

The effect of a multi-dimensional smoking cessation intervention on Mandarin and Cantonese-speaking immigrants residing in the Greater Vancouver Area: A community-based program

Please respond to the following questions:

A. All about you

1. What is your gender?

- Male Female

2. What is your age?

- 21-25 years old
 26-35 years old
 36-45 years old
 46-55 years old
 56 years old and above

3. Which language(s) do you speak most with your friends, family, or co-workers?

- Mandarin
 Cantonese
 English
 Others, please specify _____

4. What is your marital status?

- Single, never married
 Married
 Living under common-law
 Divorced
 Widowed/Living alone

5. What is your highest level of education?

- Never attended school
 Elementary school
 High school
 University degree
 University degree and above
 Others, please specify _____

6. What is your current employment status?

- I am a student
 I am employed
 I am self-employed
 I am unemployed
 I am retired

B. Smoking onset questions

1. At what age did you start smoking?

- Under 18 years old
- 19-25 years old
- 26-39 years old
- 40 years old and older

2. Why did you start smoking? (Choose all that are applicable to you and explain)

- Social factors, please specify

- Emotional factors, please specify

- Environmental factors, please specify

- Others, please specify

3. At the time you started smoking, did somebody in your social network smoke?

(Choose all that are applicable to you)

- None or Not applicable
- Family, who, please specify _____
- Colleagues, from where, please specify _____
- Friends
- Classmates, at what age, please specify _____
- Others, please specify _____

4. At the time you started smoking, did somebody tell you about the health problems smoking a cigarette can cause?

(Choose all that are applicable to you)

- None or Not applicable
- Family, who, please specify _____
- Colleagues
- Friends
- Classmates, at what age, please specify _____
- Media
- Health professionals
- Others, please specify _____

5. At the time you started smoking, did you know the side effects of smoking?

- Yes
- No

If yes, which one(s) did you know?

- Makes teeth yellow
- Causes wrinkles

- Makes smokers smell bad
- Causes more phlegm
- Shortness of breath
- Causes bad breath
- Cough
- Increased risk of lung cancer
- Greater risk of heart disease
- Others, please specify _____

6. Why did you become a regular smoker?

(Choose all that are applicable to you)

- I have never been a regular smoker (**After choosing, please skip to question 7**)
- I craved cigarettes if I didn't smoke regularly
- I was around smokers a lot of time
- I found smoking pleasurable
- I enjoy the taste
- Smoking relaxed me
- Smoking helped me focus and concentrate better
- Smoking helped me feel less stressed
- I smoke to fit in with other people
- I like the image of a smoker
- Smoking helped me control my weight
- Since others in my family smoked, it was easy to see myself as a smoker too
- Others, please specify _____

7. If you are not a regular smoker, why didn't you become a regular smoker?

(Choose all that are applicable to you)

- I did not enjoy smoking
- Smoking cigarettes made me feel sick
- I did not like the taste and/ or the smell of cigarettes
- I did not want to become addicted to cigarettes
- I was concerned about the effects of smoking on my health
- I was concerned about the effects of smoking on the health of the people around me
- I don't hang out with people who are smokers that often
- I was encouraged to stop smoking by my friends
- I was encouraged to stop smoking by an adult such as my parents/ guardians, a teacher, or a doctor
- I did not like the image of being a smoker
- It was hard for me to obtain cigarettes
- Cigarettes are expensive
- I had trouble finding places to smoke
- Since I grew up in a non-smoking family, I just could not see myself as a smoker
- I don't want people to know that I smoke
- Others, please specify _____

C. Which characteristic best describes you as a smoker?

1. How much do you smoke now per day?

Packs _____ or # Cigarettes _____

2. How much do you spend weekly on buying cigarettes?

- Under \$25/week
- \$25-50/week
- \$50-75/week
- \$75-100/week
- \$101+/week

3. I have a smoking routine/pattern.

- True
- False
- Not sure

4. I smoke

(Choose all that are applicable to you)

- When I am bored
- When I am upset
- When I am having a break
- When I am partying
- When I am driving
- When I am under stress
- When I am with friends
- When I am alone
- When I am in a social gathering
- Mostly at home
- At work or at school
- When I have alcohol
- First thing when I wake up
- Mostly in the morning
- Mostly in the afternoon
- At night before I head to bed
- After every meal
- After every tea or coffee
- During every phone conversation
- Before I go to the washroom
- Before I head to work on an assignment/task
- After I finish an assignment/task
- When I want to relax
- Others, please specify _____

5. There is a different feeling when comparing times I smoke and don't smoke.

- True
- False
- Not sure
- Depends on the situation, please explain _____

**6. What are the things you like about smoking?
(Choose all that are applicable to you)**

- It helps me to relax
- It helps to break up my working time
- It helps me to cope with stress
- It keeps me busy when I am bored
- I just enjoy it
- It is something I have in common with my friends or family
- It stops me from putting on weight

7. What are the things you don't like about your smoking?

- I don't have anything that I dislike about smoking
- It is expensive
- It affects my health
- I don't like feeling dependent on cigarettes
- It makes my clothes and breath smell
- It is a bad example for children
- It is unpleasant for people near me
- It makes me less fit
- People put a negative image on me
- It is bad for the health of people near me

8. Certain situations trigger me to smoke

- True False Not sure

If true, what are the situations?

- Happiness/ Joy
- Relaxed
- Social gathering
- Receive bad news
- Receive good news
- Stress
- Frustration
- Boredom
- Loneliness
- Anger
- Sadness
- Lost concentration
- Wanting to be like others (e.g., friends, members of my group)
- Other, please specify _____

9. Where do you smoke mostly?

- Indoors
- Porch/outside of home
- Outside
- Workplace
- In the car
- Others, please specify _____

D. Your perception about the following statement

1. Smoking kills germs and bacteria.

- True False Not sure

2. My body needs nicotine.

- True False Not sure

3. Smoking is an addiction.

- True False Not sure

4. Smoking is cool.

- True False Not sure

5. Smoking has changed my daily routine (work, study, exercise, food intake, and sleep).

- True False Not sure

If true, how has it changed your daily routine?

6. Smoking has affected my health (i.e., lung disease, coughing, phlegm, cancer, shortness of breath, heart disease, blood pressure, energy, wrinkles, asthma)?

- True False Not sure

If true, how has it affected your health?

7. There are health-related problems I'm worried about while I smoke.

- True False Not sure

If true, what are they?

- Lung disease
 Shortness of breath
 Cough
 Cancer
 Heart disease
 Change in blood pressure
 Less energized
 Dependence on medication intake
 Decrease in oxygen intake
 Wrinkles
 Early death
 Others, please specify _____

8. What do you think are the advantages of you smoking cigarettes?

9. What do you think are the disadvantages of you smoking cigarettes?

10. Do you have any other feelings about you smoking cigarettes?

E. Your experience and thoughts on quitting and quitting methods

1. I was nagged by someone to quit smoking.

True False

If true, who nagged you?

2. I have gone to the doctor for symptoms related to my lungs.

True False Not related to my smoking

3. I have had a lung examination at the physician's office or hospital.

True False Not related to my smoking

4. I have tried to quit before.

True False

If true, how many times have you tried? _____

What methods did you try?

What was the longest duration you were able to quit for?

Why couldn't you quit?

5. Where have you received or heard of smoking cessation methods?

(Choose all that are applicable to you)

I never heard about or received any information

Family or friends

Hospitals/clinics

Pharmacy

Media

Others, please specify _____

6. I have thought about cutting down my cigarette intake before.

True False Not sure

If true, what was your reason to cut down?

If true, has your intake of cigarettes cut down now? Yes No

7. I have tried nicotine replacement therapy.

True False Not sure what nicotine is

If true, did it work? Why or why not?

8. I have thought about (intention) quitting before.

- True False Not sure

If true, what was your reason for quitting?

If false, what was the reason for not quitting?

9. I have met difficulty in quitting before.

- True False Not applicable

If true, what was your difficulty?

- I enjoy smoking too much
 I don't think I have enough willpower
 I think I would put on weight
 I would be too stressed
 I think I am too addicted to cigarettes
 My partner smokes
 My best friend smoke
 I would miss smoking with friends
 I don't really want to stop
 I would be bored
 I would miss smoking breaks at work
 Others, please specify _____

10. In your opinion, what are the withdrawal symptoms due to quitting?

- I don't know what the withdrawal symptoms are.

11. I would benefit more from smoking than suffering from withdrawal symptoms due to quitting.

- True False Not sure

If true, why is it?

12. There are people that support me for quitting.

- True False Not sure Not applicable

If true, who supports you?

If true, what kinds of support did they provide you?

13. I would consider quitting in the future.

- True False Not sure

If true, what would be your reason for quitting in the future?

If true, what immediate reward would you like to get?

14. I would quit smoking if people I spend time with quit also.

- True False Not sure

If true, why?

15. I will be able to quit whenever I want.

- True False Not sure

16. If you were to quit, what would be the most influential motivation?

**17. What positive feelings would most help you in becoming a non-smoker?
(Choose all that are applicable to you)**

- Confidence
 Determination
 Calm
 Relaxation
 Caring about myself
 Caring about others
 Others, please specify _____

18. Imagine that you are now a former smoker:

a) What could you do with the money you save?

b) How would your medication be different, if you are currently taking medication?

c) What would be your energy level?

d) What would be the quality of your life?

e) How would you be feeling physically as a non-smoker?

F. Your relationship with others

1. My smoking behaviour has changed my relationship with others. (Family, co-workers, classmates, and friends)

- True False Not sure

If true, how has it changed your relationship with others?

2. Which people, or organization that you know, would approve of you smoking cigarettes?

- 3. Which people, or organization that you know, would disapprove of you smoking cigarettes?**
-

- 4. I would encourage others (Family, co-workers, classmates, and friends) to smoke.**

True False Not sure

If true, why would you encourage others to smoke?

If false, why would you not encourage others to smoke?

- 5. I would encourage others to quit.**

True False Not sure

If true, what do you think is the best model to encourage people in your age group to quit?

- 6. I mind smoking in front of non-smokers.**

True False Not sure

If true, why would you not smoke in front of non-smokers?

- 7. I mind smoking in front of young children.**

True False Not sure

If true, why would you not smoke in front of young children?

- 8. I think second and third hand smoke is not as harmful as first hand smoke.**

True False I don't know what third hand smoke is

G. Cultural and environmental influences for your desire to smoke or to quit

- 1. Media such as visual warnings on cigarette packages has influenced me to quit smoking.**

True False Not sure Not applicable

- 2. Living in Canada has influenced my smoking habits or desire to quit.**

True False Not sure

If true, how has it influenced your smoking habits or desire to quit?

3. The different social norms in Canada have influenced my smoking behaviour in comparison to my native country.

- True False Not sure

If true, how has it influenced your smoking behaviour in comparison to your native country?

4. In your culture, smoking is a behaviour that one gender engages in more than other.

- True False Not sure

If true, which gender?

- Male Female

5. In your culture, smoking is a behaviour that a certain career profession engages in more than other.

- True False Not sure

If true, which career profession?

6. People do not accept the smoking habit in my culture.

- True False Not sure

If true, why do they not accept the smoking habit?

7. Most people in my culture smoke.

- True False Not sure

8. What is your image of a smoker? Do you think it is a positive or negative image?

- Positive image Negative image Not sure

Why? Please explain.

9. In your opinion, how can a smoker harm or benefit the society?

10. In your opinion, what would be a good enforcement to stop the younger generation from smoking?

11. In your opinion, what should be the role of mass media?

12. What do you know about a cigarette? What does it do to the human body?
