

Online only material QUESTIONNAIRE

Thank you very much for your willingness to participate. Your cooperation is essential for the success of this study. All information is treated as confidential and will only be used for scientific purposes.

In- and Exclusioncriteria

- **Active cigarette-smoking:** Do you smoke at least one cigarette per day?
- **Turkish migration background:** Were both of your parents born in Turkey? Yes/No
- **Bosnian migration background:** Were both of your parents born in Bosnia? Yes/No
- **No migration background:** Were both of your parents born in Austria? Yes/No
- **Current center of life in Austria:** Have you been in Austria since at least 6 month? Yes/No
- **Minimum age:** Are at least 16 years of age? Yes/No
- **Do you inhale your cigarettes?** Yes/No

Demographic data – date of interview: _____

Age: _____ years 16 - 25 _____
 26 - 35 _____
 36 - 45 _____
 46 - 55 _____
 >55 _____

Sex: female male others

Education

1. Age at admittance to school: _____

2. Age at discharge from school: _____

3. Highest education level:

- Primary school
- Apprenticeship
- Matura
- University degree

Employment

4. Are you employed? (several answers possible)

- Manual worker
- Employee
- Managing employee
- Self-employed
- Civil servant
- Retiree
- Pupil/student
- Currently unemployed/housewife

Smoking behavior

5. At what age did you smoke your first cigarette? _____(years)

6. How many cigarettes do you smoke on average on a normal day? (choose one answer)

- Up to 10
- 11-20
- 21-30
- 31 or more

7. Which cigarette would you least abstain from? (choose one answer)

- The first one in the morning
- Others

8. When after awakening do you smoke your first cigarette? (choose one answer)

- Within 5 minutes
- 06 – 30 min.
- 31 – 60 min.
- After 60 min.

9. Do you smoke more in the morning compared to the rest of the day?

- Yes
- No

10. Does it ever happen that you smoke when you are sick and have to stay in bed during the day?

- Yes
- No

11. In retrospect over the entire years do you tend rather to smoke: (choose one answer)

- Constant
- More
- Less

If MORE or LESS: Why? (several answers possible)

- Stress
- Family smokes more
- Others: _____

12. In which situation do you smoke particularly much?

(1-not at all,2-a little,3-moderately,4-much,5-the most)

- | | |
|--|-----------|
| – When you are anxious or nervous: | 1-2-3-4-5 |
| – When you want to reward yourself after unpleasant situations: | 1-2-3-4-5 |
| – When you want to damp the hunger feeling: | 1-2-3-4-5 |
| – When you want to increase your concentration: | 1-2-3-4-5 |
| – When you are angered by something or somebody: | 1-2-3-4-5 |
| – When you need some encouragement: | 1-2-3-4-5 |
| – When you woke up in the morning: | 1-2-3-4-5 |
| – When you feel overworked or stressed and want to relax: | 1-2-3-4-5 |
| – When you realize that you have not smoked for a while: | 1-2-3-4-5 |
| – When you are together your partner or a friend who is smoking: | 1-2-3-4-5 |

13. Where do you smoke usually? (several answers possible)

- At home
- At public places
- At school
- With friends
- At a café

14. Who else in your family smokes besides you? (several answers possible)

- No one
- Parents
- Sibling
- Partner
- Children

15. Which smoking related diseases are you aware of? (several answers possible)

- Lung cancer
- Cardiac diseases
- Vascular diseases
- Other cancers
- Others
- I dont know any

16. Do you find it difficult to avoid smoking at places where it is banned?

- Yes
- No

17. Do warnings or pictures on tobacco- and cigarette packs deter you from smoking?

- Yes
- No

Cessation strategies

18. Would you quit smoking, if prices for cigarettes would increase?

- Yes
- Maybe
- No

19. Is it important for you if relatives or close friends successfully quit smoking?

- Yes
- No

20. Have you ever been offered smoking cessation?

- Yes
- No

If yes, by whom:

- Physician
- Dentist
- School
- Other institutions: _____

21. Have you ever tried to quit smoking?

- Yes
- No

If „YES“: How often? (choose one answer)

- 1 time
- 2 times
- More than 2 times

Which auxiliary material? (several answers possible)

- Single-counseling by physician
- Counseling via telephone (so called „smoker’s hotline“)
- Group-counseling
- Nicotine patch
- Chewing gum
- Nicotine inhalator
- Acupuncture
- Hypnosis
- Book
- No auxiliary material

22. How strong are currently your efforts to quit smoking? (choose one answer)

- Don’t want to quit at all
- Maybe want to quit
- Definitely want to quit

23. Which auxiliary material would you appreciate for smoking cessation? (several answers possible)

- Counseling
- Nicotine patch
- Chewing gum
- Nicotine inhalator
- Acupunctur
- Hypnosis
- Book
- others: _____ (which? key words?)

24. Which person could help you to quit smoking? (several answers possible)

- Physician
- Dentist
- Medical student
- Hodscha/Priest
- Boss
- Others: _____(who)

**25. Where should education about smoking and cessation take place according to you?
(several answers possible)**

- Theatre
- Mosk or chruch
- Club/association
- Healthcare facilities (e.g. health insurance)
- Educational institution
- Doctors practice or ambulance
- Dentists practice
- Workplace
- Others: _____

**26. There are several smoking cessation programs existing in Austria. Are you aware of
one or more?**

- No
- Yes. Which one(s): _____

27. Would you prefer single – or group counseling? (chosed one answer)

- Single counseling
- Group counseling

**28. How much money would you spend on your own smoking cessation in total? (choose
one answer)**

- 0
- 1 to 100
- 101 to 200
- 201 to 300
- More than 300 Euros

29. In which language should your smoking cessation take place? (choose one answer)

- Mother tongue
- German