 - Pas disponible PLANIFIER UN MOMENT POUR RAPPELER
03 - Refus REMERCIER ET TERMINER

D. Est-ce que vous-même ou un membre de votre foyer travaillez pour une agence de publicité, une firme d'études de marché, les médias ou une compagnie de tabac?

01 - Oui REMERCIER ET TERMINER
02 - Non POURSUIVRE LE QUESTIONNAIRE PRINCIPAL

SI ON VOUS LE DEMANDE : Il faudra environ 15 minutes pour compléter le sondage.

SI ON VOUS LE DEMANDE : Le système d'inscription a été mis sur pied par l'industrie canadienne de recherche par sondages, afin de permettre au public de vérifier la légitimité d'un sondage, d'obtenir plus de renseignements au sujet de l'industrie des sondages ou de déposer une plainte. Le numéro sans frais du système d'enregistrement est le suivant : 1-888-602-6742, extension 8728.

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE, DEMANDEZ QUAND VOUS POUVEZ LA RAPPELER.

SI LA PERSONNE CHOISIE N'EST PAS DISPONIBLE DURANT LA PÉRIODE D'ENTREVUE, DEMANDER DE PARLER À LA PROCHAINE PERSONNE ADMISSIBLE DONT L'ANNIVERSAIRE A EU LIEU LE PLUS RÉCEMMENT.

A. Comportement lié au tabagisme

1. À l'heure actuelle, est-ce que vous fumez des cigarettes tous les jours ou à l'occasion?

1 - Tous les jours
2 - À l'occasion (pas tous les jours)
NON SUGGÉRÉ
9 - NSP/PR

2. À quel âge avez-vous fumé votre première cigarette?

		ans

99 - NSP/PR

SI FUME TOUS LES JOURS (Q1=CODE 1), DEMANDER :

3. En moyenne, combien de cigarettes fumez-vous chaque jour?

SONDER POUR OBTENIR UN NOMBRE PRÉCIS. SI LE RÉPONDANT RÉPOND UN PAQUET PAR JOUR, SONDER POUR SAVOIR COMBIEN IL Y A DE CIGARETTES DANS LE PAQUET.

		cigarettes par jour

999 - NSP/PR

SI FUME À L'OCCASION (Q1=CODE 2), DEMANDER :

4. Les jours où vous fumez, environ combien de cigarettes fumez-vous?

		cigarettes par jour

999 - NSP/PR

5. Combien de temps après votre réveil fumez-vous votre première cigarette?

NE PAS LIRE À MOINS QU'IL SOIT NÉCESSAIRE DE CLARIFIER.

1 - Moins de 5 minutes
2 - De 6 à 30 minutes
3 - De 31 à 60 minutes
4 - Plus de 60 minutes
NON SUGGÉRÉ

9 - NSP/PR

6. Quelle est la marque de cigarettes que vous fumez, généralement?

NE PAS LIRE - CODER UNE MARQUE SEULEMENT.

[NOTE À L'INTERVIEWEUR : SONDER S'IL Y A UN DESCRIPTIF PARTICULIER POUR LA MARQUE MENTIONNÉE (P. EX. DOUCES, MOYENNES, ROUGE, BLANC, PLEINE SAVEUR) ET S'IL S'AGIT DE CIGARETTES GRAND FORMAT (KING SIZE) OU DE FORMAT RÉGULIER.]

01 Belvedere Extra Douce Légère Format Régulier
02 Belvedere Sélecte Régulier / (Extra Douce)
03 Belvedere Médium Format Régulier
04 Benson & Hedges Sterling 100's / (légère 100)
05 Canadian Classics Régulier (blanc) / (extra légère)
06 Canadian Classics Régulier (argent) / (légère)
07 Canadian Classics Format Régulier
08 Craven menthol grand format
09 DuMaurier extra légères grand format / Première King Size
10 DuMaurier grand format
11 DuMaurier légères grand format / Distincte King Size
12 DuMaurier légères régulier/ Distincte Format Régulier
13 DuMaurier régulier
14 DuMaurier spéciales grand format
15 DuMaurier ultra légères grand format / Prestige King Size
16 Export "A" régulier
17 Export "A" légères régulier / Veloutée Format Régulier
18 Export "A" moyennes régulier
19 Export « A » Ultra légères régulier / (Ultra veloutées)
20 Matinée extra douces grand format/Douce King Size
21 Matinée extra douces régulier / Douce Format Régulier
22 Matinée minces grand format
23 Number 7 (argent) régulier / (Extra douce)
24 Number 7 (bleu) régulier / (Légère)
25 Number 7 Format régulier
26 Peter Jackson Régulier 20
27 Peter Jackson long
28 Peter Jackson Saveur Sélect long / (légère)
29 Players extra légères grand format / Saveur Veloutée King Size
30 Players extra légères régulier /Saveur Veloutée Format Régulier
31 Players légères grand format/ Saveur Riche King Size
32 Players légères régulières / Saveur Riche Format Régulier
33 Players légères veloutées Format régulier
34 Players régulier
35 Marque générique de cigarettes chinoises

36 - Marque générique de cigarettes des Premières nations/Autochtones/réserve
77 - Aucune marque régulière
98 - Other (SPECIFY)_____
99 - DK/NA

B. Tentatives d'arrêter

7. Est-ce que vous avez déjà essayé d'arrêter de fumer?

1 - Oui
2 - Non PASSER À Q.11
9 - NSP/PR PASSER À Q.11

8. Au cours de la dernière année, combien de fois avez-vous arrêté de fumer pendant au moins 24 heures parce que vous essayiez de cesser de fumer?

LIRE

1 - Une fois
2 - Deux fois
3 - Trois fois
4 - Plus de trois fois
5 - Pas pendant la dernière année
NON SUGGÉRÉ
9 - NSP/PR

9. Lors de votre plus récente tentative d'arrêter, combien de temps avez-vous passé sans fumer?

INDIQUER UNE ESTIMATION MAIS PAS DE FOURCHETTE

---------- ans
---------- mois
---------- semaines
---------- jours
999 - NSP/PR

10. Pensez à votre plus récente tentative d'arrêter; quelles méthodes avez-vous utilisées?

SONDER: Est-ce qu'il y en a d'autres?

NE PAS LIRE - CODER TOUTES LES MENTIONS QUI S'APPLIQUENT

01 - Gomme à mâcher contenant de la nicotine
02 - Timbre transdermique de nicotine (patch)
03 - Zyban/Champix/varénicline
04 - Programme en clinique ou en groupe
05 - Acupuncture
06 - Programme autonome/groupe de soutien
07 - Hypnose
08 - Faire plus d'exercice/se tenir en forme
09 - Volonté/d'un coup sec/cesser tout simplement
10 - Arrêt graduel
11 - Éviter d'être en présence de fumeurs/d'être dans des endroits où il y a des fumeurs
12 - Mâcher de la gomme/des bonbons/manger
13 - Numéro 1-866/1-800/ligne d'aide aux fumeurs/site Web
14 – Consultation
15 – Cigarette électronique (qu'on appelle aussi e-cigarette, *un appareil électronique qui libère de la nicotine*))
77 - Autre (PRÉCISER) _____
99 - NSP/PR

11. a) En ce moment, est-ce que vous envisagez sérieusement d'arrêter de fumer?

1 - Oui
2 - Non PASSER À Q.12
9 - NSP/PR PASSER À Q.12
8 - Refus PASSER À Q.12

SI OUI À Q.8(a), DEMANDER:

b) À quel moment envisagerez-vous d'essayer de cesser de fumer?

LIRE

1 - D'ici les 30 prochains jours,
2 - D'ici les 6 prochains mois, ou
3 - Pas d'ici les 6 prochains mois
NON SUGGÉRÉ
9 - NSP/PR

C. Effets sur la santé

DEMANDER À TOUS

12. En général, est-ce que vous pensez que le fait de fumer la cigarette est un problème de santé grave, un problème de santé mineur ou n'est pas un problème de santé au Canada?

1 - Grave
2 - Mineur
3 - Pas un problème
9 - NSP/PR

13. À votre avis, quels sont les effets spécifiques sur la santé ou les maladies qui sont causés par la consommation de cigarettes, chez les humains? Est-ce qu'il y en a d'autres?

[SONDER JUSQU'À CE QUE LE RÉPONDANT N'AIT PLUS DE RÉPONSE À DONNER.]

NE PAS LIRE. CODER TOUTES LES MENTIONS QUI S'APPLIQUENT.

01 - Dépendance
02 - Pollution de l'air/problèmes environnementaux
03 - Allergies
04 - Asthme
05 - Mauvaise haleine
06 - Problèmes de circulation sanguine/caillots
07 - Bronchite/Bronchite chronique
08 - Cancer - du sein
09 - Cancer - du poumon
10 - Cancer - buccal (langue, lèvres, bouche, gorge)
11 - Cancer - de la vessie
12 - Cancer en général (NE PAS SONDER)
13 - Toux
14 - Mort/Mort prématurée
15 - Étourdissements/Nausées
16 - Conséquences sur le fœtus/sur l'enfant à naître (en général)
17 - Emphysème
18 - Maladie de l'oeil/cécité/dégénérescence maculaire liée à l'âge (DMA)
19 - Gangrène
20 - Maladies des gencives/perte de dents/maladies de la bouche
21 - Maux de tête
22 - Crises cardiaques/maladies cardiaques/angine
23 - Hypertension (haute tension)
24 - Impuissance/dysfonction sexuelle
25 - Maladies pulmonaires/poumons (non spécifié)

26 - Sclérose en plaques
27 - Piètre état physique/perte d'énergie
28 - Naissance prématurée/avant terme
29 - Problèmes respiratoires/difficulté à respirer/souffle court
30 - Bébés de petit poids à la naissance/Réduction de la croissance des bébés pendant la grossesse
31 - Fumée des autres/fumée secondaire
32 - Attaque d'apoplexie/accidents cérébrovasculaires/ACV
33 - Rides/vieillissement prématuré
34 - Jaunissement des dents/des doigts/effet sur l'aspect physique
77 - Autre (PRÉCISER) _____
98 - Aucun
99 - NSP/PR

14. Dans l'ensemble, si on pense aux informations à propos des effets de la cigarette sur la santé, où avez-vous vu ou lu récemment ce genre d'informations? Y a-t'il d'autres sources? [SONDER: Autres sources?]

NE PAS LIRE. CODER TOUTES LES MENTIONS QUI S'APPLIQUENT.

01 - Télévision
02 - Journaux
03 - Magazines
04 - Radio
05 - Panneaux-réclames
06 - Nouvelles/reportages
07 - Paquets de cigarettes
08 - Autres produits du tabac
09 - Médecin/bureau du médecin
10 - École/Université
11 - Lieu de travail
12 - Bouche à oreille/famillle/amis
13 - Internet/site web
14 - Facebook/médias sociaux
77 - Autre (PRÉCISER) _____
98 - Nulle part
99 - NSP/PR

D. Mises en garde

15. Est-ce que vous avez vu, lu ou entendu quelque chose au sujet des mises en garde qui figurent sur les paquets de cigarettes au Canada?

1 - Oui

2 - Peut-être
3 - Non
9 - NSP/PR

16. a) Dans l'ensemble, environ combien de fois regardez-vous ou lisez-vous une mise en garde figurant sur des paquets de cigarettes? (Note à l'intervieweur : Il s'agit de n'importe quelle mise en garde figurant sur des paquets de cigarettes, qu'ils soient anciens ou nouveaux.) Est-ce que ce serait…?

LIRE

1 - Plusieurs fois par jour — POSER 16b
2 - Environ une fois par jour
3 - Tous les deux ou trois jours
4 - Environ une fois par semaine
5 - Moins d'une fois par semaine
6 - Jamais
NON SUGGÉRÉ
7 - Il n'y en a pas sur mon paquet
9 - NSP/PR

SI PLUSIEURS FOIS PAR JOUR (CODE 1) À Q.16a, DEMANDER :

16.b) Environ combien de fois par jour est-ce que vous voyez ce message?

		fois par jour

999 - NSP/PR

17. Sans regarder un paquet de cigarettes et si on pense aux mises en garde sur les paquets de cigarettes, quelles sont les mises en garde dont vous vous souvenez précisément?

[SONDER: Est-ce qu'il y en a d'autres?] [NOTE À L'INTERVIEWEUR : Si un répondant regarde un paquet de cigarettes, lui rappeler de répondre sans regarder le paquet.]

_____

_____

_____

97 - Aucune
99 - NSP/PR

18. Sans regarder un paquet de cigarettes et si on pense aux mises en garde sur les paquets de cigarettes, quels sont les images, les illustrations ou les dessins dont vous vous souvenez?

[SONDER: Est-ce qu'il y en a d'autres?] [NOTE À L'INTERVIEWEUR : Si un répondant regarde un paquet de cigarettes, lui rappeler de répondre sans regarder le paquet.]

_____

_____

_____

98 - Aucune
99 - NSP/PR

19. [NOUVEAU depuis le sondage de référence] Et sans regarder un paquet de cigarettes, est-ce que vous pouvez vous rappeler ou décrire autre chose que vous avez vu ou lu sur les paquets de cigarettes? [SONDER : Quoi d'autre]

NE PAS LIRE. CODER TOUTES LES MENTIONS QUI S'APPLIQUENT. [NOTE À L'INTERVIEWEUR : Si un répondant regarde un paquet de cigarettes, lui rappeler de répondre sans regarder le paquet.]

01 – Numéro 1-866/numéro de téléphone pour arrêter de fumer
02 – Adresse d'un site Web (p. ex. « vivezsansfumee.gc.ca/abandon »)
03 – Une phrase m'incitant à téléphoner à un numéro ou à visiter une adresse sur le Web
04 – Santé Canada
05 – Logo de l'entreprise
06 – Marque/Information promotionnelle
07 - Texte « Libérez-vous enfin du tabac. »
08 - Texte « Vous pouvez arrêter. Nous pouvons vous aider. »
09 - Texte « Vous avez la volonté. Nous pouvons vous aider. »
10 - Message sur les substances chimiques qui peuvent causer le cancer
11 - Message sur le cyanure d'hydrogène, un gaz toxique
12 - Message sur le benzène, un produit chimique qui donne le cancer
13 - Message sur les particules fines qui peuvent endommager le système respiratoire
14 – Timbre/Étiquette/Autocollant d'accise

15 – Informations en général
16 – Le mot « Avertissement »
17 – Les mises en garde pour la santé prennent plus de place sur les paquets
18 – La quantité des « émissions toxiques » ne figure plus sur le côté du paquet (p. ex. goudron, nicotine, monoxyde de carbone, formaldéhyde, cyanure d'hydrogène, benzène)
77 - Autre (PRÉCISER_____)
98 – Rien
99 – NSP/PR

20. Si on pense en général aux mises en garde sur les paquets de cigarettes au Canada, est-ce que vous êtes fortement d'accord, plutôt d'accord, plutôt en désaccord ou fortement en désaccord avec chacun des énoncés suivants?

LIRE EN ROTATION

a) Les mises en garde sont exactes
b) Les mises en garde vous donnent des informations importantes sur les effets que la cigarette a sur la santé
c) Les mises en garde rendent la cigarette moins attrayante

1 - Fortement d'accord
2 - Plutôt d'accord
3 - Plutôt en désaccord
4 - Fortement en désaccord
9 - NSP/PR

21. Si on pense aux mises en garde sur les paquets de cigarettes, est-ce que ces messages ont été très efficaces, assez efficaces, pas très efficaces ou pas du tout efficaces dans chacun des domaines suivants?

LIRE EN ROTATION

a) Vous amener à moins fumer
b) Vous amener à fumer moins en présence des autres
c) Vous donner davantage le désir d'arrêter de fumer
d) Vous amener à essayer de cesser de fumer
e) Vous informer sur les effets de la cigarette sur la santé

1 - Très efficaces
2 - Assez efficaces

3 - Pas très efficaces
4 - Pas du tout efficaces
9 - NSP/PR

22. Sans regarder un paquet de cigarettes, est-ce que vous pouvez vous rappeler ou décrire quelque chose que vous avez vu ou lu à l'intérieur d'un paquet de cigarettes? L'intérieur comprend l'endos du tiroir des paquets de cigarettes et l'encart inclus dans certains paquets de cigarettes. [SONDER : Autre chose?]

NE PAS LIRE. CODER TOUTES LES MENTIONS QUI S'APPLIQUENT. [NOTE À L'INTERVIEWEUR : Si un répondant regarde un paquet de cigarettes, lui rappeler de répondre sans regarder le paquet.]

01 - Trucs pour vous aider à arrêter de fumer
02 - Numéro 1-866/Numéro de téléphone pour arrêter de fumer/Photo d'un casque d'écoute
03 - Adresse d'un site Web (p. ex. « vivezsansfumee.gc.ca/abandon »)
04 – Bienfaits pour la santé liés à l'abandon du tabac de façon générale
05 - Calendrier/Fixez la date d'arrêt/Le seul échec serait de cesser d'essayer
06 - Chronomètre/Montre/Envie de fumer/Ne dure que quelques minutes
06 - Texte surligné en jaune
08 - Informations en général
09 – Couple de personnes âgées/Arrêter de fumer à n'importe quel âge/Arrêter de fumer augmente l'espérance de vie
10 – Poumons/Effets bénéfiques sur les poumons/Toux
11 - Il n'y a plus de calendrier
12 - Cancer/maladies en général
13 - N'a pas vu le tiroir d'un paquet de cigarettes
14 - Femme enceinte/Arrêter de fumer avant ou pendant la grossesse/Moins de risques de faire une fausse couche ou d'accoucher d'un enfant mort-né
15 - Jeunes/Jeunes gens/Joueur de soccer/Personne qui joue d'un instrument de musique (saxophone)
16 - Témoignage sur l'abandon du tabac/Susan/Femme qui a arrêté de fumer
77 - Autre (PRÉCISER) _____
98 - Rien
99 - NSP/PR

23. [NOUVEAU – Question assistée] Sans regarder et si on pense en général à ce qui se trouve sur et à l'intérieur d'un paquet de cigarette, vous rappelez-

vous avoir vu l'un ou l'autre des éléments suivants? Vous rappelez-vous avoir vu…? [NOTE À L'INTERVIEWEUR : Si un répondant regarde un paquet de cigarettes, lui rappeler de répondre sans regarder le paquet.]

1 – Oui
2 – Non
NON SUGGÉRÉ
9 – NSP/PR

Liste pour la question assistée : LIRE EN ROTATION

A – Un numéro 1-866/numéro de téléphone pour arrêter de fumer. [SAUTER SI Q19=01 OU Q22=02]

B – L'adresse d'un site Web pour en savoir plus sur l'abandon du tabac, p. ex. « vivezsansfumee.gc.ca/abandon ». [SAUTER SI Q19=02 OU Q22=03]

C – Des énoncés ou des messages sur les produits chimiques nocifs que contient la fumée du tabac, par exemple les substances chimiques qui causent le cancer, le benzène, le cyanure d'hydrogène ou les particules fines. [SAUTER SI Q19=10, 11, 12 OU 13]

D – Des trucs pour vous aider à arrêter de fumer sur le tiroir du paquet de cigarettes ou sur l'encart. [SAUTER SI Q22=01]

E - Les bienfaits pour la santé liés à l'abandon du tabac de façon générale sur le tiroir du paquet de cigarettes ou sur l'encart. [SAUTER SI Q22=04]

F – Une phrase vous incitant à téléphoner à un numéro ou à visiter une adresse sur le Web. [SAUTER SI Q19=03, 07, 08 OU 09]

G – Le mot « Avertissement » dans un bandeau dans le haut du paquet. [SAUTER SI Q19=16]

H – Les mots « Santé Canada ». [SAUTER SI Q19=04]

E. Demographics

Enfin, je vais vous poser quelques questions à des fins statistiques. Soyez assuré que toutes vos réponses demeureront entièrement anonymes et confidentielles.

24. En quelle année êtes-vous né?

_____ année

9999 - NSP/PR

25. Quel est le niveau de scolarité le plus élevé que vous avez atteint?

NE PAS LIRE

1 - Cours primaire ou moins
2 - Une partie du cours secondaire
3 - Cours secondaire complété
4 - Une partie du cours collégial, du cours professionnel ou du cours technique (ou une partie du cégep)
5 - Cours collégial, professionnel ou technique complété (ou le cégep)
6 - Une partie du cours universitaire (sans diplôme)
7 - Un baccalauréat
8 - Des études supérieures (maîtrise ou doctorat, terminé ou non)
9 - NSP/PR

26. a) Laquelle des catégories suivantes décrit le mieux votre statut d'emploi actuel? Est-ce que vous êtes…?

[LIRE – ACCEPTER UNE SEULE RÉPONSE]

1 - Employé(e) à temps plein (35 heures par semaine ou plus)
2 - Employé(e) à temps partiel (moins de 35 heures par semaine)
3 - Travailleur autonome
4 - Sans emploi, mais à la recherche d'un emploi
5 - Étudiant(e) à temps plein
6 - Retraité(e)
7 - Absent du marché du travail [AU FOYER, SANS EMPLOI ET N'EN RECHERCHANT PAS])
8 - [NE PAS LIRE] [SI BÉNÉVOLE : Autre – NE PAS PRÉCISER]
9 - [NE PAS LIRE] Refuse de répondre

SI Q26a=CODE 1 OU 2, POSER Q.39b-c

26b. Quel est votre emploi actuel?

INSCRIRE MOT POUR MOT.

26c. Quelles sont vos activités ou vos tâches les plus importantes au travail?

INSCRIRE MOT POUR MOT.

27. Est-ce que vous êtes…?

LIRE

1 - Marié ou vivant en couple
2 - Célibataire
3 - Veuf/veuve
4 - Séparé
5 - Divorcé
NON SUGGÉRÉ
9 - NSP/PR

28. Y a-t'il des enfants de moins de 18 ans dans votre foyer?

1 - Oui
2 - Non
9 - NSP/PR

29. Laquelle des catégories suivantes décrit le mieux le revenu total de votre foyer, c'est-à-dire la somme des revenus de tous les membres de votre foyer avant impôt?

[LIRE LA LISTE]

1 - Moins de 20 000 $
2 - De 20 000 $ à moins de 40 000 $
3 - De 40 000 $ à moins de 60 000 $
4 - De 60 000 $ à moins de 80 000 $
5 - De 80 000$ à moins de 100 000 $
6 – De 100 000 $ à moins de 150 000 $
7- 150 000 $ et plus
8 - (NE PAS LIRE) Refus

30. Nous pourrions continuer cette étude dans l'avenir. Est-ce que vous voudriez y participer?

1 - Oui/peut-être
2 - Non

31. (SI OUI/PEUT-ÊTRE À Q.30) Quel serait le meilleur numéro pour vous joindre à l'avenir?

Numéro de téléphone: _____

Ceci complète le sondage. Au cas où mon superviseur voudrait vérifier que cette entrevue a bien eu lieu, est-ce que vous pourriez me donner votre prénom?

Prénom : _____

Au nom de Santé Canda, je vous remercie de votre participation

INSCRIRE (NE PAS DEMANDER)

32. SEXE

1 - Homme
2 – Femme

33. Province/Territoire

01 - Colombie-Britannique
02 - Alberta
03 - Saskatchewan
04 - Manitoba
05 - Ontario
06 - Québec
07 - Terre-Neuve-et-Labrador
08 - Nouvelle-Écosse
09 - Nouveau-Brunswick
10 - Ile-du-Prince-Édouard
11 - Yukon
12 -Territoires du Nord-Ouest
13 - Nunavut

34. Taille de la communauté

1 – Plus de 1 million
2 – De 100 000 à 1 million
3 – De 25 000 à 100 000
4 – De 10 000 à 25 000
5 – De 5000 à 10 000
6 – Moins de 5000

Appendix B: Data Tables (Provided Under Separate Cover)

Data tables, including a full set of weighted frequencies, are provided under separate cover.