



Australian Government

Department of Health and Ageing

RESEARCH REPORT

**1997-2003 National Tobacco Campaign Evaluation
Response and Recall Measures Among Smokers and Recent Quitters**

April 2004

Trinette Kinsman

**- Research and Marketing Group -
Information and Communications Division**

Department of Health and Ageing
GPO Box 9848
Sydney NSW 2001
Phone: (02) 9263 3542
Fax: (02) 9263 3549

Acknowledgments

The author of this report wishes to acknowledge comments and advice provided by:

Ms Jenny Taylor: Director for the Research and Marketing Group, Australian Government Department of Health and Ageing.

Dr Tom Carroll: Senior Advisor to the Australian Government Department of Health and Ageing.

Social Marketing Unit of the Information Communications Division, Australian Government Department of Health and Ageing.

Tobacco, Drug Prevention and Youth Policy Section of the Population Health Division, Australian Government Department of Health and Ageing.

This report builds on previous work undertaken by Wakefield, Freeman & Inglis in their chapter within 'Australia's National Tobacco Campaign – Evaluation Report Volume Three' (2004) titled 'Changes associated with the National Tobacco Campaign: results of the third and fourth follow-up surveys, 1997-2000'.

List of Contents

1.0	Introduction.....	2
2.0	Methodology.....	3
3.0	Fieldwork.....	4
4.0	Results.....	4
4.1	Preface.....	4
4.2	Sample characteristics.....	4
4.3	Awareness.....	6
4.3.1	Recall and recognition.....	6
4.3.2	Impact of campaign on quitting.....	7
4.4	Knowledge.....	8
4.5	Attitudes.....	9
4.6	Behaviour.....	15
4.6.1	Cessation intention.....	15
4.6.2	Quitting behaviour.....	16
4.6.3	Quit strategies.....	17
5.0	Discussion.....	20

Appendix - Questionnaire

List of Tables

Table 1. Sample characteristics of 18-40 year old smokers and recent quitters	5
Table 2. Unprompted recall of health advertising and anti-tobacco advertising	6
Table 3. Campaign-attributed encouragement to quit (of those aware of the NTC) ...	8
Table 4. New learning about smoking and health in the past six months.....	9
Table 5. Attitudes to smoking and health	11
Table 6. Campaign-related beliefs	14
Table 7. Personal statements about smoking	15
Table 8. Perceived likelihood of harm already done to body by smoking.....	15
Table 9. Intent to quit	16
Table 10. Likelihood of smoking in one year	16
Table 11. Quitting activity	17
Table 12. Quit rates	17
Table 13. Strategies employed to assist cessation.....	18
Table 14. Those who encouraged quitting	20

List of Figures

Figure 1. NTC prompted recall	7
Figure 2. Campaign-related beliefs about every cigarette you smoke is doing damage to your health.....	12

EXECUTIVE SUMMARY

The evaluation surveys for the National Tobacco Campaign (NTC) have been undertaken in November each year since 1997, following a benchmark survey in May 1997. Roy Morgan Research and most recently the Social Research Centre have conducted fieldwork for this research for the Australian Government Department of Health and Ageing. This report highlights findings pertaining to selected response and recall measures among smokers and recent quitters for the Campaign since its inception in 1997 until 2003.

The surveys were conducted nationally, using a two-staged telephone interview. Information was collected on age, gender and smoking habits of all members of the household from an informant and then evaluation interviews were conducted with up to three household members. Quota sampling was employed to generate 75% of the sample as smokers. The data was weighted by state and age using current ABS statistics to proportionally represent states in the overall data for 18-40 year olds while retaining the original sample size.

Despite declining levels of media activity for the NTC, the Campaign remains highly memorable in its seventh year, recalled by 96% of smokers and recent quitters.

In addition, it continues to have an impact on likelihood of quitting, reported by one in two (47%) smokers, although the reported impact for recent quitters has declined (37% reported in 2003 that it helped them stay quit as opposed to 60% in 1997).

Many respondents reported they believed the health effects of smoking promoted by the NTC to be true. For example, 54% of smokers and recent quitters in 1997 believed that 'smoking blocks up arteries with fatty deposits', which by 2003 had increased to 84%.

The proportion of smokers who have ever tried to quit has been maintained over time, with 76% of smokers reporting they'd ever tried to quit in May 1997 and 78% in 2003. Similarly, whilst the proportion of those preparing to quit has not changed a lot since 1999, there was an increase between benchmark and 1999 which has been maintained (16% in 1997 compared to 19% in 2003).

Even in its seventh year, with much reduced media activity, the results suggest that the NTC is a highly memorable Campaign, which is associated with the promotion of believable messages and has exerted a positive impact on quitting behaviour.

1.0 INTRODUCTION

The National Tobacco Campaign (NTC) was launched by the now Australian Department of Health and Ageing in 1997 and primarily targets 18-40 year old smokers with a cessation-focused strategy promoting the message 'Every cigarette is doing you damage'. Drawing on the stages-of-change behavioural model¹, the Campaign is designed to elevate quitting on the personal agendas of smokers by demonstrating new insights on the health effects of smoking and moving people through the stages-of-change to contribute to an overall reduction in smoking prevalence.

Comprising television commercials, radio, print and outdoor advertising, public relations, a non-English strategy and a service provider strategy, the National Tobacco Campaign is Australia's most collaborative, intensive and sustained anti-tobacco campaign and has been comprehensively evaluated.

Eight national evaluation surveys have been conducted to date, including a benchmark survey conducted in May 1997. Subsequent annual evaluation surveys have taken place in November to ensure consistency with the timing of these cross-sectional surveys. The annual surveys track the progress of the Campaign, and provide evidence of the effectiveness of the Campaign and other tobacco control strategies in reducing the prevalence of smoking in Australia.

Table 1 summarises the various phases of implementation and evaluation of the campaign.

Table 1. NTC implementation and evaluation

Campaign			Research		
Year	New advertisements	Target audience	Type of survey	Period	Area
1997	<i>Artery Lung Tumour</i>	18-40	Benchmark (E ₀)	May 1997	National
			Continuous tracking (phase one)	May–Dec 1997	Melbourne
			Evaluation follow-up (E ₁)	Nov 1997	National
1998	<i>Brain Call for help</i>	18-40	Non-English speaking background	April–June 1998	Melbourne and Sydney
			Continuous tracking (phase two)	April–June 1998	Melbourne Sydney
			Evaluation follow-up (E ₂)	Nov 1998	National
1999		18-40	Evaluation follow-up (E ₃)	Nov 1999	National
2000	<i>Tar Eye</i>	16-40	Continuous tracking (phase three)	May–July 2000	Adelaide, Melbourne and Sydney
			Evaluation follow-up (E ₄)	Nov 2000	National
2001		18-40	Evaluation follow-up (E ₅)	Nov 2001	National
2002		18-40	Evaluation follow-up (E ₆)	Nov 2002	National
2003		18-40	Evaluation follow-up (E ₇)	Nov 2003	National

E = Evaluation

¹ A behavioural model based on stage of progression toward adoption of the desired behaviour (Prochaska, DiClemente & Norcross, 1992)

Since 2000, there has been no new creative for the NTC and Campaign advertising intensity has declined.

This report highlights findings pertaining to Campaign response and recall measures from annual surveys conducted over the period 1997-2003. The focus is upon smokers and recent quitters and provides an overview of change in awareness, knowledge, attitudes and behaviour. This report does not include findings for smoking prevalence and cigarette consumption which is being independently undertaken on behalf of the Department by the Social Research Centre (Social Research Centre, 2004).

The evaluation described in this report was designed and managed by the Australian Department of Health and Ageing's Research and Marketing Group.

2.0 METHODOLOGY

The surveys were conducted by telephone and used the electronic white pages as the sampling frame. The sample was selected from each of six states. The Australian Capital Territory was included with New South Wales and the Northern Territory was included with South Australia.

Household enumeration

In the first part of the survey the informant (a person in the household aged 18 years or older who answered the telephone) was asked unprompted questions about the recall of health advertising. Following this the informant was asked to describe the members of their household and to identify their smoking status to enable selection of subjects for the second stage of the interview. Data collected for informants and household members (enumeration sample) are utilised to compile prevalence figures. It should be noted that the informant sample is a more opportunistic sample of people who answer the telephone, and they tend to be more likely to be female and of older age (Wakefield, Freeman & Boulter, 1999).

Evaluation interviews

The second part of the survey (the evaluation) was then conducted amongst those people aged 18-69 years who were eligible to progress as participants to complete an interview. A quota sampling methodology which aimed to generate 75% of the sample as smokers (those who smoke on a weekly basis) or recent quitters (defined as those who have, over the past year, stopped smoking cigarettes on a weekly basis), and the remainder being other ex-smokers and non-smokers.

No more than three evaluation interviews in total, and two with smokers, were conducted among eligible respondents in any one household. If more than three people in the household were eligible for inclusion in the survey, the respondents chosen for interview were randomly selected. If potential participants were not at home when the interviewer first called, call-backs were made in an attempt to interview the selected person. Up to six calls to establish contact with the household were undertaken. Potential participants were aware the interview was about health, but not tobacco in particular, when they commenced the interview.

A full description of the methodology employed for these evaluation surveys can be found in Chapter Two, Australia's National Tobacco Campaign Evaluation Report Volume One (Hassard, 1999).

3.0 FIELDWORK

To ensure comparability of data and avoid seasonal variations, the annual surveys have been conducted during November and the benchmark survey was conducted prior to the launch of campaign activity. The table below provides an overview of the fieldwork dates for the surveys.

Table 2. NTC evaluation fieldwork dates

	Bench- mark (E ₀)	Wave 1 (E ₁)	Wave 2 (E ₂)	Wave 3 (E ₃)	Wave 4 (E ₄)	Wave 5 (E ₅)	Wave 6 (E ₆)	Wave 7 (E ₇)
Year	1997	1997	1998	1999	2000	2001	2002	2003
Start	30 May	9 Nov	31 Oct	19 Nov	6 Nov	1 Nov	11 Nov	5 Nov
Finish	11 Jun	8 Dec	29 Nov	12 Dec	10 Dec	23 Nov	12 Dec	9 Dec

4.0 RESULTS

4.1 Preface

The results presented in this report are for 18-40 year olds and focus on smokers and recent quitters.

Data presented below have been standardised across the eight surveys. Data from each survey were weighted by state and age using 2001 ABS data to proportionally represent states in the overall data for 18-40 year olds while retaining the original sample size. All sample sizes reported in tables and figures are unweighted and all proportions presented are weighted unless otherwise indicated.

It is important to note that the sample is not representative of the Australian population in general because a quota was imposed to obtain a disproportionately large proportion of smokers (given the Campaign targets smokers).

Statistical tests were conducted on weighted data using the original sample size in order to establish whether differences between survey years were statistically significant. Differences between proportions were tested using a z-test. Significant differences in this report have been established at a 95 per cent confidence level. Where differences are referred to as significant in this report, they met this criterion.

4.2 Sample characteristics

Table 1 shows the unweighted demographic characteristics of smokers and recent quitters obtained in each survey. Although there were some demographic differences

between the samples across the years, in the main these differences from year to year do not appear to be systematic or substantial. The decline in the proportion of 18 to 29 year olds seen over time is addressed by the weighting method applied.

Table 1. Sample characteristics of 18-40 year old smokers and recent quitters

	Bench- mark (E₀)	1997 (E₁)	1998 (E₂)	1999 (E₃)	2000 (E₄)	2001 (E₅)	2002 (E₆)	2003 (E₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Gender								
Male	47	48	44	47	46	45	47	46
Female	53	52	56	53	54	55	54	54
Age								
18-29	50	46	46	45	48	47	45	40
30-40	50	54	54	55	52	53	56	60
Education status								
Completed some or all secondary school	63	65	65	60	61	62	57	64
Completed at least some tertiary	37	35	35	40	40	38	43	36
Work status								
Working	75	74	71	73	73	72	78	77
Retired / Pensioner	2	3	2	3	4	3	1	1
Student	6	6	6	6	6	6	4	3
Home duties	11	10	14	13	11	14	11	12
Unemployed	6	6	6	5	6	6	7	6
Socio-economic Status²								
Blue collar	45	45	52	48	45	51	48	47
White collar	55	55	48	52	55	49	52	53
Language spoken at home								
English	95	97	97	96	97	97	96	97
Other	5	3	3	4	3	3	4	3
Region								
Capital city	59	60	63	63	61	60	62	61
Other	41	40	37	38	39	40	38	39

² Excludes those with no occupation or refused response.

4.3 Awareness

4.3.1 Recall and recognition

Unprompted recall of health advertising in the past three months has been consistently high across the survey years. Recall of anti-tobacco advertising specifically, indicates that the issue of smoking has been raised on the agenda for smokers and recent quitters since the introduction of the NTC. Other factors, as well as the NTC, have probably contributed to this heightened awareness.

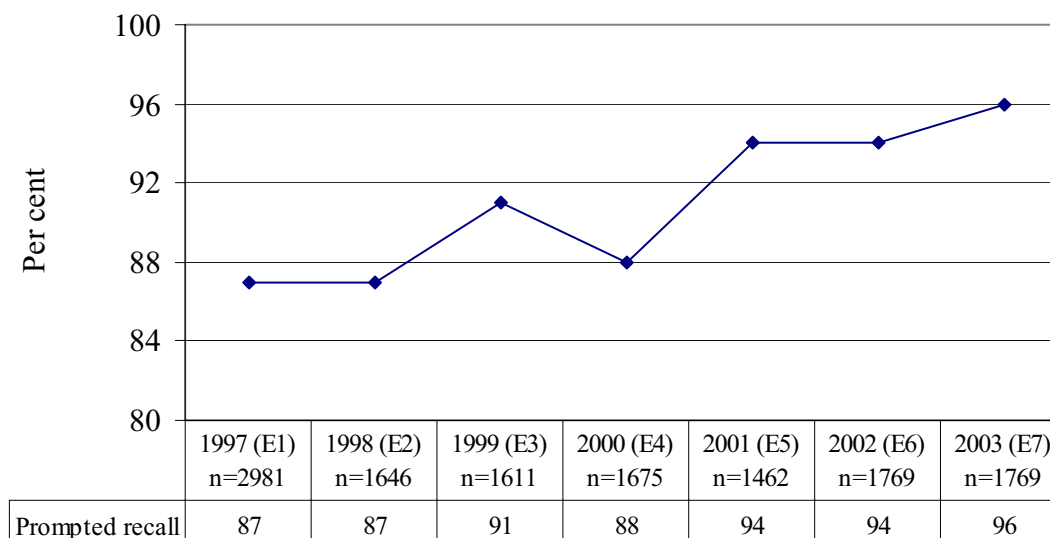
- In 2003, 30% of smokers and recent quitters recalled anti-tobacco advertising which was significantly higher than benchmark (E_0 : 25%), but has declined over time and in 2003 was significantly lower than every other survey year.
- Following the launch of the NTC, unprompted recall of anti-tobacco advertising was the highest seen across all survey years (E_1 : 46%).

Table 2. Unprompted recall of health advertising and anti-tobacco advertising

	Bench- mark (E_0)	1997 (E_1)	1998 (E_2)	1999 (E_3)	2000 (E_4)	2001 (E_5)	2002 (E_6)	2003 (E_7)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Seen any health advertising in the past 3 months	74	82	81	79	77	79	77	75
Unprompted anti-tobacco advertising recall	25	46	42	36	35	34	36	30

Prompted recognition of the NTC has increased since the launch of the Campaign and in 2003, 96% of smokers and recent quitters reported they had seen, read or heard advertising from the Campaign.

- In 2003 prompted recall of the NTC was significantly higher than every other survey year (E_7 : 96% vs E_1 : 87%, E_2 : 87%, E_3 : 91%, E_4 : 88%, E_5 : 94%, E_6 : 94%).

Figure 1. NTC prompted recall

4.3.2 Impact of campaign on quitting

Smokers and recent quitters who were aware of the Campaign were asked whether the NTC advertisements had any effect on their likelihood to quit or stay quit. Approximately half of the smokers reported the NTC advertisements had made them more likely to quit.

The percentage of smokers making this attribution has varied little over time.

- The highest attribution was reported following the launch of the NTC in 1997 which was significantly higher than 1999 and 2003 (E₁: 51% vs E₃: 47%, E₇: 47%).

Among recent quitters there has been a decline over time in those reporting the Campaign had helped them to stay quit.

- A significantly greater proportion of recent quitters reported the Campaign had helped them to stay quit in 1997 than 2000 to 2003 (E₁: 60% vs E₄: 44%, E₅: 41%, E₆: 45%, E₇: 37%).

Correspondingly, a considerably larger proportion of recent quitters has reported the Campaign has had no effect since 2000.

- In 2003 a significantly higher proportion of recent quitters reported the Campaign had no effect in helping them to stay quit compared to the first three years of the Campaign (E₇: 59% vs E₁: 35%, E₂: 40%, E₃: 43%).

Table 3. Campaign-attributed encouragement to quit (of those aware of the NTC)

	1997	1998	1999	2000	2001	2002	2003
	(E ₁)	(E ₂)	(E ₃)	(E ₄)	(E ₅)	(E ₆)	(E ₇)
Smokers	n=2264	n=1318	n=1246	n=1298	n=1208	n=1502	n=1505
Per cent							
More likely to quit	51	50	47	49	47	50	47
No difference	45	46	49	47	49	47	51
Less likely to quit	3	3	2	2	2	2	2
Can't say	2	1	1	2	1	1	1
Recent quitters	n=289	n=123	n=192	n=154	n=165	n=166	n=188
Helped to stay quit	60	56	52	44	41	45	37
Had no effect	35	40	43	53	55	53	59
Made it more difficult	2	1	3	1	2	2	3
Can't say	4	3	2	2	3	1	1

4.4 Knowledge

All smokers and recent quitters were asked “During the past six months, have you learned anything new about the effects of smoking cigarettes on health?” to determine whether the campaign had imparted new information about the health effects of smoking.

- There was a significant increase between the benchmark and the first evaluation survey in those reporting they learned something new (E₀: 14% vs E₁: 23%).

However, the proportion of smokers and recent quitters who claimed to have learnt something new about the health effects of smoking has declined since the early years of the NTC.

- In 2003, less than one in five smokers and recent quitters reported learning something new. Whilst this was significantly higher than benchmark (E₇: 19% vs E₀: 14%), it was significantly lower than those who reported new learnings in 1997 and 1998 (E₇: 19% vs E₂: 23%, E₃: 23%).

New learning claimed by smokers and recent quitters about ‘clogged arteries’, ‘lungs are like sponges’ and ‘every cigarette is doing you damage’ significantly increased between benchmark and the first evaluation survey.

- Whilst new learning about ‘clogged arteries’ was significantly higher than benchmark for every survey year, the proportion declined from 8% in 1997 (E₁) to 2% in 2003 (E₇).
- New learning for ‘lungs are like sponges’ declined from 4% in 1997 (E₁) to 2% in 2003 (E₇).

- A similar response was seen for ‘every cigarette is doing you damage’ which declined from 4% in 1997 (E₁) to 1% in 2003 (E₇) and ‘how smoking causes lung cancer’ (E₁: 3% vs E₇: 1%).

No benchmark comparison was available for ‘smoking causes strokes/clots in the brain’ or ‘loss of eyesight’. The NTC *Brain* advertisement was launched in 1998 and the NTC *Eye* advertisement was launched in 2000.

- New learning for ‘smoking causes strokes/blood clots in the brain’ peaked at 6% in 1998 which was significantly greater than any other survey year.
- New learning about ‘loss of eyesight’ peaked at 5% in 2001, which was significantly higher than all other survey years.

Table 4. New learning about smoking and health in the past six months

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Learnt something new	14	23	23	19	18	20	22	19
Clogged arteries	1	8*	4	4	3	2	2	2
Lungs are like sponges	1	4*	4	3	3	2	2	2
Every cigarette is doing you damage	1	4*	2	2	1	1	1	1
How smoking causes lung cancer	2	3*	2	2	2	1	1	1
Causes strokes/clots in the brain	NA	NA	6*	1	1	1	1	<1
Loss of eyesight	NA	<1	<1	<1	2*	5	3	3

* *Launch of execution*

4.5 Attitudes

Smokers and recent quitters were asked a series of questions to ascertain their attitudes towards smoking and their opinions in relation to some of the health effects of smoking promoted in the Campaign.

Smokers and recent quitters dispelled the myths often associated with smoking over the course of the NTC.

- At benchmark 59% of smokers and recent quitters felt the ‘dangers of smoking had not been exaggerated’. Between the benchmark and the first evaluation surveys, this rose to 64%. By 2003 this had significantly increased to 70%. The proportion in 2003 was significantly greater than that reported in 1997 to 1999 (E₇: 70% vs E₀: 59%, E₁: 64%, E₂: 61%, E₃: 64%).

-
- 59% of smokers and recent quitters in the benchmark survey disagreed that ‘smoking can’t be all that bad because many people smoke and live to a ripe old age’, which significantly increased to 71% in 2003. The proportion of smokers and recent quitters disagreeing with this statement in 2003 was significantly greater than the survey years 1997 to 2000 (E₇: 71% vs E₀: 59%, E₁: 61%, E₂: 60%, E₃: 62%, E₄: 66%).
 - One in two smokers and recent quitters disagreed that ‘smoking the occasional cigarette doesn’t cause any damage to health’ at benchmark (E₀: 50%), which increased significantly to 57% at the first evaluation survey. The proportion in 2003 was significantly higher than benchmark and the survey years 1997 to 2001, but was significantly lower than 2002 (E₇: 66% vs E₀: 50%, E₁: 57%, E₂: 55%, E₃: 57%, E₄: 60%, E₅: 62%, E₆: 70%).
 - Strong agreement was reported by smokers and recent quitters that ‘your smoking can harm others’, which peaked in 2001, and was a significant increase since the benchmark (E₅: 93% vs E₀: 82%). In 2003 91% of smokers and recent quitters agreed ‘your smoking can harm others’. Whilst this was significantly lower than the proportion who reported this in 2001 (93%) and not different from 2002 (91%), it was significantly higher than benchmark and other survey years (E₇: 91% vs E₀: 82%, E₁: 83%, E₂: 80%, E₃: 85%, E₄: 88%).
 - A very high proportion of smokers and recent quitters (more than 90%) consistently acknowledged that their ‘health would be improved if they quit smoking’ during the early years of the Campaign. Therefore this measure was not included in the evaluation survey from 2000 onwards.
 - The proportion of smokers and recent quitters who agreed that ‘smoking causes lung cancer’ was consistently high. There was no change seen immediately after the launch of the NTC, however, the proportion who reported this in 1999 was significantly higher than that reported in the first evaluation survey (E₃: 90% vs E₀: 87%). This survey item was not included from 2000 onwards.
 - A similar pattern was evident in regards to the high proportion of smokers and recent quitters who agreed that ‘smoking causes heart disease’ and ‘smoking causes emphysema’. In 1999, significantly more smokers and recent quitters agreed that ‘smoking causes heart disease’ compared to all other years, including the benchmark (E₃: 88% vs E₀: 83%, E₁: 84%, E₂: 85%). There was no change in the proportion of smokers and recent quitters agreeing that ‘smoking causes emphysema’ over time. These survey items were not included from 2000 onwards.

Table 5. Attitudes to smoking and health

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
The dangers of smoking have been exaggerated (% disagree)	59	64	61	64	68	71	71	70
Smoking can't be all that bad because many people smoke all their lives and live to a ripe old age (% disagree)	59	61	60	62	66	72	73	71
Smoking the occasional cigarette doesn't cause any damage to your health (% disagree)	50	57	55	57	60	62	70	66
Your smoking can harm others (% agree)	82	83	80	85	88	93	91	91
It would improve my health if I quit smoking (% agree)	93	93	94	95	NA	NA	NA	NA
Smoking causes lung cancer (% agree)	88	87	89	90	NA	NA	NA	NA
Smoking causes heart disease (% agree)	83	84	85	88	NA	NA	NA	NA
Smoking causes emphysema (% agree)	86	86	86	88	NA	NA	NA	NA

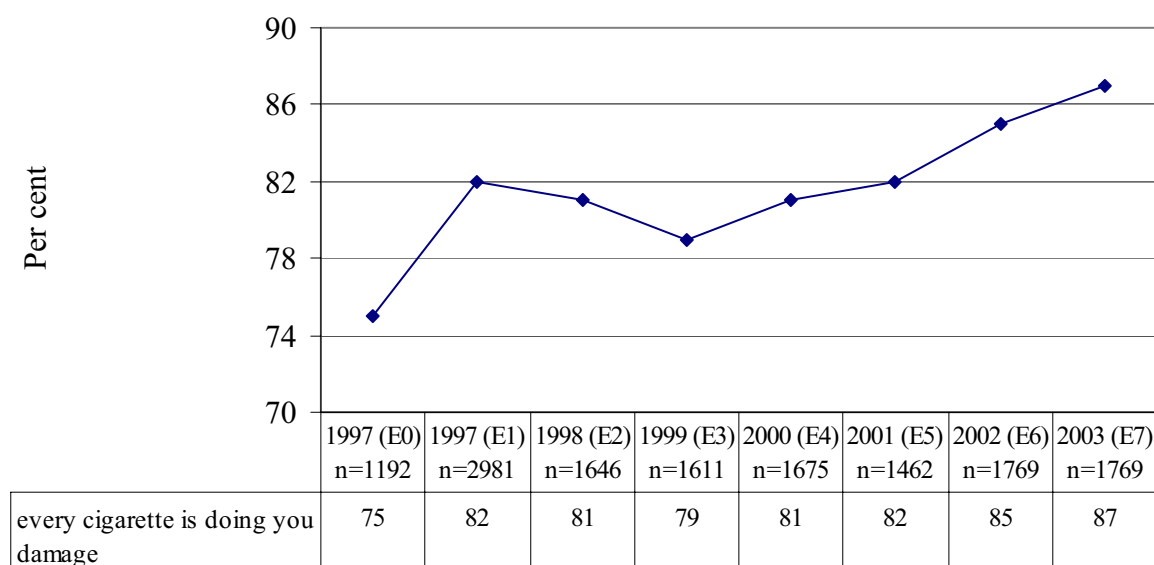
All respondents were asked “in your opinion, which of the following two statements is nearest to the truth...

- You have to smoke for several years to do any damage to your health
- Every cigarette you smoke is doing damage to your health?”

Most smokers and recent quitters believed that ‘every cigarette you smoke is doing damage to your health’ was closest to the truth.

- A significant increase in the proportion of respondents who held this opinion was seen at the first evaluation survey after the launch of the NTC (E₀: 75% vs E₁: 82%).
- Whilst there was no difference between 2002 and 2003, the proportion who agreed with this statement in these two years was significantly higher than each individual preceding year (benchmark to 2001) as shown in Figure 2.

Figure 2. Campaign-related beliefs about every cigarette you smoke doing damage to your health



Smokers and recent quitters were asked to evaluate the truthfulness of significant elements promoted in the Campaign as shown in Table 6. ‘Smoking causes strokes’ and ‘blood clots in the brain’ were introduced to the evaluation survey in 1998 and ‘smoking causes eye damage’ and ‘a build up of tar on the lungs’ in 2000 to measure potential effects of the NTC *Brain, Eye* and *Tar* ads. In 2002 and 2003, new survey items were included to monitor opinions in relation to other health effects of smoking. These have not been promoted by the NTC, but potentially could be included as new health warnings on tobacco products.

- A consistently high proportion of smokers and recent quitters believed that ‘smoking causes decay in the lungs’. A significant increase was seen between the benchmark and the first evaluation survey (E₀: 93% vs E₁: 95%) which was maintained in 1999 and 2000.
- There was a significant increase in the proportion of smokers and recent quitters who believed ‘smoking blocks up arteries with fatty deposits’ between benchmark and the first evaluation survey (E₀: 54% vs E₁: 83%). Whilst a significant decline was seen after this (1998 to 2000), the proportion of smokers and recent quitters believing this in 2002 and 2003 saw it return to similar levels as observed in 1997 (E₁).
- Belief in ‘smoking causes damage to genes in lung cells’ increased significantly immediately following the launch of the NTC (E₀: 67% vs E₁: 78%). This declined in the years 1998-2000, but increased significantly in 2001 (E₂: 70%, E₃: 73%, E₄: 70% vs E₅: 78%). In 2003 three in four smokers and recent quitters believed this was true which was significantly less than seen in 2001, but still significantly higher than benchmark (E₇: 75% vs E₀: 67%).
- By 2003 belief that ‘smoking causes strokes’ and ‘blood clots in the brain’ had increased significantly since 1998 (strokes: E₂: 77% vs E₇: 83%; blood clots: E₂: 71% vs E₇: 78%). However, belief in these effects in 2003 was significantly less

than the highest proportions seen in 2002 (strokes: E₇: 83% vs E₆: 86%; blood clots: E₇: 78% vs E₆: 82%).

- Belief among smokers and recent quitters that ‘smoking causes eye damage’ has increased over time. Whilst there was no change seen between 2002 and 2003, there was a significant increase seen from 2000 to 2001 and from 2001 to 2002 (E₄: 50% vs E₅: 62% vs E₆: 68%).
- A very high proportion of smokers and recent quitters reported believing that ‘smoking causes a build up of tar on the lungs’ in all survey years, increasing significantly from 95% in 2000 to 99% in 2001.
- Approximately one in five smokers and recent quitters believed the link between smoking and meningococcal disease, which was similar in 2002 and 2003.
- There was a strong belief that ‘smoking 1mg cigarettes was just as harmful to health as smoking 12mg cigarettes’ which was maintained in 2002 and 2003.
- The majority of smokers and recent quitters believed that smoking harms unborn babies’ and ‘smoking causes mouth and throat cancer’. A considerable proportion also believed the link between smoking and peripheral vascular disease as shown in Table 6.

Table 6. Campaign-related beliefs

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent (true)								
Smoking causes decay in the lungs	93	95	94	95	95	NA	NA	NA
Smoking blocks up arteries with fatty deposits	54	83	76	80	80	81	85	84
Smoking causes damage to the genes in lung cells	67	78	70	73	70	78	76	75
Smoking causes strokes	NA	NA	77	77	82	85	86	83
Smoking causes blood clots in the brain	NA	NA	71	68	72	78	82	78
Smoking causes eye damage	NA	NA	NA	NA	50	62	68	70
Smoking causes a build up of tar on the lungs	NA	NA	NA	NA	95	99	98	98
Smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease	NA	NA	NA	NA	NA	NA	20	19
Smoking 1mg cigarettes is just as harmful to health as smoking 12mg cigarettes	NA	NA	NA	NA	NA	NA	72	71
Smoking harms unborn babies	NA	NA	NA	NA	NA	NA	NA	90
Smoking causes peripheral vascular disease	NA	NA	NA	NA	NA	NA	NA	72
Smoking causes mouth and throat cancer	NA	NA	NA	NA	NA	NA	NA	94

Some questions were designed to assess the extent to which smokers personalised the harms of smoking in relation to their health. Smokers were asked how they felt about being a smoker and the likelihood of becoming ill if they continued to smoke. Smokers and recent quitters were asked to assess the probability that harm had already been done to their body from smoking.

- At benchmark, less than a third of smokers felt bad about being a smoker which increased significantly by 2002 (E₀: 29% vs E₆: 38%).

- Between benchmark and the first evaluation survey there was a significant increase in the proportion of smokers who felt it was either certain or very likely they would become ill from smoking (E₀: 45% vs E₁: 52%). This was maintained until 2001 when a significant increase was seen (E₄: 57% vs E₀: 45%, E₁: 52%, E₂: 50%, E₃: 50%). This has been maintained over the past three years.

Table 7. Personal statements about smoking

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers	n=1096	n=2647	n=1507	n=1418	n=1499	n=1286	n=1591	n=1576
Per cent								
Feel bad about being a smoker	29	32	36	31	34	39	38	NA
Certain/very likely to become ill from smoking	45	52	50	50	53	57	60	59

- One in two smokers and recent quitters reported at the benchmark survey they had definitely or probably already done harm to their body from smoking, which increased by the first evaluation survey (E₀: 51% vs E₁: 57%). This proportion was consistent until 2001, except for a lower level of agreement observed in 1999. A further increase was seen in 2002 (E₆: 62% vs E₀: 51%, E₁: 57%, E₂: 57%, E₃: 53%, E₄: 57%, E₅: 56%).

Table 8. Perceived likelihood of harm already done to body by smoking

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Definite/probable harm already done to body from smoking	51	57	57	53	57	56	62	60

4.6 Behaviour

4.6.1 Cessation intention

Smokers were asked two questions to ascertain their preparedness to quit in terms of smoking behaviour:

- “Are you seriously considering quitting smoking cigarettes in the next six months?”
- Are you planning to quit smoking cigarettes in the next 30 days?”

Those who were not seriously considering quitting in the next six months were regarded as in the precontemplation stage. Smokers who reported considering quitting in the

next six months were considered to be contemplators, and smokers who were considering quitting in the next 30 days were ascribed to the preparation stage.

- In 1999, one in five smokers reported they were preparing to quit. This was a significant increase seen since the benchmark survey and has been maintained at this level (E_3 : 20% vs E_0 : 16%).
- A corresponding decline in the proportion of smokers in precontemplation was seen. At benchmark, 48% were in the stage of precontemplation which significantly declined to 41% in 2003).

Table 9. Intent to quit

	Bench- mark (E_0)	1997 (E_1)	1998 (E_2)	1999 (E_3)	2000 (E_4)	2001 (E_5)	2002 (E_6)	2003 (E_7)
Smokers	n=1192	n=2981	n=1646	n=1611	n=1675	n=1286	n=1591	n=1576
Per cent								
Precontemplation	48	43	43	39	42	36	39	41
Contemplation	36	39	39	40	38	44	42	40
Preparation	16	18	17	20	20	20	20	19

Table 11 shows the likelihood of smokers and recent quitters to be smoking in one year's time for each survey year.

- Significantly less smokers and recent quitters reported they will be smoking in one year's time in 2003 compared to the benchmark (E_7 : 29% vs E_0 : 35%). This has fluctuated over time, but has been maintained for the past three years.
- Similarly there has been a significant increase in the proportion of smokers and recent quitters who report they will not be smoking in one year's time between the benchmark and 2003 (E_0 : 36% vs E_7 : 46%).

Table 10. Likelihood of smoking in one year

	Bench- mark (E_0)	1997 (E_1)	1998 (E_2)	1999 (E_3)	2000 (E_4)	2001 (E_5)	2002 (E_6)	2003 (E_7)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Will be smoking	35	33	36	28	34	29	28	29
Might/might not	29	26	26	28	25	23	26	24
Will not be smoking	36	41	38	44	41	36	45	46

4.6.2 Quitting behaviour

To assess any progression among smokers in cessation attempts, smokers were asked about their quitting attempts.

- At least three quarters of smokers in each survey reported they had tried to quit before. This was fairly stable over time as shown in Table 11.
- The proportion of smokers who reported trying to quit in the last 30 days significantly increased between benchmark and the first evaluation survey (E₀: 6% vs E₁: 8%). However, a significant decline was apparent in 2002 which continued in 2003 to a lower rate than that seen even at benchmark (E₆: 6% vs E₁: 8%, E₄: 9%, E₅: 8% vs E₇: 4%). The 2003 response was significantly lower than every preceding year.

Table 11. Quitting activity

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers	n=1096	n=2647	n=1507	n=1418	n=1499	n=1285	n=1591	n=1576
Per cent								
Ever tried to quit	76	78	77	76	75	78	78	NA
Tried to quit in last 30 days	6	8	7	7	9	8	6	4

The quit rate has been described as a measure of point prevalence cessation and is defined as the proportion of recent quitters out of smokers and recent quitters combined (Wakefield, Freeman and Inglis, 2004). See Table 13.

- Among smokers and recent quitters who reported quitting in the past year, a significant increase was evident between the benchmark and first evaluation surveys (E₀: 8% vs E₇: 11%). There has been some movement in this rate over time, but as of 2003, the rate appears to have returned to that observed in the first evaluation survey.

Table 12. Quit rates

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Quit in the past year	8	11	8	13	11	12	10	11

4.6.3 Quit strategies

Smokers and recent quitters were prompted about strategies employed to reduce or quit smoking cigarettes in the past year as it has been reported that use of a service or product to help with quitting can improve quitting rates (Wakefield, Freeman & Inglis, 2004).

Over time the evaluation survey has been amended to remove some strategies and introduce more relevant ones to this series of questions.

- The only significant change seen between benchmark and the first evaluation survey was ‘rung the Quit line’ (E₀: 2% vs E₁: 4%).
- Significant increases in strategies employed by smokers and recent quitters between the benchmark and 2003 evaluation surveys were observed for:
 - Discussing smoking and health at home (E₀: 36% vs E₇: 53%)
 - Ringing the quit line (E₀: 2% vs E₇: 5%)
 - Asking a doctor for help to quit (E₀: 9% vs E₇: 14%)
 - Using nicotine replacement therapy (E₀: 7% vs E₇: 26%)
 - Reading how to quit literature (E₀: 16% vs E₇: 25%)
- Use of other strategies which increased significantly since the benchmark included:
 - Cutting down on cigarettes (E₀: 6% vs E₄: 20%)
 - Changing brand / reducing tar (E₀: 2% vs E₄: 4%)
 - Stopped buying cigarettes / quit (E₀: 3% vs E₄: 5%)
 - Tried quitting (E₀: 2% vs E₄: 5%)
 - Putting restrictions on self (eg not smoking inside) (E₀: 1% vs E₄: 6%)
 - Avoiding smoking areas (E₀: <1% vs E₄: 2%)
 - Improving physical fitness (E₀: 2% vs E₄: 6%)
 - Health reasons (E₀: 1% vs E₄: 2%)
- In 2001, approximately one in five (19%) smokers and recent quitters reported they had changed to a lower tar brand to help them quit in the past year, which rose to 26% in 2003. Similarly, 22% of smokers and recent quitters reported changing to a light / mild cigarette brand in the 2001 survey which increased to 31% in 2003.
- Since 1997 there has been a decline in the proportion of smokers and recent quitters reporting they hadn’t done any of these things to help them to quit. In 2003 about three in four smokers and recent quitters had employed a cessation strategy in the previous 12 months compared to three in five smokers and recent quitters at benchmark.

Table 13. Strategies employed to assist cessation (in the last year)

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Discussed smoking and health at home	36	36	42	42	39	50	62	53
Read “How to Quit” literature	16	16	24	21	15	25	28	25
Used nicotine gum or patches	7	10	15	17	10	16	24	26
Asked doctor for help to quit	9	10	9	7	5	11	16	14
Rung the Quit Line	2	4	5	4	4	4	5	5
Bought another product to help you to quit	4	4	4	5	3	4	5	5
Done anything	22	24	19	20	40	NA	NA	NA

else to quit								
Cut down on cigarettes	6	5	5	5	20	NA	NA	NA
Changed brand / reduced tar	2	2	1	1	4	NA	NA	NA
Stopped buying them / quit	3	3	2	2	5	NA	NA	NA
Tried quitting (certain amount time)	2	2	1	1	5	NA	NA	NA
Decided to improve physical fitness	2	3	2	2	6	NA	NA	NA
Put restrictions on self eg don't smoke inside	1	1	1	<1	6	NA	NA	NA
Avoid smoking areas / environments	<1	<1	<1	<1	2	NA	NA	NA
Health reasons eg fell pregnant, dental work	1	<1	1	1	2	NA	NA	NA
Started chewing gum	1	1	1	<1	1	NA	NA	NA
Started eating more / lollies	2	1	1	1	1	NA	NA	NA
Kept myself busy / worked more	1	<1	1	<1	2	NA	NA	NA
Changed to lower tar	NA	NA	NA	NA	NA	19	27	26
Changed to light/mild	NA	NA	NA	NA	NA	22	31	31
Accessed Quit information from web	NA	NA	NA	NA	NA	NA	4	4
Prescribed Zyban	NA	NA	NA	NA	NA	NA	10	8
Used Zyban	NA	NA	NA	NA	NA	7	NA	8
Other	5	8	7	8	3	NA	NA	NA
None of the above	39	38	35	34	26	28	19	24
Can't say	4	3	1	1	5	1	<1	<1

Smokers and recent quitters were asked whether anybody at their house had been trying to get them to quit smoking in the past six months. There has been a fairly stable pattern over time, fluctuating around 50%, and parents, children and partners appeared to be the greatest potential sources of influence for smokers and recent quitters.

- A significantly greater proportion of smokers and recent quitters reported they had someone at home encouraging them to quit in 2003 compared to benchmark (E₀: 47% vs E₇: 53%).
- Significant increases between benchmark and the seventh evaluation surveys were seen regarding reported influence of children and partners (children: E₀: 15% vs E₇: 19%; partners: E₀: 20% vs E₇: 24%).
- The reported influence of friends was stable until 2002, however 2003 saw a significant decline (E₀, E₁, E₂, E₃, E₄, E₅, E₆: 4% vs E₇: 2%).

Table 14. Those who encouraged quitting

	Bench- mark (E ₀)	1997 (E ₁)	1998 (E ₂)	1999 (E ₃)	2000 (E ₄)	2001 (E ₅)	2002 (E ₆)	2003 (E ₇)
Smokers and recent quitters	n=1192	n=2981	n=1646	n=1611	n=1675	n=1462	n=1769	n=1769
Per cent								
Had someone at home encourage them to quit	47	48	47	51	46	53	51	53
Parent	13	13	10	14	13	15	14	12
Child	15	16	18	19	14	20	17	19
Sibling	2	2	3	2	3	4	3	3
Partner/spouse	20	21	20	20	16	20	21	24
Friend/flatmate	4	4	4	4	4	4	4	2
Other	1	1	1	1	1	<1	1	1

5.0 DISCUSSION

The cut-through of health advertising is apparent across all survey years, demonstrated by high unprompted recall of health advertising by smokers and recent quitters. Smokers and recent quitters are alert to the issue of smoking and health, which was most evident following the launch of the NTC where unprompted awareness for anti-tobacco advertising approached 50%. Unprompted recall for anti-tobacco advertising has diminished somewhat over time, however, remains at a higher level than that seen prior to the commencement of the NTC. A lower level of spontaneous recall for anti-tobacco advertising may signal that the smoking issue could be slipping from the agenda of smokers and recent quitters. Factors potentially contributing to this decline may include the reduction in media intensity of the NTC over time, the increased duration of time between exposure to the NTC and measurement, and socio-environmental changes raising the priority of other issues.

Despite an evident decline in unprompted recall of anti-tobacco advertising, prompted recall for the NTC has continued to grow over the Campaign period. At 96% recall, there is strong evidence to suggest the Campaign is highly memorable even in an environment characterised by reduced exposure to the NTC.

Further, the Campaign has demonstrated a positive effect on smokers' likelihood to quit which has been attributed on average by one in two smokers across the survey years. However, a declining proportion of recent quitters has reported the NTC has helped them stay quit. So whilst the NTC appears to have maintained its effect on smokers, the Campaign does not appear to be reinforcing the decision to stay quit as much as was attributed by recent quitters in the early years of the Campaign. Increasingly, recent quitters report that the NTC has had no effect on their ability to stay quit.

The NTC was designed to promote new health effects of smoking and the greatest response to this was seen following the launch of the Campaign when almost one in five smokers and recent quitters claimed to have learnt something new about the effects of smoking on health, up from 14%. The first year of the NTC was associated with the greatest increases in new learnings about the health effects of smoking on arteries and

lungs (although to a lesser extent than artery) which corresponds with the specific content of the initial NTC executions. In addition, new learnings increased to the greatest extent following the Campaign launch for the strapline 'every cigarette is doing you damage'. When new executions *Tar* and *Eye* were introduced, the greatest response from smokers and recent quitters in regards to reporting new learning about the effects of smoking on the eye was also seen. However, for each of these health-effects promoted in the NTC the proportion of smokers and recent quitters reporting new learnings considerably declined following these preliminary peaks. Overall, new learnings about the effects of smoking on health reported by smokers and recent quitters remained fairly constant over the survey years.

Some significant changes in specific campaign-related beliefs were observed amongst smokers and recent quitters. A greater proportion of smokers and recent quitters reported believing that 'smoking blocks up arteries with fatty deposits' following the launch of *Artery* which has been maintained at a high level over time, suggesting the *Artery* ad has had considerable effect. However, the fact that smoking causes decay in the lungs was a widely held belief before and after the Campaign and therefore it is not surprising the proportion of smokers and recent quitters reporting new learning on this front was low. Corresponding to peaks in learning reported in relation to *Eye* and *Tar* were increased belief in the health effects of eye damage and tar build up on the lungs. These results suggest the launch of new health-effects ads as part of the NTC has been associated with a positive effect on smokers and recent quitters' campaign-related beliefs about the specific health consequences contained in the NTC advertisements.

There appears to be strong support among smokers and recent quitters for these type of executions as increasingly they have expressed they don't feel that the dangers of smoking have been exaggerated over the survey years. Supporting this, there is evidence to suggest that smokers and recent quitters have dispelled some of the myths once associated with smoking, such as 'smoking can't be all that bad because many smoke all their lives and live to a ripe old age' and 'smoking the occasional cigarette doesn't cause any damage to your health'. The decline reported by smokers and recent quitters in 2003 in relation to occasional smoking should be monitored to see in fact, whether attitudes may be changing on this issue.

Increasingly smokers and recent quitters have become more aware of the harms of their smoking on others over the Campaign period as has their belief that their smoking would likely make them become ill and had already done some harm. Indeed the vast majority of smokers and recent quitters has always acknowledged that quitting would improve their health. Whilst these changes are clearly positive, there is still scope to increase personal susceptibility among smokers and recent quitters. They are well aware of the effects of smoking in relation to lung cancer, heart disease and emphysema. Even when new health effects of smoking, not promoted as part of the NTC, are introduced in the survey, smokers and recent quitters demonstrate high levels of knowledge that smoking harms unborn babies, causes peripheral vascular disease and mouth and throat cancer. Clearly smokers and recent quitters find the health effects of smoking believable and real. This could be attributed to other anti-tobacco campaigns as smokers and recent quitters were less inclined to believe the link between smoking and meningococcal disease, which has probably been less widely promoted.

Increasingly smokers report feeling bad about smoking and most are actively concerned as evidenced by the high proportion of smokers who have ever tried to quit. Although, the proportion of smokers who have ever tried to quit and the proportion of those preparing to quit has not changed a lot over time. Interestingly, strategies employed to help smokers quit have changed, which appear to be cumulative over time. On almost all of the strategies which have been measured across the survey years there have been improvements seen in the proportion of smokers and recent quitters employing these strategies. Simple strategies like discussing smoking and health at home has been the most widely reported. There has also been a considerable proportion of the target audience reporting using nicotine replacement therapy and reading quit smoking literature over time, which has also increased. And the role of significant others in helping smokers to quit is also evident..

These results clearly demonstrate the NTC has been seen by smokers and recent quitters, but not only that, the Campaign is widely remembered due to its distinctive, but realistic depiction of the health effects of smoking. Further, the Campaign has maintained a positive effect on the likelihood to quit among smokers. Perhaps, in terms of cut-through alone, the NTC has become in the 1990s, what the Grim Reaper advertising for AIDS was in the 1980s. But unlike the Grim Reaper campaign, smokers and recent quitters clearly perceive the NTC as relevant and believable by the degree to which beliefs and attitudes about smoking have changed. Only time will tell, to see whether smokers and recent quitters continue to recall the NTC long after exposure to the Campaign.

REFERENCES

Hassard K (ed). (1999). *Australia's National Tobacco Campaign Evaluation Report Volume One*. Department of Health and Aged Care, Canberra.

Prochaska, J. O., DiClemente, C. C., and Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviours. *American Psychologist*, 47 (9): 1102-1112.

Social Research Centre. (2004). Changes Associated with the National Tobacco Campaign: Smoking Prevalence and Consumption, 1997-2003. Australian Government Department of Health and Ageing, unpublished report.

Wakefield M, Freeman J, Boulter J. (1999). Changes associated with the National Tobacco Campaign: pre and post campaign surveys compared. In: Hassard K (Ed.) *Australia's National Tobacco Campaign Evaluation Report Volume One*. Commonwealth Department of Health and Aged Care, Canberra.

Wakefield M, Freeman J, Donovan R. (2003). Recall and response of smokers and recent quitters to the Australian National Tobacco Campaign. *Tobacco Control*, 12 (Suppl II): ii15-ii22.

Wakefield M, Freeman J, Inglis G. (2004). Changes associated with the National Tobacco Campaign: Results of the third and fourth follow-up surveys, 1997-2000. In: Research and Evaluation Committee (Ed.) *Australia's National Tobacco Campaign Evaluation Report Volume Three*. Department of Health and Ageing, Canberra.

Appendix- Questionnaire

2003 National Tobacco Campaign Evaluation

Enumeration interview

Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> from the Social Research Centre calling on behalf of the Australian Government Department of Health and Ageing. I am ringing to conduct an important public health study. May I speak to someone in your household aged 18 years of age or older.

IF SOMEONE 18 YEARS OF AGE OR OLDER NOT AVAILABLE MAKE APPOINTMENT.
IF NO-ONE 18 YEARS OR OLDER, GO TO TERMINATION SCRIPT

The Social Research Centre is conducting some important research on behalf of the Department of Health and Ageing looking at public health issues. Please be assured that any information you give us will be strictly confidential. The initial questions we would like to ask will only take 3 or 4 minutes to answer. Is it convenient to talk now or would you like to make an appointment?

Q1 During the past three months have you seen or heard any advertising campaigns on TV, radio, in the newspaper or anywhere else encouraging people to do things to improve their health?

1. Yes
2. No GO TO PREQ3
3. Can't say GO TO PREQ3

Q2 What was the advertising campaign(s) about? What else? Anything else?
PROMPT ONLY IF SMOKING ISSUES

1. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer/ damages heart and lungs)
2. Young girl with sick ex-smoker father
3. Young girl with sick father wearing oxygen mask (no mention of smoking)
4. Alcohol / drink less / stop drinking/ teenage drinking
5. The drink driving ads / don't drink and drive
6. Drug campaign / drug abuse/ youth drugs
7. Immunisations / vaccinations
8. Asthma foundation / asthma
9. Diabetes / sugar levels
10. Arthritis / rheumatism/ medications for arthritis/ arthritis week
11. Heart health
12. Kidney foundation / kidney week / kidney disease / look after your kidneys
13. Men's health issues (unspec)
14. Prostate cancer / for men to have prostate cancer tests
15. Women's health issues (unspec)
16. Breast cancer / mammograms / breast checks/ breast cancer screening
17. Pap smear tests / cervical cancer/for women to have pap smear tests
18. Anti-cancer foundation / cancer research / cancer (unspec)
19. Skin cancer foundation / skin cancer prevention/protection / melanomas
20. Exercise / healthy lifestyle
21. Weight loss / balanced diet
22. Dairy products / vitamins / iron
23. (Join) private health insurance funds / medical benefits
24. WorkCover / workplace injuries / back injuries
25. Nicotine replacement therapy / nicotine patches / gum/ Zyban / anti-smoking pill / quitting
26. Back pain / exercise your back don't sit around / look after your back
27. Aids / HIV / safe sex issues
28. Food hygiene (cleanliness in the kitchen etc)
29. Menopause
30. Alternative medicine / naturopathy / herbal remedies

31. Mental health (dementia / Alzheimer's etc)
32. Nice people but you don't want to meet them (medical consultant, nurse, surgeon, wig lady, radiation oncologist, chaplin)
33. John Clarke / comedian pretending to be a tobacco company executive
34. Marshall menthol feeling / join the marshall menthol team / catchy jingle advertising mock cigarette brand set against sick people in hospital with tobacco related illness
35. Car and home smoke free zone / ad shows baby / young children with parents / Don't smoke around children in the car or house / smoke outside
36. Mother and her two young children visiting father in hospital / you should have been there
37. Didn't listen / surgeon washing up after operation / shows lungs and tar in dish
97. Other (Specify_____)
98. Can't say

PREQ3 I will now ask you some questions about who lives in your household. I would like to reassure you that your telephone number has been drawn randomly from the White Pages telephone directory and that any information you provide to me will be strictly confidential and used for statistical purposes only.

We are discussing issues that may affect the whole family or household, so I'd like to start by getting some details about the people who live at your place. Just to make sure we include everyone, I need to record the age, first name or nickname, and sex of everyone living in your household, including yourself and anyone who normally lives there but is temporarily away.

Q3. First of all, including yourself, what is the total number of people in your household?
RECORD NUMBER

Q4A. Would you mind telling me your age?

1. (intentionally blank)
2. (intentionally blank)
3. (intentionally blank)
4. 18-24
5. 25-29
6. 30-34
7. 35-40
8. 41-45
9. 46-50
10. 51-55
11. 56-60
12. 61-65
13. 66-69
14. 70 years or older
15. 18-40 (unspec)
16. 41-69 (unspec)
17. Over 69 (unspec)
18. Under 18 (unspec)
19. Can't say
20. Refused

Q5A Do you smoke cigarettes on at least a weekly basis?

1. Yes GO TO Q6A
2. No
3. Can't say

Q5AA. Did you stop smoking cigarettes on a weekly basis more than one year ago, less than one year ago or have you never smoked regularly on a weekly basis?

1. Quit less than one year ago
2. Quit one year ago or longer

3. Never smoked
4. Can't say

Q6A. RECORD SEX OF RESPONDENT

1. Male
2. Female

PREQ7A IF Q3=1 (ONE PERSON IN HOUSEHOLD) AND Q4A=14 (70 OR OVER) GO TO Q9. OTHERS CONTINUE.

Q7A. What is your first name or nickname?
RECORD FIRST NAME

PREQ4B IF Q3=2 OR MORE (MORE THAN ONE PERSON IN HOUSEHOLD) CONTINUE. OTHERS GO TO Q9

Now thinking about the other household members ...

Q4B. What is the age of the (next) oldest person (excluding yourself) living in your household?

1. 13 years or under GO TO Q6B
2. 14-15 GO TO Q6B
3. 16-17
4. 18-24
5. 25-29
6. 30-34
7. 35-40
8. 41-45
9. 46-50
10. 51-55
11. 56-60
12. 61-65
13. 66-69
14. 70 years or older
15. 18-40 (unspec)
16. 41-69 (unspec)
17. Over 69 (unspec)
18. Under 18 (unspec)
19. Can't Say
20. Refused

Q5B. Does this person smoke cigarettes on at least a weekly basis?

1. Yes GO TO Q6B
2. No
3. Can't say

Q5BB. Did this person stop smoking cigarettes on a weekly basis more than one year ago, less than one year ago or have they never smoked regularly on a weekly basis?

1. Quit less than one year ago
2. Quit one year ago or longer
3. Never smoked
4. Can't say

Q6B. Is this person male or female

1. Male
2. Female

PREQ7B IF Q4B = 4-13 or 15-16 (PERSON AGED 18-69) CONTINUE. OTHERS GO TO PREQ4C

Q7B. What is (his/her) first name (or initial)?
RECORD FIRST NAME OR INITIAL

PREQ4C IF Q3 =3 OR MORE (3 OR MORE PEOPLE IN HOUSEHOLD) CONTINUE. OTHERS GO TO Q9

Q4C What is the age of the next oldest person in the household?
REPEAT Q4B TO Q7B FOR UP TO 15 MEMBERS OF THE HOUSEHOLD
FOR THIRD MEMBER OF HOUSEHOLD, QUESTION NUMBERS ARE Q4C TO Q7C
FOR FOURTH MEMBER OF HOUSEHOLD, QUESTION NUMBERS ARE Q4D TO Q7D, ETC
RECORD AGE AND GENDER OF ALL HOUSEHOLD MEMBERS
RECORD AGE, SMOKING STATUS AND GENDER OF ALL HOUSEHOLD MEMBERS 16 PLUS AND RECORD NAME IF HOUSEHOLD MEMBER IS 18-69
AFTER RECORDING DETAILS FOR THE NUMBER OF HOUSEHOLD MEMBERS FROM Q3, CATI SYSTEM PROMPTS (DO NOT READ OUT): Is the above household data complete, ie. Are all people listed?
1. Yes CONTINUE
2. No CHECK DETAILS

Q9. What language do (you / the adults in your household) speak most of the time when (you / they) are at home? SINGLE RESPONSE

1. English
2. Arabic
3. Cantonese (Chinese)
4. Greek
5. Italian
6. Korean
7. Mandarin (Chinese)
8. Portuguese
9. Spanish
10. Tagalog (Filipino)
11. Turkish
12. Vietnamese
97. Other (specify)
98. Can't say

Q10. What is (the main income earner's / your) occupation - the position and the industry?

1. Professional
2. Owners or executives
3. Owners of small businesses
4. Sales
5. Semi-professional
6. Other white collar
7. Skilled
8. Semi-skilled
9. Unskilled
10. Farm owners
11. Farm workers
12. No occupation
13. Other (Specify_____)
14. Refused

Q10A. Because we rang your phone number at random, without knowing the address, I'd like to record just the post code where you live, so we can look at the statistical results by each geographic area. Can you please tell me your postcode?
DISPLAY POSTCODE FROM SAMPLE. INTERVIEWER TO EDIT IF NECESSARY

TERM 1 - TERMINATION SCRIPT (NO-ONE IN HOUSEHOLD AGED 18 TO 69), SAY:

Thank you very much for your time and assistance, but (we need to speak to people aged between 18 and 69 / we have already completed our quota of people in your age group).

EVALUATION INTERVIEW SELECTION AND QUOTA CHECK LOGIC (SEE SEPARATE PROGRAMMER INSTRUCTIONS)

PROGRAMMER INSTRUCTION: SYSTEM LISTS INDIVIDUALS SELECTED

Selection 1 Person1 <<INSERT NAME OR NICKNAME FROM Q4A-Q40>>
 Age <<INSERT AGE FROM Q4A-Q40>>
 Smoke <<INSERT "YES" IF Q5A-Q50=1 OR "NO" IF Q5A-Q50=2 OR 3>>

REPEAT FOR SELECTION 2 AND 3

IF NO SELECTION (NOBODY IN HOUSEHOLD IN OPEN QUOTA GROUP) SAY:

Thank you very much for your time and assistance.

IF NECESSARY EXPLAIN. We need to speak to (smokers in specific age groups / non-smokers in smoking households in specific age groups).

IF SELECTED PERSON IS INITIAL RESPONDENT, SAY

I would now like to ask you some more specific questions. The questions we would like to ask will take about 15 minutes to complete and it is important that we speak to you as you were specifically selected at random from your household. Your opinion will be a valuable contribution to the health research we are conducting and will be used for statistical purposes only.

IF SELECTED PERSON IS NEW RESPONDENT, SAY TO INITIAL RESPONDENT

QSWAP:

Thank you very much. For the purpose of this survey, I now need to randomly select someone in your household over the age of 18 from the list you gave me earlier and ask them some more detailed questions. Thank you for your time and assistance.

INTERVIEWER CHECK WHICH SELECTION IS AVAILABLE NOW AND SELECT

1. Proceed ([ONE OF] SELECTED PERSON[S] AVAILABLE NOW
2. Make appointment ([NONE OF] SELECTED PERSON[S] AVAILABLE NOW – GET BEST TIME TO CALL)
3. Refused

IF SELECTED PERSON IS NEW RESPONDENT, RE INTRODUCE:

Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME>. I am conducting a study on some health issues. You may be aware that I have rung this household to conduct a brief survey of some health issues. This survey is an important study into health issues and your household's participation would be greatly valued. The questions we would like to ask will take about 15 minutes to complete. Is it convenient to talk now or would you like to make an appointment?

1. Continue
2. Make appointment (TYPE STOP AND MAKE APPOINTMENT)
3. Refused (FOLLOW INSTRUCTIONS ON SCREEN)

Evaluation interview

PREQ11 IF INITIAL RESPONDENT GO TO Q18. OTHERS CONTINUE

Q11. During the past three months, have you seen or heard any advertising campaigns on TV, radio, in the newspaper or anywhere else encouraging people to do things to improve their health?

1. Yes
2. No GOTO Q18
3. Can't say GOTO Q18

Q12. What was the advertising campaign(s) about? What else? Anything else?

PROMPT ONLY IF SMOKING ISSUES

1. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer/ damages heart and lungs)
2. Young girl with sick ex-smoker father
3. Young girl with sick father wearing oxygen mask (no mention of smoking)
4. Alcohol/ drink less/ stop drinking/ teenage drinking
5. The drink driving ads/ don't drink and drive
6. Drug campaign/ drug abuse/ youth drugs
7. Immunisations/ vaccinations
8. Asthma foundation/ asthma
9. Diabetes/ sugar levels
10. Arthritis/ rheumatism/ medications for arthritis/ arthritis week
11. Heart health
12. Kidney foundation/ kidney week/ kidney disease/ look after your kidneys
13. Men's health issues (unspec)
14. Prostate cancer/ for men to have prostate cancer tests
15. Women's health issues (unspec)
16. Breast cancer/ mammograms/ breast checks/ breast cancer screening
17. Pap smear tests/ cervical cancer/for women to have pap smear tests
18. Anti cancer foundation/ cancer research/ cancer (unspec)
19. Skin cancer foundation/ skin cancer prevention/ protection/ melanomas
20. Exercise/ healthy lifestyle
21. Weight loss/ balanced diet
22. Dairy products/ vitamins/ iron
23. (Join) private health insurance funds/ medical benefits
24. WorkCover/ workplace injuries/ back injuries
25. Nicotine replacement therapy/ nicotine patches/ gum/ zyban/ anti-smoking pill/ quitting
26. Back pain/ exercise your back don't sit around/ look after your back
27. Aids/ HIV/ safe sex issues
28. Food hygiene (cleanliness in the kitchen etc)
29. Menopause
30. Alternative medicine/ naturopathy/ herbal remedies
31. Mental health (dementia/ Alzheimer's etc)
32. Nice people but you don't want to meet them (medical consultant, nurse, surgeon, wig lady, radiation oncologist, chaplin)
33. John Clarke / comedian pretending to be a tobacco company executive
34. Marshall menthol feeling / join the marshall menthol team / catchy jingle advertising mock cigarette brand set against sick people in hospital with tobacco related illness
35. Car and home smoke free zone / ad shows baby / young children with parents / Don't smoke around children in the car or house / smoke outside
36. Mother and her two young children visiting father in hospital / you should have been there
37. Didn't listen / surgeon washing up after operation / shows lungs and tar in dish
97. Other (Specify _____)
98. Can't say

Q18. Do you now smoke cigarettes ...READ OUT
EXPLAIN AS NECESSARY: By cigarettes we mean factory-made or roll-your-own cigarettes

1. Daily GO TO Q20
2. At least weekly GO TO Q20
3. Less often than weekly, or
4. Not at all
5. (Can't say)

Q19. Have you ever smoked cigarettes on at least a weekly basis?

1. Yes
2. No GO TO Q27
3. CAN'T SAY GO TO Q27

Q20. Approximately how many years ago did you start smoking regularly?
EXPLAIN AS NECESSARY That's when you **first** started smoking regularly
RECORD TO NEAREST WHOLE YEAR. IF LESS THAN ONE YEAR RECORD AS ZERO

PREQ21 IF Q18=3, 4 OR 5 (NOT CURRENTLY A REGULAR SMOKER, NEVER SMOKED CIGARETTES ON AT LEAST A WEEKLY BASIS) CONTINUE. OTHERS GO TO Q22:

Q21. Did you stop smoking cigarettes on a weekly basis more or less than one year ago?

1. Less than one year ago
2. One year ago or longer GO TO PREQ23
3. Can't say GO TO PREQ23

Q21A. Approximately how many weeks ago did you stop smoking on a weekly basis?
ENCOURAGE BEST GUESS
RECORD NUMBER OF WEEKS (ALLOWABLE RANGE 0 TO 52)

PREQ21AA IF Q21A=4 OR LESS (QUIT IN LAST 4 WEEKS) CONTINUE. OTHERS GO TO PREQ23:

Q21AA. What, if anything, specifically prompted you to quit at this time? MULTIPLES ACCEPTED

1. Health Reasons/ Ill Health (Unspec)
2. Asthmatic
3. Had A Cough/ Cold/ Flu/ Chest Infection
4. Affecting My Fitness
5. Pregnancy
6. Just Stopped/ Spur Of The Moment
7. Cost/ Too Expensive
8. Waste Of Money
9. Know Someone Who Is Ill/ Has Died From Smoking
10. Children In The House/ Children's Health/ Role Model For Children
11. Family/ Partner/ Parents
12. Health Scare (Eg Pneumonia, Coughing Fits)
13. Decline In Health/ Bad For My Health
14. The Smell (On My Body)
15. Family History (Eg Throat Cancer)
97. Other (Specify _____)
98. Can't say

PREQ23 IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q27

Q23. Are you seriously considering quitting smoking cigarettes in the next 6 months?

1. Yes
2. No GO TO PREQ27A

3. Can't say GO TO PREQ27A

Q23AA. Are you actually thinking of quitting, or do you just think it is a possibility?

1. Actually thinking of quitting
2. Just a possibility
3. Can't say

Q24. Are you planning to quit smoking cigarettes in the next 30 days?

1. Yes
2. No GO TO Q27B
3. Can't say GO TO Q27B

Q25. Have you set a date when you plan to quit smoking cigarettes?

1. Yes
2. No GO TO Q27B
3. Can't say GO TO Q27B

Q26. How many days from today is your quit date?

ALLOW UP TO 30 DAYS

PREQ27A IF Q23=2 OR 3 (NOT SERIOUSLY CONSIDERING QUITTING SMOKING CIGARETTES IN THE NEXT 6 MONTHS) CONTINUE. OTHERS GO TO PREQ27B

Q27A Do you think that you should quit sometime, or are you happy to smoke for the rest of your life?

1. Should quit sometime
2. Happy to smoke for rest of life
3. Can't say

PREQ27B IF Q23=1 (SERIOUSLY CONSIDERING QUITTING IN NEXT 6 MONTHS) CONTINUE. OTHERS GO TO Q27

Q27B. Would you be more likely than you are now to phone the Quitline for assistance in quitting if the phone number was available on cigarette packs?

1. Yes
2. No GO TO Q27

Q27C. Is that a little more or a lot more likely?

1. Little more likely
2. Lot more likely

Q27. A year from now, how likely is it you will be smoking? READ OUT

1. Definitely will be smoking
2. Probably will
3. Might or might not
4. Probably will not, or
5. Definitely will not be smoking
6. (Can't say)

PREQ29A IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q30

Q29A. What do you think is the likelihood of becoming ill from your smoking if you continue to smoke?

1. Not at all likely
2. Not very likely
3. 50/50
4. Very likely
5. Certain
6. (Can't say)

- Q30.** In your opinion, which of the following two statements is nearest to the truth? ROTATE
1. You have to smoke for several years to do any damage to your health
 2. Every cigarette you smoke is doing damage to your health
 3. (Can't say)

PREQ31 IF Q18=1 OR 2 (REGULAR SMOKER), OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GO TO Q36

- Q31.** Has smoking already done any harm to your body? Would you say it ...
1. Definitely has
 2. Probably has
 3. Perhaps it has
 4. Probably not
 5. Definitely not
 6. (Can't say)

- Q36.** During the past 6 months have you learned anything new about the effects of smoking cigarettes on health?
1. Yes
 2. No GO TO PREQ37AA
 3. Can't say GO TO PREQ37AA

- Q37.** What have you learnt? MULTIPLES ACCEPTED
1. Gunk, deposits, build up, clogging, sticky arteries/artery walls/ aorta, happens to young smokers
 2. Lungs are like sponges/air sacks /tobacco, smoking destroys air sacks, smoking rots in lungs, lose breath because of damage to air sacks
 3. Know how smoking causes lung cancer, DNA/gene protects from cancer/chemicals, smoking attacks p53/without p53 more likely to get cancer
 4. Every cigarette is doing you damage
 5. Passive smoking is dangerous/ a health hazard
 6. Smoking affects fitness/ health
 7. Smoking causes cancer (unspec).
 8. Causes lung cancer
 9. Causes throat cancer
 10. Causes tongue/ mouth cancer
 11. Smoking aggravates/ causes asthma
 12. Smoking causes emphysema
 13. Cigarettes/ nicotine is addictive
 14. Cigarettes contain harmful chemicals/ poisons
 15. Smoking causes circulatory problems
 16. What smoking can do to unborn babies/ babies
 17. Affects fertility
 18. Every cigarette takes 5 mins off your life
 19. Smokers are targeted/ blamed for everything
 20. Nicotine increases memory/ stimulates the brain
 21. It's never too late to stop/ damage is reversible/ general health can improve
 22. Smoking is bad for you/ you shouldn't smoke/ smoking causes various diseases/damages various organs
 23. Tobacco companies admit fault
 24. Loss of eye sight/ eye damage/ blindness/ retinal damage
 25. Smoking cures various diseases/ problems (eg. Alzheimer's/ neurological diseases/ weight problems etc.)
 26. Heart damage/ disease/ problems
 27. Causes strokes/ clots in the brain
 28. Breast cancer/ passive smoking links to breast cancer

29. Causes diabetes/ not to smoke if have diabetes
30. Causes SIDS
31. Smoking causes build up of tar on your lungs/tar build up/ damage to lungs
32. Smoking will kill you
97. Other (Specify: factual comments_____)
98. Can't say

PREQ37AA IF Q18=1, 2, OR 3 (CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GO TO Q44

Q37AA. Have you done any of the following in the past year ...ROTATE (1 TO 10 AND 13)

1. Discussed smoking and health at home
2. Rung the "Quit" help line
3. Asked your doctor for help to quit
4. Used nicotine gum, nicotine patch, inhaler or lozenge
5. Been prescribed Zyban
6. Bought a product other than nicotine gum, patch, inhaler, lozenge or Zyban to help you quit
13. Used Zyban
7. Changed to a "light" or "mild" type of cigarette
8. Changed to a lower tar band of cigarette
9. Read "how to quit" literature
10. Accessed Quit information from a website
11. (None of the above)
12. (Can't say)

PREQ37I IF Q37AA=4 (USED NICOTINE REPLACEMENT THERAPY IN LAST YEAR) CONTINUE.
OTHERS GO TO PREQ39

Q37I. Which of the following nicotine replacement products have you used in the last 12 months.? MULTIPLES ACCEPTED

1. Nicotine gum
2. Nicotine patches
3. Nicotine inhaler
4. Nicotine lozenges
5. (Can't say) GO TO PREQ39

PREQ39 IF Q18=1, 2, OR 3 (CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GO TO PREQ41.

Q39. During the past 6 months has anybody at your house been trying to get you to quit smoking?

1. Yes
2. No GO TO PREQ41
3. Can't say GO TO PREQ41

Q40. What is that person's relationship to you? MULTIPLES ACCEPTED

1. Parent
2. Child
3. Sibling
4. Partner / spouse
5. Friend / flatmate
6. Other
7. Can't say

PREQ41 IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ41A

Q41. How likely or unlikely is it that you'll be able to stop smoking permanently?

ENCOURAGE BEST GUESS

1. Likely GOTO Q42
2. Unlikely GOTO Q43
3. Can't say GOTO PREQ44

PREQ41A IF Q18=1, 2, OR 3 (CURRENT SMOKER [EXCLUDES IRREGULAR SMOKERS Q18=3 WHO ARE RECENT QUITTERS Q21=1]) CONTINUE. OTHERS GO TO PREQ44

Q41A. Assuming that you try to stop smoking, how likely or unlikely is it that you'll be able to stop smoking permanently?

1. Likely GOTO Q42
2. Unlikely GO TO Q43
3. Can't say GO TO PRE Q44

Q42. Would that be...

1. Definitely will
2. Very likely
3. Quite likely
4. 50/50
5. (Can't say)

NOW GO TO PREQ44

Q43. Would that be ...

1. 50/50
2. Quite unlikely
3. Very unlikely
4. Definitely will not
5. (Can't say)

ASK ALL

PREQ44 In your opinion are the following statements true or false?....

ROTATE QUESTIONS Q44A TO Q48B

Q44A. Smoking causes peripheral vascular disease
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

Q44B. Smoking causes mouth and throat cancer
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

Q44C. Smoking harms unborn babies
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

- Q45.** Smoking causes strokes.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q45A.** Smoking causes blood clots in the brain.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q46A.** Smoking causes a build up of tar on the lungs.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q47.** Smoking blocks up arteries with fatty deposits.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q47A.** Smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q48.** Smoking causes damage to the genes in lung cells.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q48A.** Smoking causes eye damage.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q48B.** With all other things being equal, smoking 1 milligram cigarettes is just as harmful to your health as smoking 12 milligram cigarettes.
(In your opinion is this true or false?)
1. True
 2. False
 3. Can't say
- Q48C.** Would you say that cigarettes described as 'light' or 'mild' are more harmful to your health or less harmful to your health than regular cigarettes, or is there no difference?
1. More harmful
 2. Less harmful GO TO Q48E
 3. No difference GO TO PREQ53

4. Can't say GO TO PREQ53

Q48D. And is that a lot more harmful or a little more harmful?

1. A lot more harmful
2. A little more harmful
3. Can't say

NOW GO TO PREQ53

Q48E. And is that a lot less harmful or a little less harmful?

1. A lot less harmful
2. A little less harmful
3. Can't say

PREQ53 I will now read out a series of statements. For each statement, could you please tell me to what extent you agree or disagree.

ROTATE Q53 TO Q57

Q53. IF Q18=1, 2 OR 3 (CURRENT SMOKER), DISPLAY: Your smoking can harm others. Do you ...
IF Q18=4 OR 5 (NOT CURRENT SMOKER), DISPLAY: Smoking can harm others. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree, or
5. Strongly disagree
6. (Can't say)

Q55. The dangers of smoking have been exaggerated. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. (Can't say)

Q56. Smoking can't be all that bad for you because many people smoke all their lives and live to a ripe old age. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. (Can't say)

Q57. Smoking the occasional cigarette doesn't cause any damage to your health. Do you ...

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. (Can't say)

PRE Q58A There are a series of television ads which feature smokers inhaling cigarette smoke.

Feel free to stop me if you have seen these ads

In the ads we follow the cigarette smoke down the smoker's throat and into their lungs, after which we hear and see a demonstration of the effects smoking has on the body. After this, we pass back through the smoker's throat as they exhale, and on the screen appears a phone number and the campaign slogan "Every cigarette is doing you damage". (PAUSE)

This slogan also appears in other campaign advertising. A further ad features a smoker picking up the telephone. In the ad we follow the telephone line through to a room full of people answering phones and giving smokers advice on how to quit smoking.

Q58A Have you seen, read or heard any advertising from this campaign?

1. Yes
2. No GO TO Q62
3. Can't say GO TO Q62

Q58AB Have you seen, read or heard any advertising from this campaign **in the last 12 months**?

1. Yes
2. No
3. Can't say

Q58B Thinking about when you saw, read or heard this advertising, was it ...READ OUT. "YES" OR "NO" FOR EACH, ROTATE ORDER 1 TO 6.

1. On television
2. On radio
3. On the sides of buses
4. On television in a doctor's waiting room
5. On signs in shopping centres
6. In the newspaper
97. Somewhere else (Specify_____)
98. (Can't say)

PREQ59 IF Q18=1, 2 OR 3 (SMOKES AT ALL) CONTINUE. OTHERS GO TO PREQ60

Q59 Thinking about this anti-smoking campaign as a whole, do you think it has made you more likely or less likely to quit smoking or has it made no difference?

1. More likely to quit
2. Less likely to quit
3. Made no difference
4. (Can't say)

PREQ60 IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ61

Q60 Thinking about the advertising campaign as a whole, has it ...

1. Helped you to stay quit
2. Made it more difficult for you to stay quit
3. Had no effect
4. (Can't say)

PREQ61 IF Q18=4 (NON-SMOKER) OR Q21=2 OR 3 (LONG TERM QUITTER) CONTINUE. OTHERS GO TO Q62

Q61 Thinking about this anti-smoking campaign as a whole, do you think it would help smokers quit and/ or recent ex-smokers stay off cigarettes?

1. Yes

2. No
3. Can't say

ASK ALL

Q62 In the last year have you smoked any cigars or pipes?

1. Cigars only
2. Pipes only
3. Both
4. No, neither

PREQ65 IF Q18=3, 4, OR 5 (NOT A REGULAR SMOKER) OR Q21= 2 OR 3 (LONG TERM QUITTER) GO TO Q77BA

IF Q21=1 (RECENT QUITTER), GO TO PREQ71

IF Q18=2 (SMOKES WEEKLY, BUT NOT DAILY) CONTINUE. OTHERS (Q18=1 - DAILY SMOKERS) GO TO Q66

Q65 You said before that you only smoke cigarettes on some days of the week. On how many days per week do you usually smoke?

1. 1 day/week
2. 2 days/week
3. 3 days/week
4. 4 days/week
5. 5 days/week
6. 6 days/week
7. 7 days/week
8. Can't say

Q66 Do you smoke on more days, fewer days or the same amount of days than you did six months ago?

1. More days
2. Fewer days
3. The same
4. Can't say

Q67AA Do you mainly smoke roll your own cigarettes?

1. Yes
2. No GO TO Q67AC

Q67AB Do you smoke roll your own cigarettes at least weekly?

1. Yes
2. No
3. Can't say

Q67AC Do you smoke factory-made cigarettes at least weekly?

1. Yes
2. No
3. Can't say

PRE67A IFQ67AB=1 OR Q67AC=1 (SMOKES ROLL YOUR OWN OR FACTORY MADE AT LEAST WEEKLY) CONTINUE. OTHERS GO TO PREQ69

Q67A What is the brand of cigarettes that you smoke most often?

CLARIFY AS NECESSARY FOR BLACK & WHITE, LUCKY STRIKE, MARLBORO AND WINFIELD, : Is that roll your own tobacco or factory made cigarettes
RECORD ALL ROLL YOUR OWN BRANDS AS CODE 61

- | | | |
|----------------------|-----------------------------|--------------------------------------|
| 1. Albany | 32. Lucky Strike | 97. Other (Specify brand only _____) |
| 2. Alpine | 33. Marlboro | 98. Can't say GO TO PREQ69 |
| 3. Ardath | 34. Mild Seven | |
| 4. Barclay | 35. More | |
| 5. Benson & Hedges | 36. Park Drive | Roll your own brands |
| 6. Black & White | 37. Peter Jackson | 1. Bank |
| 7. Brandon | 38. Peter Stuyvesant | 2. Black & white |
| 8. Cambridge | 39. Ransom | 3. Capstan |
| 9. Camel | 40. Rothmans | 4. Champion |
| 10. Cartier | 41. Salem | 5. Dr Pat |
| 11. Chunghwa | 42. Silk Cut | 6. Drum |
| 12. Craven A | 43. Special Mild | 7. Five Star |
| 13. Davidoff | 44. St Moritz | 8. Flagship |
| 14. Diamond | 45. State Express | 9. Havelock |
| 15. Diarum | 46. Sterling | 10. Log Cabin |
| 16. Double happiness | 47. Stradbroke | 11. Look Out |
| 17. Du maurier | 48. Superkings | 12. Lucky Strike |
| 18. Dunhill | 49. Superlights | 13. Marlboro |
| 19. Escort | 50. Turf | 14. Old Holborn |
| 20. Fantasia | 51. Viscount | 15. Port Royal |
| 21. Fortune | 52. Vogue | 16. Rotterdam Shag |
| 22. Freedom | 53. Wills | 17. Samson |
| 23. Gudano Garam | 54. Winfield | 18. Stockman's |
| 24. Holiday | 55. Winston | 19. Swaggy Roll |
| 25. Holiday Extras | 56. Honeyrose (Herbal) | 20. White Ox |
| 26. Holiday Kings | 57. Lark (Imported) | 21. Winfield |
| 27. Horizon | 58. Nat Sherman (USA) | 98. Other (Specify brand only _____) |
| 28. John Player | 59. Natural American Spirit | 99. Can't say GO TO PREQ69 |
| 29. Kent | 60. Peony | |
| 30. Kool | 61. Roll your own brands | |
| 31. Longbeach | | |

PREQ67B IF Q67A=61 (ROLL YOUR OWN BRAND) GO TO PREQ69. OTHERS CONTINUE

Q67B What type of cigarette are they?

DISPLAY ONLY THE TYPES OF CIGARETTES RELEVANT TO THE BRAND GIVEN ON Q67A
 FOR WINFIELD THE PACK COLOUR WILL APPEAR WITH THE TYPE
 PEONY BRAND HAS NO VARIANT
 PROBE FOR ACCURATE RESPONSE
 DO NOT READ OUT

- | | | |
|---------------------------------------|---------------------------------|--------------------------|
| 1. 1 mg (white pack / silver writing) | 16. De luxe ultra mild | 30. King size. |
| 2. 2 mg (white pack / gold writing) | 17. Extra lights | 31. King size filter |
| 3. 2 mg menthol | 18. Extra mild (blue pack) | 32. King size plain |
| 4. 4 mg | 19. Extra mild 8mg | 33. King size super mild |
| 5. 8 mg | 20. Extra mild soft pack | 34. Lights |
| 6. 12 mg | 21. Filter | 35. Lights 100s |
| 7. 16 mg | 22. Filter 16mg | 36. Lights 6 |
| 8. 30's | 23. Filter box | 37. Lights box |
| 9. Classic | 24. Filter soft | 38. Lights menthol |
| 10. Classic menthol | 25. Gold 100's | 39. Lights soft pack |
| 11. Cork | 26. International brown filter | 40. Magnum |
| 12. Crush proof box | 27. International filter | 41. Medium 12 |
| 13. De luxe 1mg | 28. International red filter | 42. Medium 12 soft pack |
| 14. De luxe mild | 29. International superior mild | 43. Medium mild |
| 15. De luxe extra mild | | 44. Medium mild 12mg |
| | | 45. Menthol |
| | | 46. Menthol 100s |

- | | | |
|----------------------------------|------------------------------|-------------------------------|
| 47. Menthol 12 mg | 75. Super mild (gold pack) | 103. Extras 16 |
| 48. Menthol 4 (light green pack) | 76. Super mild 8 | 104. Extras 12 |
| 49. Menthol 8 (green pack) | 77. Superslims filter | 105. Extras 8 |
| 50. Menthol extra mild | 78. Superslims menthol | 106. Extras 4 |
| 51. Menthol lights | 79. Surya filter | 107. Extras 2 |
| 52. Menthol one | 80. Surya lights | 108. Extras menthol 8 |
| 53. Menthol ultra mild | 81. Surya menthol | 109. Kings 12 |
| 54. Micro mild | 82. Trim virginia | 110. Kings 8 |
| 55. Micro mild 2mg | 83. Ultimate | 111. Kings 4 |
| 56. Mild | 84. Ultimate 1 | 112. Kings 2 |
| 57. Mild 12 | 85. Ultimate 1 menthol | 113. Kings menthol 8 |
| 58. Mild menthol | 86. Ultimate 2 | 114. Deluxe |
| 59. Mild menthol 8mg | 87. Ultimate menthol 2mg | 115. Special |
| 60. One | 88. Ultra | 116. Menthol |
| 61. Premium | 89. Ultra lights | 117. Ginseng |
| 62. Red box | 90. Ultra lights 100s | 118. Clove |
| 63. Red soft pack | 91. Ultra menthol | 119. Red FTB (US) |
| 64. Regular | 92. Ultra mild (silver pack) | 120. Lights (US) |
| 65. Rich mild | 93. Ultra mild 2 | 121. Fantasia lights |
| 66. Select | 94. Ultra mild 4 | 122. Black & gold |
| 67. Soft | 95. Ultra mild soft pack | 123. Ultra mild menthol 4mg |
| 68. Soft pack/ crush proof | 96. Verdome lights | 124. Ultra mild 4mg |
| 69. Special filter | 97. Virginia (red pack) | 125. Menthol 100s |
| 70. Special mild | 98. Virginia 100s | 126. RYO Tobacco GO TO PREQ69 |
| 71. SSS filter | 99. Extra mild 12mg | 997. Other (Specify _____) |
| 72. Super | 100. Super mild 8mg | 998. Can't say |
| 73. Super kratek | 101. Regular 16mg | |
| 74. Super light | 102. Lights 11mg | |

Q67C How many cigarettes per packet are there in the pack size you usually buy?
DISPLAY ONLY THE PACK SIZES RELEVANT TO THE BRAND GIVEN ON Q67A

1. 20
2. 25
3. 30
4. 35
5. 40
6. 50
97. Other (Specify____)
98. Can't say

PREQ69 IF Q18=1 (SMOKES DAILY) CONTINUE. OTHERS GO TO PREQ70

Q69 How many cigarettes per day would you smoke on average?
RECORD NUMBER OF CIGARETTES PER DAY

PREQ70 IF Q18=2 (SMOKES WEEKLY) CONTINUE. OTHERS GO TO PREQ71

Q70 How many cigarettes per week would you smoke on average?
RECORD NUMBER OF CIGARETTES PER WEEK

PREQ71 IF Q18=1 (SMOKES DAILY) GO TO Q71 INTRO A.
IF Q18=2 (SMOKES WEEKLY) OR Q21=1 (RECENT QUITTER) GO TO Q71 INTRO B
CONTINUE. OTHERS GOTO Q77BA

Q71 (INTRO A) About how many cigarettes per day were you smoking at this time **one year ago**?
(INTRO B) About how many cigarettes per week were you smoking at this time **one year ago**?
 RECORD NUMBER OF CIGARETTES

PREQ71A IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q77BA

Q71A Compared with one year ago, do you find it easier or harder to afford to buy cigarettes, or hasn't it changed?

1. Easier GO TO Q72
2. Harder
3. No change GO TO Q72
4. Can't say GO TO Q72

Q71B Has this led you to smoke fewer cigarettes, smoke a cheaper brand of cigarettes, or had any other effect on your smoking? MULTIPLES ACCEPTED

1. Smoke fewer cigarettes
2. Smoke cheaper brand of cigarettes
3. Change to roll your owns
97. Other (Specify_____)
98. Can't say
99. No effect

Q72 Have you ever tried to quit smoking?

1. Yes
2. No GO TO PREQ76AAP
3. Can't say GO TO PREQ76AAP

Q73 How long ago did you last try to quit smoking?
 RECORD NUMBER

Q73A RECORD UNITS HERE

1. Days
2. Weeks
3. Months
4. Years

Q74 How long on that occasion did you stay off smoking cigarettes?
 RECORD NUMBER

Q74A RECORD UNITS HERE

1. Days
2. Weeks
3. Months
4. Years

PREQ76AAP IF Q67AC=1 (SMOKES FACTORY-MADE CIGARETTES AT LEAST WEEKLY)
 CONTINUE, OTHERS GO TO Q77BA

Q76AAA Thinking about the pack you are using now, did you buy it as part of a carton?

1. No, bought as single pack
2. Yes, bought as part of carton GO TO Q76AAC
3. Not currently using pack / gets cigarettes from friends / did not buy pack, etc GO TO Q76C
4. Not sure GO TO Q76C

Q76AAP Could you tell me what the cost of the pack was?

1. Amount specified (ENTER DOLLARS AND CENTS WITHOUT DECIMAL POINT)
 UNLIKELY VALUES: GREATER THAN \$20.00. LESS THAN \$4.00

2. Don't know
3. Refused

Q76BP Could you please tell me the number of cigarettes in the pack?

UNLIKELY VALUES: LESS THAN 20 GREATER THAN 50.
RECORD NUMBER

NOW GO TO Q77BA

Q76AAC Could you tell me what the cost of the carton was?

1. Amount specified (ENTER DOLLARS AND CENTS WITHOUT DECIMAL POINT.
UNLIKELY VALUES: GREATER THAN \$200.00. LESS THAN \$25.00
2. Don't know
3. Refused

Q76BC Could you please tell me the number of cigarettes in the carton?

1. Number of cigarettes specified (RECORD NUMBER) GO TO Q76C
2. Number of packs specified (RECORD NUMBER)

Q76BC2 And how many cigarettes per pack were there?

1. 20
2. 25
3. 30
4. 35
5. 40
6. 50
97. Other (Specify____)
98. Can't say

Q76C On average, approximately how much do you spend each week on cigarettes?

ENTER DOLLARS AND CENTS WITHOUT DECIMAL POINT

ASK ALL

Q77BA Have you come across loose tobacco sold in plastic bags or rolled into unbranded cigarettes?

1. Yes
2. No GO TO Q78A
3. Can't say GO TO Q78A

Q77BB Have you ever smoked it?

1. Yes
2. No GO TO Q78A
3. Can't say GO TO Q78A

Q77BC How often do you smoke this type of tobacco? Do you smoke it...(READ OUT)

1. Every day
2. Some days
3. Only occasionally, or
4. No longer use it GO TO Q78A
5. (Can't say)

Q77BD Would you say that when you smoke now, you...

1. Only smoke this type of tobacco
2. Mainly smoke this type of tobacco
3. Smoke this type of tobacco about half the time
4. Smoke this type of tobacco less than half the time

5. Occasionally smoke this type of tobacco, or
6. No longer use this type of tobacco
7. (Can't say)

ASK ALL

Q78A Do you think there is a need for quit smoking programs to be made available to employees in their workplace?

1. Yes
2. No
3. Don't know

Q78B Are you aware of any quit smoking programs available in your workplace?

1. Yes
2. No GO TO Q77CC
3. Don't know GO TO Q77CC
4. Not working / unemployed GO TO PREQ78D

Q78C What type of program is offered?

1. Internal program
2. Referral to external program
3. Don't know

Q77CC Which one of the following statements best describes the smoking restrictions, if any, at your usual workplace?

1. A total ban on smoking GO TO PREQ78D
2. A ban in some areas
3. No restrictions GO TO PREQ78D
4. Can't say GO PREQ78D

Q77CD Is smoking banned in the area in which **you** usually work?

1. Yes
2. No
3. Can't say

PREQ78D IF Q18=1 OR 2 (REGULAR SMOKER) OR Q21=1 (RECENT QUITTERS) CONTINUE.
OTHERS GO TO Q79A

Q78D Have you ever participated in a quit smoking program in your current or previous workplace?

1. Yes
2. No GO TO Q79A
3. Don't know GO TO Q79A
4. No previous workplace GO TO Q79A

Q78E Did the program help you quit at that time?

1. Yes
2. No
3. Don't know

ASK ALL

Q79A Are you aware of any health messages or health information on tobacco / cigarette packs?

1. Yes
2. No GO TO Q79E

Q79B Have you read any health messages or health information on theREAD OUT?

STATEMENTS

- A. Front of tobacco / cigarette packs
- B. Side of tobacco / cigarette packs
- C. Back of tobacco / cigarette packs

RESPONSE FRAME

1. Yes
2. No
3. Don't know

Q79C What health message or information do you recall reading on the pack? (MULTI RESPONSE)

1. Smoking when pregnant harms your baby
2. Smoking causes lung cancer
3. Smoking kills
4. Smoking causes heart disease
5. Smoking can harm others
6. Smoking is addictive
7. Smoking reduces your fitness
8. Smoking is a health hazard
9. Smoking is dangerous/harmful/bad to your health
10. Smoking damages your lungs
11. Information on nicotine content
12. Information on tar content
13. Information on carbon monoxide content
14. Information/helpline
15. Ingredients/contents
16. Smoking harms unborn babies
17. Smoking causes peripheral vascular disease
18. Smoking causes mouth and throat cancer
19. Quitting smoking will improve your health
20. Protect children don't let them breathe your smoke
21. Smoking causes blindness
22. Smoking clogs your arteries
23. Smoking can cause a slow and painful death
24. Smoking doubles your risk of stroke
25. Smoking increases the risk of meningococcal disease
26. Smoking is a leading cause of death
27. Smoking causes emphysema
28. Tobacco smoke is toxic
29. Other (Specify _____)
30. Don't know

Q79E How important is it that the Government has health warnings on packs of tobacco and cigarettes?

Would you say...

1. Very important
2. Quite important
3. Neither important nor unimportant
4. Quite unimportant
5. Very unimportant

6. (don't know / can't say)

PREQ79F IF Q18=1, 2 OR 3 (CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE.
OTHERS GO TO Q79G

Q79F Would you say the current health warnings and health information on packs of cigarettes and tobacco have... ROTATE

STATEMENTS

- A. Made you think about quitting
- B. Raised your concerns about smoking
- C. Improved your knowledge of the health effects of smoking
- D. Helped you smoke less
- E. Helped you to switch to lower tar brand
(IF Q21=1 (RECENT QUITTER) OR Q72=1 (REGULAR SMOKER WHO HAS TRIED TO QUIT)
CONTINUE. OTHERS GO TO Q79G)
- F. Helped you give up smoking
(IF Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO Q79G)
- G. Helped you stay quit

RESPONSE FRAME

- 1. Yes
- 2. No

Q79G In the last 12 months, have you seen, read or heard about any changes to the health warnings on tobacco / cigarette packs in Australia?

- 1. Yes
- 2. No

Q80 To make sure we've spoken with a good range of people, I'd like to ask you a few final questions. Can you please tell me what is the highest educational level you have attained?

- 1. Some primary school
- 2. Finished primary school
- 3. Some secondary school
- 4. Finished secondary school
- 5. Some tertiary education (university, tafe or college)
- 6. Finished tertiary education
- 7. Higher degree or higher diploma (eg phd, masters, grad dip)
- 8. Can't say
- 9. Refused

Q81 Which of the following best describes your employment status?

- 1. Working full-time
- 2. Working part-time
- 3. Retired/pensioner
- 4. Student
- 5. Non-worker
- 6. Home duties
- 7. Unemployed / looking for work

PREQ82 IFQ3=1 AND Q10=1 TO 9 OR 11 OR 12 (ONE PERSON HOUSEHOLD AND INITIAL RESPONDENT HAS JOB), GO TO PREEVCLOSE. OTHERS CONTINUE.

Q82 What is your (last) occupation – the position and industry?

- 1. Professional
- 2. Owners or executives
- 3. Owners of small businesses
- 4. Sales

5. Semi-professional
6. Other white collar
7. Skilled
8. Semi-skilled
9. Unskilled
10. Farm owners
11. Farm workers
12. No occupation
13. Other (Specify_____)
14. Refused

PRE EVCLOSE GO TO SELECTION SCREEN AND CHECK SELECTIONS. IF MORE SELECTIONS IN OPEN QUOTA GROUPS IN HOUSEHOLD, SELECT AS PER "INTERVIEWER CHECK WHICH SELECTION IS AVAILABLE NOW AND SELECT" AND CONTINUE THROUGH EVALUATION INTERVIEW LOOP, ELSE CLOSE.

STANDARD CLOSE

IQCA Interviewer Declaration

I certify that this is a true, accurate and complete interview, conducted in accordance with the briefing instructions, the IQCA standards and the MRSA Code of Professional Behaviour (ICC/Esomar). I will not disclose to any other person the content of this questionnaire or any other information relating to the project.

Interviewer name:

Interviewer I.D:

Signed:

Date