

**Appendix 1: Risk Behaviour Diagnosis Scale (RBD) and Smoking Risk Assessment Target (SRAT)**

Readability formulas indicate the Flesch-Kincaid Grade Level for the whole survey, the RBD and SRAT are grade 5, and the SMOG index is grade 4. The estimated reading age is aged 8-10 years, and considered ‘easy to read’.

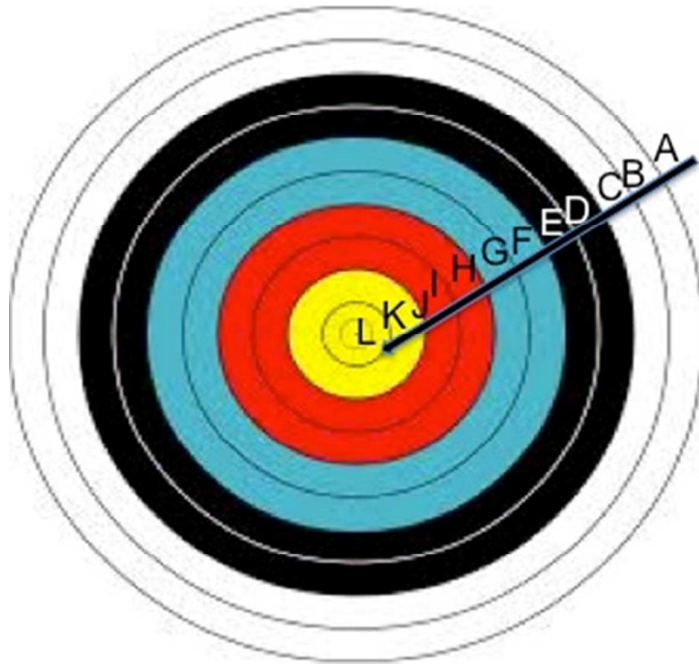
**Risk Behaviour Diagnosis Scale**

*Participants are asked to indicate which response applies best to them depending how strongly they agree or disagree with the statements. (The statements were mixed-up and embedded in a section with others assessing beliefs on fear control responses and protective responses).*

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither/ Not sure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>Response Efficacy</i>					
Stopping smoking prevents serious sickness or disease (such as heart or lung disease or cancer)	5	4	3	2	1
Giving up smoking helps avoid serious sickness or disease	5	4	3	2	1
If I stop smoking I am less likely to get a serious sickness or disease	5	4	3	2	1
<i>Self-efficacy</i>					
I am confident I can stop smoking	5	4	3	2	1
I am able to stop smoking	5	4	3	2	1
It is easy to stop smoking	5	4	3	2	1
<i>Susceptibility to threat</i>					
It is likely that I will get ill from smoking	5	4	3	2	1
Smoking could possibly affect my health	5	4	3	2	1
I believe I am seriously at risk of getting ill from smoking	5	4	3	2	1
<i>Severity of threat</i>					
Smoking is harmful to health	5	4	3	2	1
Smoking can severely affect health	5	4	3	2	1
The health effects of smoking are of serious concern	5	4	3	2	1

**Smoking Risk Assessment Target (SRAT) – adapted from the Risk Acceptance Ladder (with permission from Cattaruzza and West)**

*Participants are asked to indicate which **one** of the following statements is closest to their position when it comes to smoking. This is explained by the interviewer as a big target with question A on the outside ring (see picture below). ‘As you move through the rings you get closer to the target of quitting (response A is on the outer ring and as you move further down the list you get closer to the centre. Response L is near the ‘bulls-eye’). Your response to this question helps us understand the phases on the journey to quitting and where you personally may be up to.’*



- A. I have never heard that smoking can be harmful
- B. I have heard that smoking can be harmful, but its too scary to think about
- C. I have heard that smoking can be harmful, but I think the risk is exaggerated
- D. I accept that smoking can be harmful, but I do not think it will be for me
- E. I accept that smoking could be harmful for me, but I do not care *very much*
- F. I care that I could be harmed by smoking, but I think the risk is worth it
- G. I do not think the risk of smoking is worth it, but there is no point in trying to stop because the damage has been done
- H. I do not think the risk of smoking is worth it, but I do not think I can stop
- I. I accept that smoking can be harmful, and the danger is part of the attraction
- J. I accept that smoking can be harmful, but I would feel shame if I failed at quitting
- K. I care about the risks of smoking and plan to try to stop, but it is not a priority at the moment
- L. I care about the risks of smoking, and definitely intend to try to stop soon

NB: Items B and J were additions to the original Risk Acceptance Ladder