



Australian Government

Department of Health and Ageing

RESEARCH REPORT

2004 National Tobacco Campaign Evaluation

April 2005

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Acknowledgments

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

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Dr Tom Carroll: Senior Advisor (consultant) on social marketing and research to the Australian Government Department of Health and Ageing.

The Strategies and Social Marketing Unit, 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.

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Definitions used in this report

Regular smokers: Currently smoke daily and at least weekly	(Q18 = 1 or 2)
Not regular smokers: Currently don't smoke at all or smoke less often than weekly or can't say	(Q18 = 3 or 4 or 5)
Smokes at all: Currently smokes daily, at least weekly or less often than weekly	Q18 = 1 or 2 or 3
Recent quitters: Quit less than one year ago	Q21 = 1
Long-term quitters: Quit one year ago or longer	Q21 = 2
Smoking status (a computed variable): <ul style="list-style-type: none"> - 'smokers / recent quitters': if is a regular smoker or a recent quitter - 'non-smokers': if is not a 'smoker / recent quitter' as defined above <u>and</u> is a current 'non-smoker' (q18 = 4) or quit 1 year ago or longer or cannot say when quit (Q21 = 2 or 3) - Irregular smokers: if smokes less frequently than weekly or can't say (Q18 = 3 or 4) 	

EXECUTIVE SUMMARY

The ninth evaluation survey for the National Tobacco Campaign (NTC) was undertaken in November 2004 and was conducted by the Social Research Centre for the Australian Government Department of Health and Ageing. This report highlights findings pertaining to response and recall measures only. A separate document prepared by the Social Research Centre reports on smoking prevalence and cigarette consumption results for the Campaign since its inception in 1997 until 2004 (Social Research Centre, unpublished).

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.

The sample comprised 2493 respondents aged 18 to 40 years, including 1568 regular smokers, 214 recent quitters, 10 irregular smokers and 701 non-smokers.

The key findings pertaining to the campaign from the November 2004 survey show:

- The NTC remains highly memorable in its eighth year. Prompted recall of the NTC among smokers and those who quit within the past 12 months was 95%.
- The NTC continues to have a positive impact on quitting behaviour. Campaign-attributed encouragement to quit was reported by one in two smokers (48%).
- Smokers and recent quitters indicated they believed the health effects demonstrated through the NTC to be true, which was highest for 'smoking causes a build up of tar on the lungs' (99%).
- The majority of smokers and recent quitters (85%) believed 'every cigarette you smoke is doing damage to your health' was nearest to the truth than 'you have to smoke for several years to do any damage to your health'.

Even in its eighth 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 Government 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. Further information on the model is available elsewhere (Hill and Carroll, 2003).

The National Tobacco Campaign is Australia’s most collaborative and sustained anti-tobacco campaign and has been comprehensively evaluated. Nine 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.

During 2004, there was one main period of intervention activity around World No Tobacco Day (May 31), comprising television commercials showing the damage smoking causes to smoker’s lungs, eyes, and arteries which were screened nationally from 16 May to 6 June. This was supported by national publicity and state and territory Quit campaign activity. There was no media buy immediately prior to the survey period.

This report highlights findings pertaining to response and recall measures from the 2004 annual survey. 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.

The evaluation described in this report was designed and managed by the Australian Government Department of Health and Ageing’s Research and Marketing Group. The Social Research Centre was commissioned to conduct the fieldwork for the 2004 survey.

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.

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

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 was applied, aiming to generate 75% of the sample as smokers (those who smoke on at least 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

Fieldwork was conducted from 27 October to 3 December 2004. The timing of interviews was consistent with previous surveys.

4.0 RESULTS

4.1 Preface

The results presented are for 18-40 year olds only. Where reference is given to all respondents this implies all respondents aged 18-40 years of age.

Data presented below were weighted by state and age using the current ABS population estimate statistics to proportionally represent states in the overall data for 18-40 year olds while retaining the original sample size.

However, 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). It is not possible to weight smoking status, as there are no ABS estimates for demographics of smokers.

Statistical tests were conducted on weighted data using the original sample size in order to establish whether differences in responses by smoking status² and gender were statistically significant. Differences between proportions were tested using a z-test and differences between means were tested using a two-tailed t-test. Significant differences in this report have been established at a 95 per cent confidence level. Where results have been transformed to present a proportion of the larger sample of interest, the weighted sample size has been provided to allow the reader to replicate the findings. All other sample sizes reported are unweighted and all proportions presented are weighted unless otherwise indicated.

4.2 Sample characteristics

The sample comprised 2493 respondents aged 18 to 40 years, including 1568 regular smokers, 214 recent quitters, 10 irregular smokers and 701 non-smokers. The characteristics of the sample obtained in 2004 are presented below.

² Irregular smokers have been excluded from the analysis by smoking status. There were 10 respondents in this category.

Table 1. Sample characteristics of 18-40 year olds (unweighted)

		All respondents n=2493
GENDER	Male	46.5%
	Female	53.5%
AGE³	18-24	25.5%
	25-29	18.0%
	30-34	22.5%
	35-40	33.8%
LOCATION	City	61.6%
	Rural	38.4%
STATE	NSW/ACT	16.9%
	VIC	16.3%
	QLD	16.6%
	SA/NT	16.8%
	WA	16.7%
	TAS	16.6%
EDUCATION⁴	Completed some / all secondary	51.0%
	Completed at least some tertiary	48.7%
WORK STATUS	Working	76.4%
	Retired / Pensioner	0.8%
	Student	6.0%
	Home duties	11.0%
	Non-worker/Unemployed	5.6%
SOCIO-ECONOMIC STATUS⁵	Blue collar	41.1%
	White collar	58.9%
LANGUAGE SPOKEN AT HOME	English	96.3%
	Other	3.7%
SMOKING STATUS	Smokers / recent quitters	71.5%
	Non-smokers	28.1%
	Irregular smokers	0.4%

5.0 AWARENESS

5.1 Recall and recognition

Unprompted recall of health advertising in the past three months was reported by four in five (79%) respondents. Unprompted recall of anti-tobacco advertising was greater among 'smokers / recent quitters' than 'non-smokers' as shown in Table 2.

Table 2. Unprompted recall of health advertising

	Smokers / recent quitters	Non-smokers
Total sample	n=1782	n=701
Seen any health advertising in the past 3 months	79.9%	77.2%
Of those aware	n=1423w	n=538w
Unprompted recall of anti-tobacco advertising [as % of all: smokers / recent quitters, non-smokers]	41.3% [33.0%]	29.9% [23.0%]

w = weighted

³ 3 respondents did not specify their age but were aged 18-40.

⁴ There were 6 respondents who completed primary education and 3 who refused to provide a response.

⁵ Excludes those with no occupation or refused response (n=107).

Prompted recognition of the NTC was higher among ‘smokers / recent quitters’ than ‘non-smokers’, with 94% of all respondents reporting they had seen, read or heard advertising from the Campaign. This decreased when those aware of the Campaign were asked if they recalled advertising from the Campaign within the past 12 months. See Table 3.

Table 3. Prompted recognition of NTC advertising

	Smokers / recent quitters	Non-smokers
Total sample	n=1782	n=701
Prompted recognition of campaign advertising	94.9%	90.7%
Aware of campaign	n=1691^w	n=633^w
Prompted recognition of campaign advertising in past 12 months	81.1%	82.0%
[as % of all: smokers / recent quitters, non-smokers]	[76.9%]	[74.0%]

w = weighted

The most frequent source of Campaign advertising recall reported was television (97%).

- ‘Smokers / recent quitters’ were significantly more likely to recall advertising on shopping centre signs than ‘non-smokers’.
- ‘Non-smokers’ claimed to have seen the campaign in magazines more so than ‘smokers / recent quitters’.

Table 4. Recognition of source of NTC advertising

	Smokers / recent quitters	Non-smokers
Aware of Campaign	n=1692	n=644
Prompted recognition of where advertising seen: (% yes of those who were aware of Campaign)		
- Television	96.7%	96.7%
- Newspaper	18.6%	17.4%
- Radio	18.3%	18.3%
- TV in doctors waiting room	16.4%	13.9%
- Side of bus	14.7%	12.9%
- Shopping centre sign	11.8%	7.9%
- Magazine	1.3%	3.5%
- Billboard	2.8%	3.3%
- Poster in doctors waiting room	0.7%	1.5%

5.2 Impact of campaign on quitting

The campaign encouraged approximately one in two (48%) respondents who smoked at all to be more likely to quit. For comparison with previous reports, the table below includes gender, although in 2004 there were no differences by gender.

Whilst this report focuses on differences by gender and smoking status, a preliminary analysis of likelihood to quit by education and occupation and smoking regularity revealed some differences among those who smoked at all and the impact of the campaign on quitting.

- Those who finished tertiary education reported they were more likely to quit than those who finished some secondary education (52% vs 43%).
- White collar smokers were more likely than blue collar smokers to report they were more likely to quit (51% vs 43%).
- Daily smokers were less likely than those who smoked at least weekly or less often than weekly to report the campaign made them more likely to quit smoking (45% vs 59% and 69% respectively).

Table 5. Campaign-attributed encouragement to quit among those who smoke at all by gender

	Smokes at all		
	Male	Female	Total
Aware of Campaign	n=773	n=763	n=1536
Whether the Campaign made them more or less likely to quit			
- More likely	47.8%	47.1%	47.5%
- No difference	49.2%	49.8%	49.5%
- Less likely	2.2%	2.7%	2.4%
- Can't say	0.8%	0.4%	0.6%

Among recent quitters, 44% reported the Campaign had helped them to stay quit, whilst 51% reported no-effect. There were no differences among 'recent quitters' by gender.

Table 6. Campaign-attributed encouragement to stay quit among recent quitters

	Recent quitters
Aware of Campaign	n=206
Whether the Campaign made them more or less likely to stay quit	
- Helped to stay quit	44.4%
- Had no effect	50.7%
- Made it more difficult	3.6%
- Can't say	1.3%

Sixty-eight per cent (68%) of 'non-smokers' and long-term quitters indicated that they thought the Campaign would help smokers or recent ex-smokers to stay quit.

Table 7. Campaign-attributed encouragement to quit according to non-smokers and long-term quitters

	Non smokers & long-term quitters
Aware of Campaign	n=830
Whether the Campaign would help smokers quit or recent ex-smokers stay quit	
- Yes	68.0%
- No	22.4%
- Can't say	9.6%

6.0 KNOWLEDGE

All respondents were asked “During the past six months, have you learned anything new about the effects of smoking cigarettes on health?” Twenty-one per cent (21%) reported learning something new. Campaign-related elements nominated as new learning among ‘smokers / recent quitters’ are described in Table 8. There were no differences between ‘smokers / recent quitters’ compared to ‘non-smokers’.

Table 8. New learning about smoking and health in the past six months

	Smokers / recent quitters
Learnt something new [as % of all smokers / recent quitters]	n=367 [n=1782w]
What new learning	
– Loss of eyesight	15.3% [3.1%]
– Clogged arteries	11.0% [2.2%]
– Lungs are like sponges	5.2% [1.1%]
– How smoking causes lung cancer	4.6% [0.9%]
– Causes strokes/clots in the brain	3.1% [0.6%]
– Every cigarette is doing you damage	3.0% [0.6%]

w = weighted

7.0 ATTITUDE

The majority (94%) of respondents agreed that smoking can harm others, with ‘non-smokers’ significantly more likely to report this than ‘smokers / recent quitters’ (98% vs 92%). See Table 9.

- ‘Smokers / recent quitters’ were more likely than ‘non-smokers’ to report that the dangers of smoking had been exaggerated (21% vs 7%).
- ‘Smokers / recent quitters’ were also more likely to agree that smoking can’t be that bad for you as many people smoke and live to a ripe old age (21% vs 7%).
- Similarly, they were in greater agreement than ‘non-smokers’ that smoking the occasional cigarette doesn’t cause any damage to your health (26% vs 14%).

Table 9. Attitudes to smoking and health

	Smokers / recent quitters	Non-smokers
	n=1782	n=701
Attitudes (% agree)		
– Smoking can harm others	91.9%	97.9%
– Dangers of smoking have been exaggerated	21.0%	7.4%
– Smoking can’t be all that bad for you because many people smoke all their lives & live to ripe old age	21.0%	6.5%
– Smoking the occasional cigarette doesn’t cause any damage to your health	25.5%	13.5%

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’

The majority (88%) felt the statement ‘every cigarette you smoke is doing damage to your health’ was closest to the truth.

- ‘Smokers / recent quitters’ were more likely than ‘non-smokers’ to report ‘you have to smoke for several years to do any damage to your health.’
- ‘Non-smokers’ were significantly more likely than ‘smokers / recent quitters’ to report ‘every cigarette you smoke is doing damage to your health’.

Table 10. Campaign-related beliefs about smoking damage to health by smoking status

	Smokers / recent quitters	Non-smokers
	n=1782	n=701
You have to smoke for several years to do any damage to your health	13.5%	4.3%
Every cigarette you smoke is doing damage to your health	84.9%	95.1%

Respondents were asked to evaluate the truthfulness of a number of tobacco-related statements as shown in Table 11. The majority of these statements reflected significant elements promoted in the Campaign. ‘Smokers / recent quitters’ were significantly more likely than ‘non-smokers’ to report

- smoking 1mg cigarettes is just as harmful to your health as smoking 12mg cigarettes.

In fact, the majority of both ‘smokers / recent quitters’ and ‘non-smokers’ felt there was no difference between 1mg and 12mg cigarette’s impact on health. Seven in ten (70%) ‘smokers / recent quitters’ reported no difference, whilst nine per cent (9%) thought 1mg were more harmful and 17% thought 1mg were less harmful than 12mg cigarettes.

‘Non-smokers’ were significantly more likely than ‘Smokers / recent quitters’ to report

- smoking causes strokes;
- smoking causes a build up of tar on the lungs;
- smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease;
- smoking harms unborn babies; and
- smoking causes mouth and throat cancer.

Table 11. Campaign-related beliefs

	Smokers / recent quitters	Non-smokers
	n=1782	n=701
(% true)		
Smoking causes a build up of tar on the lungs	98.5%	99.6%
Smoking causes mouth and throat cancer	93.7%	96.6%
Smoking harms unborn babies	89.8%	98.1%
Smoking causes strokes	84.0%	89.5%
Smoking blocks up arteries with fatty deposits	81.8%	81.8%
Smoking causes blood clots in the brain	77.1%	79.4%
Smoking causes damage to the genes in lung cells	72.7%	74.7%
Smoking 1mg cigarettes is just as harmful to health as smoking 12mg cigarettes	72.5%	63.2%
Smoking causes peripheral vascular disease	71.5%	74.9%
Smoking causes eye damage	70.4%	69.9%
Smokers and people exposed to passive smoking are at greater risk of contracting meningococcal disease	16.8%	24.1%

Sixty-one per cent (61%) of regular smokers indicated it was very likely or certain they would become ill from their smoking if they continued to smoke, as shown in Table 12.

Table 12. Personal statements about smoking

	Regular smokers
	n=1568
Likelihood of becoming ill from smoking if continue to smoke	
– Not at all likely	1.3%
– Not very likely	4.9%
– 50/50	29.7%
– Very likely	40.2%
– Certain	21.0%
– Can't say	2.9%

More than sixty per cent (62%) of 'smokers / recent quitters' acknowledged that smoking had probably or definitely done harm to their body as shown in the table below.

Table 13. Probability smoking has done harm to body

	Smokers / recent quitters
	n=1782
Has smoking already done any harm to your body	
– Definitely has	26.9%
– Probably has	35.3%
– Perhaps it has	17.7%
– Probably not	12.7%
– Definitely not	5.3%
– Can't say	2.1%

8.0 BEHAVIOUR

8.1 Smoking behaviour

8.1.1 Cigarettes

Smoking behaviour among those who smoked at all is shown in Table 14. Among these smokers, 86% smoked daily, 10% smoked at least weekly and four per cent (4%) less often than weekly.

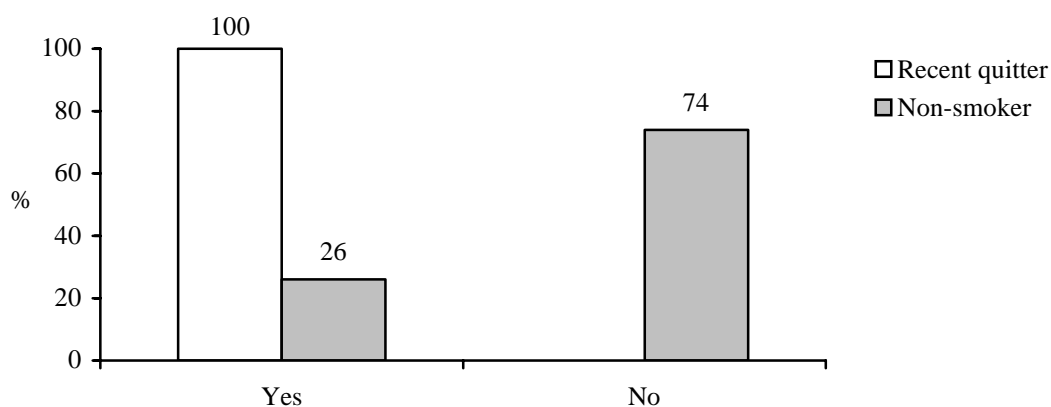
Table 14. Current smoking status

	Smokes at all n=1620
Daily	86.4%
At least weekly	9.9%
Less often than weekly	3.7%

Subsequent to respondents being asked about their current smoking status, those who did not smoke daily or at least weekly were asked if they had ever smoked cigarettes on at least a weekly basis. Forty-four per cent (44%) reported they had smoked cigarettes on at least a weekly basis in the past. By smoking status:

- 26% of 'non-smokers' reported smoking at least weekly in the past,
- All of the 'recent quitters' reported smoking at least weekly in the past.

Figure 1. Ever smoked at least weekly by smoking status



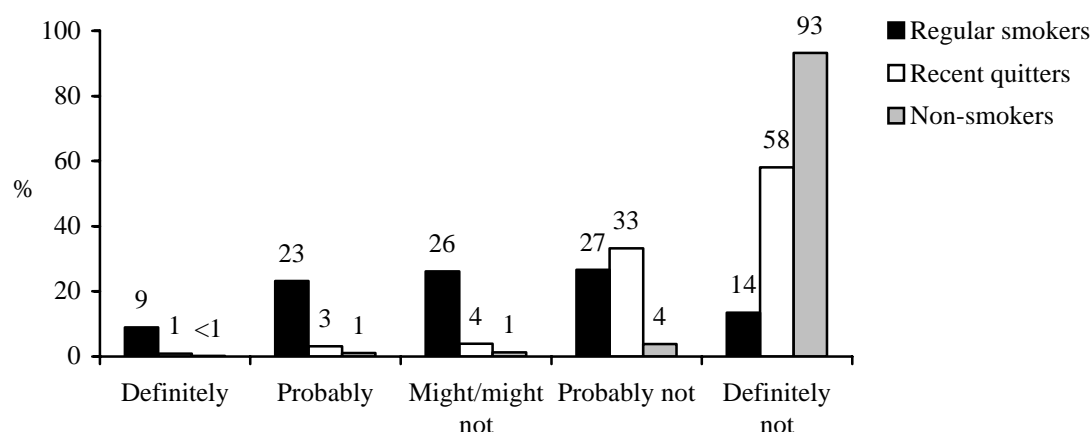
BASE: Respondents who don't smoke or smoke less often than weekly: recent quitter (n=214), non-smoker (n=701)

Large variation was evident in years elapsed since those who had ever smoked on at least a weekly basis first started smoking regularly. Initiation of smoking among 'smokers / recent quitters' was reported to be on average 12 years ago.

Table 15. Years elapsed since first started smoking regularly

	Smokers / recent quitters
	n=1782
Under 1 year	0.3%
1-4 years	16.5%
5-9 years	21.0%
10-14 years	21.6%
15-19 years	18.8%
20 years or more	21.8%
Mean years	12.1 (s.d. 7.1)

Figure 2 highlights the differences by smoking status for likelihood to be smoking in one year's time. Most 'regular smokers' (85%) indicated a degree of likelihood (definitely, probably, might/might not, probably not) whilst the majority of 'recent quitters' (58%) and 'non-smokers' (93%) indicated they definitely would not be smoking in one year's time.

Figure 2. Likelihood of smoking in one year by smoking status

BASE: Total sample: regular smokers (n=1568), recent quitters (n=214), non-smokers (n=701)

'Regular smokers' were asked in two separate questions if they smoked factory-made and roll-your-own cigarettes on at least a weekly basis:

- Most (89%) reported smoking factory-made cigarettes,
- Sixteen per cent (16%) smoked roll-your-own cigarettes.

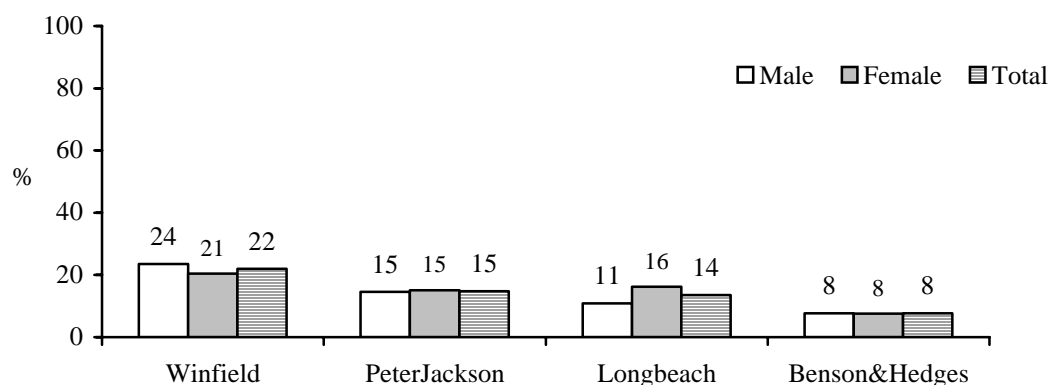
Of those smoking roll-your-own cigarettes at least weekly, 41% also reported smoking factory-made cigarettes at least weekly, which equates to seven per cent (7%) of 'regular smokers' smoking both types of cigarettes at least weekly.

Table 16. Type of cigarette smoked at least weekly

	Regular smokers
	n=1568
Smoke factory-made	88.8%
Smoke roll-your-own	15.8%
Both	6.5%

'Regular smokers' were asked which brand of factory-made cigarettes they smoked most often. The most popular brands smoked were Winfield (22%), Peter Jackson (15%), Longbeach (14%) and Benson & Hedges (8%).

Figure 3. Most popular cigarette brands smoked by gender



BASE: Regular smokers (n=1568)

8.1.2 Cigars / Pipes

The majority of smokers who 'smoke at all' had neither smoked cigars nor pipes in the past year (97%).

- Smoking of cigars was significantly more likely to be reported by males than females.

Table 17. Cigar / pipe smoking in past year by gender

	Smokes at all		
	Males	Females	Total
	n=806	n=814	n=1620
Cigars only	3.2%	0.7%	2.0%
Pipes only	0.5%	0.2%	0.4%
Both	0.6%	-	0.3%
Neither	95.6%	99.0%	97.3%

8.1.3 Illicit tobacco

Less than a third (30%) of respondents were aware of loose tobacco sold in plastic bags or rolled into unbranded cigarettes (i.e. illicit tobacco). Awareness was greatest among 'smokers / recent quitters' compared to 'non-smokers' (32% vs 24%). Among those who had ever seen illicit tobacco, 64% of 'smokers / recent quitters' and 20% of 'non-smokers' reported ever using it.

Those who reported ever smoking illicit tobacco were asked two questions to clarify the frequency with which they smoked this type of tobacco.

- “How often do you smoke this type of tobacco?”
- “Would you say that when you smoke now you...?”

Categorical responses are shown in Tables 18 and 19. At each question, among those who ‘smoke at all’ most reported no longer using this type of tobacco:

- 68% of smokers who ‘smoked at all’ and reported ever smoking illicit tobacco reported no longer using it.
- Among the remaining smokers who ‘smoked at all’ and reported some level of illicit tobacco consumption, a further 23% reported no longer using it.
- Analysis of unweighted data shows four per cent (4%) of smokers who ‘smoked at all’ currently smoked illicit tobacco. Weighting the data slightly amplifies this result as shown in Table 19. Current use of illicit tobacco was reported by five per cent (5%) of those who ‘smoked at all’.

Table 18. Frequency of smoking illicit tobacco

	Smokes at all	
Ever smoked illicit tobacco [as % of all smokes at all]	n=303 [n=1613w]	
How often do you smoke this type of tobacco		
- Every day	2.6%	[0.5%]
- Some days	2.4%	[0.5%]
- Only occasionally	27.0%	[5.5%]
- No longer use	68.0%	[13.8%]

w = weighted

Table 19. Current illicit tobacco smoking behaviour

	Smokes at all	
Currently smoking illicit tobacco [as % of all smokes at all]	n=92 [n=1613w]	
Would you say when you smoke now, you...		
- Only smoke this type of tobacco	1.0%	[0.1%]
- Mainly smoke this type of tobacco	7.7%	[0.5%]
- Smoke this type of tobacco about half the time	3.6%	[0.2%]
- Smoke this type of tobacco less than half the time	4.6%	[0.3%]
- Occasionally smoke this type of tobacco	60.5%	[3.9%]
- No longer use this type of tobacco	22.6%	[1.5%]

w = weighted

8.2 Purchasing behaviour

‘Regular smokers’ of factory-made cigarettes most frequently reported purchasing a pack (86%) rather than a carton (13%) when asked about the pack they were currently using.

Among pack purchasers, the mean reported price paid for the pack was \$10.71. The most common pack size purchased was 25’s purchased by 42%:

- 21% reported buying 30’s,
- 16% reported buying 40-50’s,
- 19% reported buying 20’s.

When converted to cost in cents per stick, pack purchasers reported paying on average 38 cents per cigarette.

The average price reported being paid for a carton of cigarettes was \$63.20.

Table 20. Reported price paid for cigarettes

Pack purchasers	n=1190
– Mean cost of pack (regardless of pack size)	\$10.71 (s.d. 2.6)
– Mean cost in cents per stick	38c (s.d. 6.8)
Carton purchasers	n=158
– Mean cost of carton (regardless of carton size)	\$63.20 (s.d. 15.1)

Compared with one year ago 54% of ‘regular smokers’ reported no change in terms of impact on affordability of cigarettes, however, 36% reported they found it harder to afford cigarettes now.

Table 21. Cigarette affordability

	Regular smokers
	n=1568
Easier	8.9%
Harder	36.3%
No change	53.6%
Can’t say	1.2%

Despite finding it harder to afford cigarettes, the majority (61%) reported this had no effect on their smoking behaviour. However, about one in four (24%) reported smoking fewer cigarettes since cigarettes became more difficult to afford.

Table 22. Impact on smoking behaviour since cigarettes harder to afford

	Regular smokers
Found it harder to afford cigarettes now compared to 1 year ago	n=562
No effect	61.3%
Smoke fewer cigarettes	24.1%
Smoke cheaper brand of cigarettes	13.2%
Change to roll-your-owns	4.3%
Can’t say	0.4%

8.3 Quitting behaviour

A minority of respondents considered themselves recent quitters, despite reporting they currently smoked, although less often than weekly (n=22) and a further 20 respondents considered themselves long-term quitters despite reporting they currently smoked less often than weekly as shown in Table 23.

Table 23. Smoking status by quitting status

	Recent quitters n=214	Long-term quitters n=190
Not regular smokers		
Smokes less often than weekly	9.6%	13.7%
Does not smoke at all	90.4%	86.3%

Recent quitters were asked to estimate the length of time since they stopped smoking on a weekly basis, with less than half (43%) reporting quitting within the past three months.

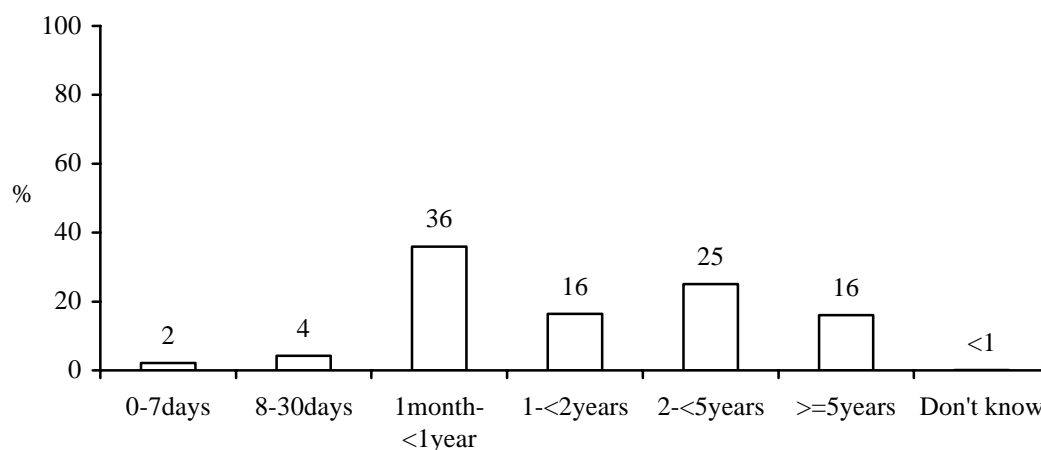
Recent quitters who had quit in the last four weeks were asked what had prompted them to quit on this occasion. When aggregated across multiple responses, health-related reasons were the main motivations reported for quitting (56%).

Table 24. Reasons for quitting on last quit attempt (multiple responses)

	Recent quitters n=40
Quit in the last 4 weeks	
Health reasons / ill health (unspecified)	38.7%
Affecting fitness	2.4%
Cost / too expensive	2.4%
Asthmatic	1.3%
Pregnancy	15.3%
Health scare (eg pneumonia)	3.8%
Know someone who is ill / died from smoking	2.5%
Children in house / children's health / role model for children	7.9%
Just stopped / spur of moment	9.4%
Family / partner / parents	12.1%
Waste of money	1.3%
The smell (on body)	4.7%
Can't say	14.4%

More than three-quarters (79%) of regular smokers reported ever trying to quit smoking.

There was great variability in the duration reported since the last quit attempt. The median duration reported by regular smokers was 365 days.

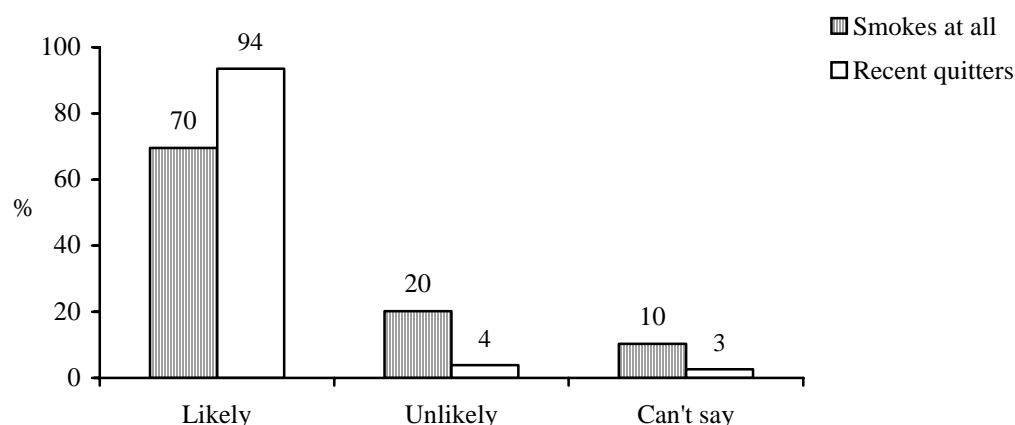
Figure 4. Duration since last quit attempt

BASE: Regular smokers who have ever tried to quit smoking (n=1239)

The mean duration of staying quit on the last quit attempt also varied greatly, with a median duration of 30 days reported by regular smokers.

Recent quitters were asked about the likelihood of being able to stop smoking permanently and 94% reported that this was likely. Those who smoked at all were also asked to respond to the likelihood of them being able to stop smoking permanently, assuming they tried to stop, and 70% reported this was likely.

Figure 5. Likelihood to stop smoking permanently



BASE: Recent quitters (n=214), Smokes at all (n=1598*)

* Does not include n=22 who considered themselves recent quitters despite smoking less often than weekly

8.3.1 Quit strategies

When 'smokers / recent quitters' were prompted about strategies employed to reduce or quit smoking cigarettes in the past year:

- 64% had discussed smoking and health at home,
- 32% had changed to cigarettes labelled as "light" or "mild",
- 32% had read "How to Quit literature",
- 27% had changed to a lower tar brand of cigarette,
- 28% had used nicotine gum or patches,
- 16% had asked their doctor for help to quit,
- 7% had been prescribed Zyban,
- 5% had called the Quitline,
- 6% had bought some other product to help them quit (NOT NRT or Zyban),
- 5% had accessed Quit information from a website, and
- 18% had done none of the above (or other mentioned strategies).

Respondents who smoked at all or who recently quit were asked whether anybody at their house had been trying to get them to quit smoking in the past six months. One in two (53%) reported someone had and this person was most commonly a partner (44%), a child (29%) or a parent (29%).

- Males were significantly more likely to report being encouraged to quit by a partner or parent,
- Females were significantly more likely to report being encouraged to quit by a child.

Table 25. Those who encouraged quitting by gender

	Smokes at all or recent quitters		
	Male n=453	Female n=516	Total n=969
Have had someone at home encouraging them to quit			
Partner/spouse	48.6%	40.4%	44.2 %
Child	18.0%	38.1%	28.7%
Parent	35.0%	22.8%	28.5%
Friend/flatmate	5.9%	5.9%	5.9%
Sibling	7.7%	4.9%	6.2%
Other	2.3%	3.0%	2.7%

9.0 CESSATION INTENTION

Regular 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.

- 19% of regular smokers reported they were preparing to quit smoking,
- 46% of regular smokers in preparation (n=281) had set a date to quit and of these, the mean number of days until the quit date was 14.

Table 26. Intent to quit among regular smokers

	Regular smokers n=1568
Stage of change	
- Precontemplation	40.1%
- Contemplation	41.2%
- Preparation	18.6%

Among regular smokers who were not seriously considering quitting (n=608), 83% felt they should quit sometime, however, 12% indicated they were happy to smoke for the rest of their life.

Table 27. Intention to quit among precontemplators

	Regular smokers
Not seriously considering quitting in next 6 months [as % of all regular smokers]	n=608 [n=1553_w]
Should quit sometime	82.7% [33.2%]
Happy to smoke for rest of life	12.1% [4.8%]
Can't say	5.2% [2.1%]

w = weighted

10.0 DISCUSSION

These results provide evidence to support the effectiveness of the National Tobacco Campaign (NTC). After eight years, awareness has reached near absolute levels, especially among smokers and recent quitters. Even though in latter years the media investment in the campaign has been limited to television advertising once a year around World No Tobacco Day in May at relatively low levels and the evaluation survey was conducted five months after the television advertising, recall of the campaign in the previous 12 month period remained very high, irrespective of smoking status.

The impact of the NTC in 2004 on quitting was encouraging with approximately half of smokers saying the campaign made them more likely to quit suggesting the campaign advertising is still influencing smokers in the manner intended. However, there appears to be some smokers who may be more resistant to the campaign messages, namely those who smoked on a daily basis, those who worked in blue collar occupations and those with fewer years of education. Whilst it was not the intention of this report to analyse the results for these sub-groups, a preliminary examination revealed further investigation is warranted, especially given these smokers typically have higher smoking prevalence rates.

Just under half of recent quitters felt the campaign has helped them stay quit, and one in two reported the campaign has had no effect on helping them stay quit. It is possible that many recent quitters are finding the NTC less relevant given they have ceased smoking, and the personal self-efficacy they exhibited towards staying quit in one year's time and being able to stop smoking permanently would suggest that they feel no need for further assistance to help them stay quit. Whilst the NTC appears to provide an impetus to quit (what the campaign was designed to do), it may be playing a lesser role in reinforcing those who have recently quit. Non-smokers and long term quitters demonstrate support for the NTC, believing it would have a positive impact on smokers to help them quit as well as assist recent quitters to stay quit.

About one in five smokers and recent quitters reported they learnt something new about smoking and health in the previous six months and even though there have been no new NTC advertisements since 2000 and media intensity has been low, some reported the health effects that are promoted in the campaign advertising, particularly loss of eyesight and clogged arteries. This may be partly explained by the fact that the 'Eye' commercial is still relatively new and that the 'Artery' execution has been used more often than any of the NTC advertisements.

Whilst smokers and recent quitters acknowledged smoking can harm others, there were still some who believed the 'dangers of smoking were exaggerated'. Supporting this, some smokers and recent quitters believed smoking can't be that bad because 'people

smoke all their lives and live to a ripe old age' and 'smoking the occasional cigarette doesn't cause any damage to health'. However, the majority of smokers and recent quitters believed that 'every cigarette you smoke is doing damage to your health' is closer to the truth than 'you have to smoke for several years to do any damage to your health' suggesting the NTC has successfully consolidated this belief among most smokers and recent quitters.

Considered together with the finding that the majority of smokers and recent quitters don't feel the dangers of smoking have been exaggerated, most also believed the health effects promoted through the campaign were true. This indicates smokers and recent quitters were open to the health effects advertising utilised in the campaign and lends support to their continued use.

Most smokers recognised they were likely to get ill if they continued smoking and similarly they acknowledged that smoking has probably done some harm to their health already. Unfortunately, this evaluation does not measure the extent to which these smokers are personally concerned about the ill health effects of their smoking. Personal concern for the health effects of smoking has been associated with cessation (cited in Grotvedt & Stavem, 2005).

Whilst few smokers and recent quitters believed they would definitely be smoking in a year's time, most were uncertain, particularly smokers. Nearly half of smokers and recent quitters believed they probably or definitely wouldn't be smoking in a year's time. Despite this, and the belief among smokers that they could stop smoking permanently if they attempted to quit, fewer than one in five were preparing to quit at the time of the survey. In addition, a small group of smokers reported they were happy to smoke for the rest of their lives.

Most smokers have tried to quit though, and have tried a variety of quit strategies to reduce or quit smoking in the past 12 months, most commonly discussing smoking and health at home, changing to light or mild cigarettes or low tar cigarettes and using nicotine replacement therapy. The issue of light and mild cigarettes is currently in focus as an Australian Competition and Consumer Commission investigation in 2005 found the use of such labels by the tobacco industry to be misleading to smokers. It is alleged that many smokers choose light / mild cigarettes over regular cigarettes believing they will assist them to quit and that the health risks are reduced.

The findings from this research provides some support for the argument that smokers choose light / mild cigarettes to help them to quit this as one in three smokers / recent quitters reported changing to a light or mild brand to help them reduce or quit smoking and about a quarter tried lower tar brand cigarettes. However, most smokers / recent quitters believed there was no difference between 1mg and 12mg cigarettes and their impact on health. About one in five smokers / recent quitters perceived 1mg cigarettes were less harmful than 12mg cigarettes. The reality is that smokers may receive the same nicotine and tar intake in light / mild or low tar cigarettes as regular cigarettes due to the compensatory way in which the cigarette is smoked. Hence, this research shows some smokers / recent quitters falsely perceive that this type of cigarette can help reduce or quit smoking and can reduce the impact of smoking on their health.

Regular smokers, who have ever attempted to quit, reported trying to quit a year ago and stayed quit for a month, demonstrating the cyclical nature of quitting, affirming that several attempts may be necessary for successful cessation. Significant others who were more likely to be key influencers in the decision to quit for males included partners and parents whereas for females children were more likely to encourage their mothers to quit than their fathers. However, whether these people contribute to actual quit attempts by smokers requires further investigation.

Only a small number of recent quitters had quit in the past month and the responses from this group indicated health-related reasons were the main motivation for quitting rather than financial ones. This was also supported by those regular smokers who reported they did not change their smoking behaviour even though they considered smoking to be less affordable now compared to one year ago. These findings provide endorsement for the NTC advertising which depicts the health effects of smoking. Furthermore, about a third of smokers reported finding it more difficult to afford cigarettes in 2004, but most reported it made little difference to their smoking behaviour.

In regards to smoking behaviour, most smokers reported smoking on a daily basis, their preferred brands being Winfield, Peter Jackson, Longbeach and Benson Hedges. Very few smokers smoked cigars and pipes or illicit tobacco. Most smokers bought packs rather than cartons which may be more manageable for smokers. For example some smokers reported they smoked fewer cigarettes because they found cigarettes harder to afford compared to a year ago. It would be interesting to investigate purchase behaviour further to examine, for instance, whether buying a pack rather than a carton helps limit the quantity smoked.

The NTC is a mature campaign, the longest running anti-tobacco campaign in Australia and the findings pertaining to quitting behaviour, smoking related beliefs and attitudes, response and recognition of the campaign continue to be positive. However, there is evidence of a lower level of impact at the behavioural level in recent years where no significant decline in smoking prevalence has been seen compared to those observed in the early years of the campaign (Social Research Centre, 2004).

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2004 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

REINTRODUCE AS NECESSARY

The Social Research Centre is conducting some important research on behalf of the Department of Health and Ageing looking at public health issues.

ALL RESPONDENTS

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
38. Smoking, you're joking (current Tasmanian campaign)
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 initial, and sex of everyone living in your household, including yourself and anyone who normally lives there but is temporarily away.

IF ABSOLUTELY NECESSARY

We're asking for these details because there may be someone in your household who may qualify to be asked some more specific questions. The more specific questions may take 10 to 15 minutes, depending on the answers given.

We only ask for a first name or initial so that you know who I am referring to if a member of your household qualifies to be asked some more specific questions.

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) GO BACK TO Q1 AND ASK FOR SOMEONE 18 PLUS, ELSE TERMINATE
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 TO 13, 15 OR 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 PREQ22
 3. Can't say GO TO PREQ22

- 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 PREQ22:

- 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

PREQ22 IF Q18=1 OR 2 (REGULAR SMOKER) CONTINUE. OTHERS GO TO Q27

- Q22.** Do you feel good or bad about being a smoker or do you have mixed feelings?
1. Good
 2. Bad GO TO Q22B
 3. Mixed feelings GO TO Q22C
 4. Can't say GO TO Q23

Q22A. Is that very good or somewhat good?

1. Very good
2. Somewhat good
3. Can't say

NOW GO TO Q23

Q22B. Is that very bad or somewhat bad?

1. Very bad
2. Somewhat bad
3. Can't say

NOW GO TO Q23

Q22C. Is that more good, more bad, or equal?

1. More good
2. More bad
3. Equal
4. Can't say

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 (nfi)
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
7. As part of the National Rock Eisteddfod Challenge (TV Special) (ONLY PUT IN AFTER 14 NOVEMBER)
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. Malboro |
| 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) | 44. Medium mild 12mg | 87. Ultimate menthol 2mg |
| 2. 2 mg (white pack / gold writing) | 45. Menthol | 88. Ultra |
| 3. 2 mg menthol | 46. Menthol 100s | 89. Ultra lights |
| 4. 4 mg | 47. Menthol 12 mg | 90. Ultra lights 100s |
| 5. 8 mg | 48. Menthol 4 (light green pack) | 91. Ultra menthol |
| 6. 12 mg | 49. Menthol 8 (green pack) | 92. Ultra mild (silver pack) |
| 7. 16 mg | 50. Menthol extra mild | 93. Ultra mild 2 |
| 8. 30's | 51. Menthol lights | 94. Ultra mild 4 |
| 9. Classic | 52. Menthol one | 95. Ultra mild soft pack |
| 10. Classic menthol | 53. Menthol ultra mild | 96. Verdome lights |
| 11. Cork | 54. Micro mild | 97. Virginia (red pack) |
| 12. Crush proof box | 55. Micro mild 2mg | 98. Virginia 100s |
| 13. De luxe 1mg | 56. Mild | 99. Extra mild 12mg |
| 14. De luxe mild | 57. Mild 12 | 100. Super mild 8mg |
| 15. De luxe extra mild | 58. Mild menthol | 101. Regular 16mg |
| 16. De luxe ultra mild | 59. Mild menthol 8mg | 102. Lights 11mg |
| 17. Extra lights | 60. One | 103. Extras 16 |
| 18. Extra mild (blue pack) | 61. Premium | 104. Extras 12 |
| 19. Extra mild 8mg | 62. Red box | 105. Extras 8 |
| 20. Extra mild soft pack | 63. Red soft pack | 106. Extras 4 |
| 21. Filter | 64. Regular | 107. Extras 2 |
| 22. Filter 16mg | 65. Rich mild | 108. Extras menthol 8 |
| 23. Filter box | 66. Select | 109. Kings 12 |
| 24. Filter soft | 67. Soft | 110. Kings 8 |
| 25. Gold 100's | 68. Soft pack/ crush proof | 111. Kings 4 |
| 26. International brown filter | 69. Special filter | 112. Kings 2 |
| 27. International filter | 70. Special mild | 113. Kings menthol 8 |
| 28. International red filter | 71. SSS filter | 114. Deluxe |
| 29. International superior mild | 72. Super | 115. Special |
| 30. King size. | 73. Super kratek | 116. Menthol |
| 31. King size filter | 74. Super light | 117. Ginseng |
| 32. King size plain | 75. Super mild (gold pack) | 118. Clove |
| 33. King size super mild | 76. Super mild 8 | 119. Red FTB (US) |
| 34. Lights | 77. Superslims filter | 120. Lights (US) |
| 35. Lights 100s | 78. Superslims menthol | 121. Fantasia lights |
| 36. Lights 6 | 79. Surya filter | 122. Black & gold |
| 37. Lights box | 80. Surya lights | 123. Ultra mild menthol 4mg |
| 38. Lights menthol | 81. Surya menthol | 124. Ultra mild 4mg |
| 39. Lights soft pack | 82. Trim virginia | 125. Menthol 100s |
| 40. Magnum | 83. Ultimate | 126. RYO Tobacco GO TO PREQ69 |
| 41. Medium 12 | 84. Ultimate 1 | 997. Other (Specify _____) |
| 42. Medium 12 soft pack | 85. Ultimate 1 menthol | 998. Can't say |
| 43. Medium mild | 86. Ultimate 2 | |

- 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

PREQ71i IF Q18=1 (SMOKES DAILY) GO TO Q71 INTRO A. OTHERS CONTINUE

PREQ71ii 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 current 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 ever 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 / are you aware of) 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 _____