SMOKING QUESTIONNAIRE

1. Personal particulars:

  Initials: __________________

2. Age: ___________________ years

3. Sex: Male/ Female

4. Race:
   [Please tick or if ‘other’ write on the line provided]

   Asian or Asian British
   ☐ Bangladeshi
   ☐ Pakistani
   ☐ Indian
   ☐ Other
       __________________

   Black or Black British
   ☐ African
   ☐ Caribbean
   ☐ Other
       __________________

   Chinese or Chinese British
   ☐ Chinese
   ☐ Other
       __________________

   Mixed
   ☐ White and Asian
   ☐ White and Caribbean
   ☐ White and Black African
   ☐ Other
       __________________

   White
   ☐ Irish
   ☐ Northern Irish
   ☐ English
   ☐ Scottish
   ☐ Welsh
   ☐ Other
       __________________
5. Occupation:
☐ Legislators, senior officials and managers
☐ Professionals
☐ Clerical workers
☐ Service workers and shop and market sales workers
☐ Agricultural and fishery workers
☐ Production craftsmen and related workers
☐ Plant and machine operators and assemblies
☐ Cleaners, labourers and related workers
☐ Military
☐ Unemployed
☐ Student

6. Cigarette smoking status: Current smoker/ ex-smoker/ non-smoker

If current smoker, please proceed to question 7.
If ex-smoker, please proceed to question 8.
If non-smoker, please proceed to question 9.
QUESTION 7 - CURRENT SMOKERS

a) How long have you smoked for?
_______________

b) On average, how many cigarettes do you smoke a day?
_______________

c) Have you ever considered giving up smoking?  YES / NO

IF YES

d) Have any of the following motivated you to give up smoking?
(Multiple choices possible)

Health
Financial savings
Family request
Health professional’s advice
Media (magazines/ newspapers/ TV commercial / radio)
Internet
Peer advice
Graphic health warnings (cigarette packs)

Other: ________________

e) How many attempts have you made at giving up smoking?

f) On a scale of 1 – 10, how confident are you about giving up smoking when you want?

0 1 2 3 4 5 6 7 8 9 10

Not confident Very confident

g) Have you even thought about the health risks associated with smoking?  YES/NO

IF YES

h) On a scale of 0 – 10, how often do you think about the health risks associated with smoking?

0 1 2 3 4 5 6 7 8 9 10

Not at all Very often
Please proceed to question 9.

**QUESTION 8 - EX-SMOKERS**

a) How long ago did you give up smoking?

b) How many cigarettes did you smoke a day?

c) How many years did you smoke for?

d) How many attempts did you make to stop smoking, including the last?

e) What was your motivation for stopping smoking? (Multiple choices possible)

   - Health
   - Financial savings
   - Family request
   - Health professional’s advice
   - Media (magazines/ newspapers/ TV commercial / radio)
   - Internet
   - Peer advice
   - Graphic health warnings (cigarette packs)

   Others: __________________
**QUESTION 9**

How harmful do you think smoking is to health in general?

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<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not harmful</td>
<td>Very harmful (death)</td>
<td></td>
<td></td>
<td></td>
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10. Do you believe the following diseases are related to smoking?

- Heart disease
- Stroke
- Blindness
- Mouth and throat cancer
- Lung cancer

11. Which disease would you like to prevent if it were possible to prevent only one?

- Heart disease
- Stroke
- Blindness
- Mouth and throat cancer
- Lung cancer

12. Which disease would you seek treatment for if it were possible to treat only one?

- Heart disease
- Stroke
- Blindness
- Mouth and throat cancer
- Lung cancer

If smoker, please proceed to question 13.

If ex- or non-smoker, please proceed to question 14.
QUESTION 13

Imagine that all the conditions below have the same risk of occurrence. Rank the following conditions from 1 to 5 in order of how much motivation each provides towards you stopping smoking, with 1 being most feared, and 5 being the least feared.

- Heart disease
- Stroke
- Blindness
- Mouth and throat cancer
- Lung cancer

QUESTION 14

Imagine the following conditions all have the same risk of occurrence. Rank the following conditions from 1 to 5 in order of how much each motivates you to not start smoking, with 1 being most feared, and 5 being the least feared.

- Heart disease
- Stroke
- Blindness
- Mouth and throat cancer
- Lung cancer
### Attitudes toward graphic health warning labels on cigarette packs

15. Emotional response to warning labels

a) Did you experience any fear when looking at the warning labels? **YES / NO**

b) Did you experience any disgust when looking at the warning labels? **YES / NO**

c) Have you ever actively avoided looking at the warning labels in public? **YES / NO**

16. Depth of processing

Please score the following questions on a scale of 1 to 5 using this guide: 1=not at all/never; 2=once; 3=sometimes; 4=often; 5=all the time/a lot

**Package messages (outside)**

a) How carefully have you ever read the messages on the outside of cigarette packets? 1 2 3 4 5

b) How often have you read or paid close attention to the messages on the outside of packages? 1 2 3 4 5

c) How often have you thought about what the warnings on the outside of packages have to say? 1 2 3 4 5

**General**

d) Have you ever talked about the warning labels with other smokers or non-smokers? 1 2 3 4 5

e) Have you ever thought about the warnings or what they had to say when a cigarette pack wasn’t in sight? 1 2 3 4 5

f) Have you ever kept a warning label to serve as a reminder of the effects of smoking on health? 1 2 3 4 5
Impact of graphic health warning labels on smoking behaviour

If current smoker, please proceed to question 17.

If ex- or non-smoker, please proceed to question 18.

17. Current smoker

Do you feel the labels are a sufficient motivation for you to stop smoking?  YES / NO

Would you stop smoking if you developed early signs of the following disease?

Heart disease  YES / NO
Stroke  YES / NO
Blindness  YES / NO
Mouth and throat cancer  YES / NO
Lung Cancer  YES / NO

Rank the conditions in order of how much motivation each provides towards you stopping smoking, with 1 being most feared, and 5 being the least feared.

Heart disease
Stroke
Blindness
Mouth and throat cancer
Lung Cancer

18. Ex- or non-smokers

Do you feel the labels are a sufficient motivation to prevent you from starting smoking?  YES / NO