

Technical Report:

**Evaluation of the Effectiveness of the
Graphic Health Warnings on
Tobacco Product Packaging
2008**

Prepared by Elliott & Shanahan Research

This research document was prepared for the Australian Government Department of Health and Ageing by Elliott & Shanahan Research. Opinions expressed in this publication are those of the authors and do not necessarily represent those of the Australian Government Department of Health and Ageing.

This research document is a supporting document to the *Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging 2008* that may be found at: www.health.gov.au

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Suggested Citation

Elliott & Shanahan Research, 2009, *Technical Report: Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging 2008*, prepared for the Australian Government Department of Health and Ageing, unpublished report.

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1. Introduction

This report covers the data collection and methodology considerations of the 2008 'Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging'.

The 2008 Evaluation research project aimed at evaluating the effectiveness of the graphic health warnings on tobacco product packaging on consumers and the impact of the content of the health warnings system in achieving their purpose:

- to increase consumer knowledge of the health effects relating to smoking;
- to encourage the cessation of smoking; and,
- to discourage smoking uptake or relapse.

The Evaluation consisted of two broad stages of research:

- **Stage 1:** A literature review of graphic health warning labels, gathering data and information on the overseas experience as well as, studies on the Australian use of graphic warnings;
- **Stage 2:** This stage comprised three (3) components, utilising qualitative and quantitative research methods. It aimed at determining the effectiveness of graphic health warnings on tobacco product packaging and evaluating the impact of the content of the graphic health warnings and explanatory messages. Stage 2 research involved:
 - **Group Discussions:** twenty four (24) qualitative group discussions with the target audiences, to gauge consumer reaction and response to the graphic health warnings and the explanatory content;
 - **Telephone Survey:** a large scale nationwide quantitative telephone survey of 1304 people to establish and compare current consumer reactions to the graphic health warnings with those obtained in the telephone survey on health warnings conducted in 2000. As well, to obtain a more definitive measure of awareness, perceived effectiveness, and attitudes to the use of graphic health warnings;
 - **Stakeholder Interviews:** twenty eight (28) semi-structured interviews with key informants from organisations with an interest in tobacco control.

This Technical Report only concerns itself with Stage 2 research: Consumer group discussions and telephone survey; and, stakeholder in-depth interviews.

2. Consumer Research: Group Discussions

2.1 Specifications and Outcomes

Elliott & Shanahan Research was asked to conduct a follow-up to its 2000 Evaluation Study which consisted of both qualitative and quantitative phases to evaluate consumer reactions to the Tobacco Health Warnings. As such, the 2007 research design was very similar to that of the 2000 Study.

The initial aim was to conduct seventeen (17) full group discussions and seven (7) mini group discussions across five (5) locations.

Number and Composition of Achieved Groups: This component of the Evaluation consisted of seventeen (17) full group discussions with 8-10 people in each group for adults and seven (7) mini group discussions, 4-5 participants in each group for teens. The groups were conducted across five (5) locations: Sydney, Melbourne, Brisbane, Coffs Harbour and Shepparton. Details on the group structure are as follows:

Table (i): Group composition by segment

GROUPS – TOTAL SAMPLE									
	Committed Smokers		Contemplators		Recent Ex-Smokers		Non-Smokers		TOT
	M	F	M	F	M	F	M	F	
15-17 years (mini)	2	1	-	-	-	-	2	2	7
18-24 years	1	1	1	1	1	1	1	-	7
25-39 years	1	1	1	1	1	1	-	-	6
40-69 years	-	1	1	-	1	1	-	-	4
TOTAL	4	4	3	2	3	3	3	2	24

Table (ii): Group composition by demographics

GROUPS – BY DEMOGRAPHICS											
Metro	Non Metro	15-17 yrs		18-24 yrs		25-39 yrs		40-69 yrs		TOT	
		M	F	M	F	M	F	M	F	M	F
18	6	4	3	4	3	3	3	2	2	13	11

Table (iii): Group composition by location

GROUPS – LOCATION									
SYDNEY	Committed Smokers		Contemplators		Recent Ex-Smokers		Non-Smokers		
	M	F	M	F	M	F	M	F	TOT
15-17 years (mini)	-	-	-	-	-	-	1	1	2
18-24 years	1	-	-	-	-	1	-	-	2
25-39 years	-	1	1	-	1	-	-	-	3
40-69 years	-	1	-	-	-	-	-	-	1
TOTAL	1	2	1	-	1	1	1	1	8
MELBOURNE									
	M	F	M	F	M	F	M	F	TOT
15-17 years (mini)	1	-	-	-	-	-	1	-	2
18-24 years	-	1	-	1	1	-	-	-	3
25-39 years	-	-	-	-	-	1	-	-	1
40-69 years	-	-	-	-	-	-	-	-	-
TOTAL	1	1	-	1	1	1	1	-	6
BRISBANE									
	M	F	M	F	M	F	M	F	TOT
15-17 years (mini)	-	1	-	-	-	-	-	-	1
18-24 years	-	-	1	-	-	-	1	-	2
25-39 years	-	-	-	-	-	-	-	-	-
40-69 years	-	-	-	-	-	1	-	-	1
TOTAL	-	1	1	-	-	1	1	-	4
COFFS HARBOUR									
	M	F	M	F	M	F	M	F	TOT
15-17 years (mini)	-	-	-	-	-	-	-	-	-
18-24 years	-	-	-	-	-	-	-	-	-
25-39 years	1	-	-	1	-	-	-	-	2
40-69 years	-	-	-	-	1	-	-	-	1
TOTAL	1	-	-	1	1	-	-	-	3
SHEPPARTON									
	M	F	M	F	M	F	M	F	TOT
15-17 years (mini)	1	-	-	-	-	-	-	1	2
18-24 years	-	-	-	-	-	-	-	-	-
25-39 years	-	-	-	-	-	-	-	-	-
40-69 years	-	-	1	-	-	-	-	-	1
TOTAL	1	-	1	-	-	-	-	1	3

2.2 Method and Rationale

This phase of the research was exploratory and diagnostic in nature, designed to provide in-depth information on the topic. Accordingly, the affinity mini group discussion and full group discussion techniques were recommended as part of the consumer research. This enabled both the rational concerns and emotional considerations in regard to graphic health warnings to be comprehensively explored, whilst also allowing participants to explore issues raised by any individual. The process also revealed the intensity of feelings about the tobacco warnings. Group discussions were suggested because of their heuristic nature.

In addition, the affinity mini group discussion technique was employed for youth as we believe it offers youth a more relaxed and informal environment for discussion than do full groups. This technique has the added benefit of allowing us to assess and understand the role and intensity of peer group influences on young people who smoke. In the case of youth we therefore interviewed groups of peers who smoke and groups who don't smoke.

All adult groups were full group discussions.

A discussion guide ensured all aspects not spontaneously discussed were prompted by the moderator.

Following a brief explanation of the discussion process, each group began with a general discussion about smoking (beliefs and behaviours). This initial “warm up” discussion enabled the researcher to obtain an understanding of the attitudinal context in which the graphic health warning labels operate. At an appropriate point in each discussion, the topic of the graphic health tobacco warnings was raised, if not mentioned spontaneously.

Following unprompted discussion of the graphic health warnings a range of cigarette and cigar packs were shown to study participants. These displayed all the warnings and explanatory messages in the actual size and format in which they usually appear. Cigarette packs with both Set A and Set B graphic health warnings were shown in all discussion groups and reactions sought. The final stage of each group session then consisted of a short discussion regarding any improvements that could be made to the graphic health warnings system.

The group discussion technique, as practised by Elliott & Shanahan Research, is largely non-directive allowing the members of the group to range freely over the topic. In this way the issues they regard as important surface themselves. The participants are not responding to stimuli such as “questions”, as in the traditional survey methodology, but rather, responding to each other, by revealing their own case histories and their own “feelings” in a way survey research finds almost impossible to achieve.

The role of the social/graduate researcher in using this technique is critical. He or she is basically guiding, by encouraging some members to elaborate, and by discouraging too much domination by any one participant. The research is essentially exploratory, in the sense of generating relevant hypotheses. The group environment provides support for each member to reveal aspects of himself or herself he or she might not be so willing to reveal in a more structured situation. In addition, the interaction of the group members provides support, and acts as a stimulus for other members to reveal their own attitudes and experiences. All the while the researcher is playing a searching, diagnostic role; sorting through the various levels of content and process, and adding his or her own interpretation based on experience with the technique, with his or her knowledge of human behaviour, and with an understanding of audiences for mass communication research.

The generalisability of the research technique is usually open to more questioning than is the notion of validity. In practice, the question of reliability is rarely ever considered, since few exercises are ever repeated. Validity is largely judged by whether it “makes sense” and to what degree it is consonant with the findings of other studies.

How generalisable are the findings? Frequency or content analysis of the group sessions will reveal a remarkable degree of consensus between groups, so long as it is recognised that individual variation exists within each group. Researchers who use the technique develop a large number of “insights” from only a small number of group sessions. The role of additional group sessions is often to ascertain whether the other variables are likely to moderate those already discovered or to attempt to gauge, if people differ between geographic centres on these variables.

The greater the number of groups the more likely the researcher is to discover the situational variables which operate, including the “effects” of demographic variables (which are but one manifestation of situation influences). The main difference between an adequate number of groups, and twice as many, is the increase in the generalisability of the data, and its interpretation.

In order to maximise validity often more than one researcher was used in the conduct and interpretation of the group discussion sessions. Hypotheses generated from one group were tested in other groups and each researcher has to defend his/her interpretations.

The essence of group discussions is exploration. It is the methodology of a “search” not that of a “test”. The findings from the technique cannot be judged by that of traditional survey methodology.

2.3 Recruitment Procedure:

Elliott & Shanahan Research are IQCA (Interviewer Quality Control Australia) accredited and adhere to the guidelines detailed by the Australian Market and Social Research Society (AMSRS). Only consumer recruiting companies who have IQCA accreditation were used in this study. Companies used were: PM & A (Melbourne and Shepparton), Q&A (Brisbane), Mary Sweeney Recruitment (Sydney, Coffs Harbour). Group participants were recruited with the aid of a screener questionnaire (see Appendix). This was the same approach adopted successfully for the earlier 2000 Evaluation Research project.

Recruitment for the adult (18+ years) group discussions was based on the five stages of change in the Transtheoretical Model of Change⁽¹⁾:

- *pre-contemplation*: not thinking about behavioural change;
- *contemplation*: intending to change but not in the near future;
- *preparation or ready for action*: intending to change in the near future and may already be making small preparatory changes;
- *action*: actively attempting behaviour change; and,
- *maintenance*: continuing to make changes but requiring conscious effort to maintain this change.

⁽¹⁾ Prochaska, J.O & DiClemente, C.C. (1998) “Stages and processes of self change in smoking: Towards an integrative model of change”. *Journal of Consulting and Clinical Psychology*, 51, 390-395.

As in 2000, to facilitate the recruitment process and because this phase of research was qualitative in nature, Elliott & Shanahan Research modified these stages to help guide the 2008 study structure:

- those in the pre-contemplation stage (not thinking about behavioural change) have been described as “Committed Smokers”;
- those in the contemplation and ready for action stages (intending to change and may already be making small changes) have been described as “Contemplators”;
- those in the action and maintenance stages have been described as “Recent Quitters”.

2.4 Fieldwork

Groups were conducted between 11 January and 21 February 2008, across five separate locations to ensure a broad coverage of the Australian community. Three capital cities and two rural areas, across three States, were included. The broader the coverage the greater the chance of capturing a range of different cultural and ethnic backgrounds as well as, greater diversity of responses, with the opportunity to compare urban versus rural participant response.

- **Large city locations:** Sydney, Melbourne, Brisbane represent the three largest cities in Australia with a diverse range of sub-cultures, as well as strong representation from a range of different cultural and ethnic backgrounds.
- **Rural locations:** We attempted to include a variety of rural locations within the scope of the study, with both coastal and inland representation. Shepparton is a Victorian inland regional rural farming area. Coffs Harbour is a coastal regional location in NSW and different in its environment to the other rural region.

All group discussions were conducted by members of the Elliott & Shanahan Research team – Patrick Shanahan, David Elliott, and Sophie Elliott.

Each group was of 80-90 minutes duration with participants being provided with a cash incentive of \$70 for adults and \$50 for those under 18 years of age.

3. Consumer Research: Nationwide Survey

3.1 The Sampling Methodology and Rationale

A nationwide telephone survey of the Australian community, similar to that used in 2000 and also 1996, was conducted using a CATI (Computer Assisted Telephone Interviewing) procedure. Up to 5 call backs were conducted for each household to establish contact and secure an interview prior to replacement of that household. Call backs were conducted at a variety of days and times to increase the chances of making contact with a household. This helped ensure the inclusion of the young, upwardly mobile in the final sample frame. The final sample size was 1304 respondents.

The CATI procedure was used because:

- it enabled comparison to be made with the data obtained in the 2000 telephone survey because of the use of the same technique;
- it provided national coverage throughout urban and rural regions, as well as ensuring statistical representation;
- the sample allowed for representation of young people, an important sub-segment of the population of tobacco smokers.

The sampling approach was Random Digit Dialling (RDD), which used the RDD database that has been developed through the Association of Market and Social Research Organisations (AMSRO). From that database, we selected telephone number prefixes that matched the geographic regions fitting our location strata (ie, Sydney, Other NSW; Melbourne, Other Victoria; Brisbane, Other Queensland; Adelaide, Other South Australia; Perth, Other Western Australia; Hobart, Other Tasmania; Darwin, Other Northern Territory; and ACT).

The RDD database provided the following advantages:

- it represents the residential phone number database for Australia through a structured user feedback plan and ongoing maintenance to continuously update the database;
- it allows for sampling by postcode/State;

- numbers are randomly generated using complex algorithms to maximise data quality;
- numbers cover virtually all current exchange prefixes in Australia, with nearly 100% Australian coverage including new housing developments;
- due to random generation, both listed and silent residential numbers are included;
- it is continuously updated;
- it is available only to AMSRO members subscribing to the industry privacy code.

3.2 The Sample Design and Rationale

The sample design was based on a disproportional stratified random sample. It was designed to ensure sufficient numbers of current smokers and ex- smokers, and other specific age and gender groups whose attitudes and behaviours are of interest. The sample was stratified by age, gender, location and smoking status. The target sample sizes for smoking status and the achieved sample numbers are shown in Table (iv). An entirely random sample would have been inefficient from a cost perspective and inappropriate for the study objectives.

The main sample design considerations were based on the following rationale:

- the focus of the study was on smoker responses to the pack designs and so, around 80% of the sample was allocated to interviewing smokers and ex-smokers;
- a small group (around 20%) of non smokers was also included in the sample to ensure their input to the study was available. Although they are not the core target audience, given issues around passive smoking and related aspects and that one of the aims of the health warning system is to discourage the uptake of smoking, they were included to ensure account is taken of their attitudes. They also provide a basis for determining where smokers and non smokers have common or diverging attitudes;
- the sample design also sought to ensure a sufficient sample of ex-smokers in two categories:
 - recent (quit in the last 12 months – about 10% of the sample); and,

- given up over 12 months ago (about 20% of the sample).
- by over sampling recent ex-smokers we were able to include the perspective of this key group in sufficient numbers for in depth analysis;
- good representation of the under 25 year old age group (15-24 years) was also proposed and around 17% of the total sample surveyed was in this age group, which was lower than the target statistic but still allowed sufficient numbers for detailed analysis;
- equal sample sizes for males and females were included to again ensure sufficient sample sizes in the telephone survey to look at differences by gender and major age bands.

Table (iv): Target and Achieved Sample Sizes by Smoker Status

	Target Sample Size	Achieved Sample
Smokers	660	670
Recent Quitters – last 12 months	120	120
Ex-Smokers – over 12 months	240	255
Non-Smokers	180	259
Total Sample	1200	1304

The achieved sample of 1304 exceeded the target sample size of 1200. This occurred because of a quota control problem over the second weekend which resulted in additional non-smokers being interviewed. Since the data was post weighted and incidence recorded separately, it was felt that since including the additional interviews does not affect results it adds to the robustness of the sample.

In addition to smoker status the sample was stratified by age, gender and location (capital city versus non capital city) with over-sampling of age groups to ensure sufficient representation of the younger age groups. Quotas were set to ensure that sample numbers for each age group were adequate. The basic quota numbers are as shown in Table (v) which shows that there was some under sampling of the younger age groups. Other characteristics of the total unweighted sample are shown in Table (vi) for location and gender. At the State level the sample sizes were in line with the State populations in the capital city and in the rest of the State.

Table (v): Target and Achieved Sample Sizes by Age:

Age	Target Sample Size	Achieved Sample
15-17 yrs	180	68
18-24 yrs	180	153
25-34 yrs	180	221
35-44 yrs	180	482
45-54 yrs	180	237
55-64 yrs	180	220
65+ yrs	120	136
Total Sample	1200	1304

Table (vi): Target and Achieved Sample Sizes by Location and Gender

	Target Sample	Achieved Sample
Capital City	800	822
Non Capital City	400	422
Males under 25 yrs	180	130
Males 25 yrs and over	420	553
Females under 25 yrs	180	91
Females 25 yrs and over	420	522
Total Sample	1200	1304

3.3 Sample Size and Sampling Error

The sampling error variance on a random sample size of 1200 people is around $\pm 3\%$ at a confidence level of 95%. In practical terms, this means that if 50% of the randomly selected respondents in the sample answered “yes” to a yes/no question, then, our best estimate of the ‘true’ proportion would be between 47% and 53%, 95 times out of 100.

These estimates are provided as a guide only and the real issue is the extent to which significant differences involving sub-groups and bases, such as state, age and gender can be identified. This involved consideration of the unweighted sample numbers in the strata involved and detailed significance testing.

3.4 Questionnaire Design and Fieldwork

The questionnaire was developed in consultation with the Department. It included many of the same questions used in the 2000 Evaluation Survey to enable comparison to be made. It was pilot tested (26 interviews) with interviews administered by Taverner Research. The fieldwork took place between 7 April and 12 May 2008.

Following completion of the pilot interviews the following key changes were made to the questionnaire:

- The order of Section A Q3a and Q3b was reversed to improve questionnaire flow;
- A recent ex-smoker version of Section A Q3c was added to improve interpretation of the question so that for recent ex-smokers the question read ‘apart from quitting smoking, in the past 12 months have you ...’;
- The code ‘quit smoking’ was therefore also removed from Section A Q3c;
- Q7 and Q8 in Section A originally required the interviewer to listen to the response and determine if the respondent was referring to the text, visual, or both text and visual part of the graphic health warning. However, the pilot interviews showed that this method was open to too much interviewer interpretation and as such there were clear patterns of responses for different interviewers. It was therefore decided that after the respondent had recalled which graphic health warning they recalled, the interviewer would then ask if what they recalled was ‘the written warning, the picture or both’;
- Q11a/11b from Section B were also added to Section A as they had been mistakenly left out of the questionnaire.

Interviewer briefing:

A total of 73 interviewers (including supervisors) were briefed and used on this project. Each briefing included the following:

- A brief rundown of the background of the project and the history of tobacco health warnings;
- Presentation of mock ups of each of the graphic health warnings so that interviewers could familiarise themselves with the warnings;

- A run through (via projection onto a screen) of the questionnaire, including the various skips and sections that applied to different segments. Throughout this run through, interviewers were also given detailed information about code frames, the type of language and descriptions they might expect, and any question specific instructions.

Following the briefing interviewers were given 30 minutes to run through and familiarise themselves with the interview at their individual CATI stations.

Respondent selection procedures:

To select a respondent from households, the following methodologies were applied:

- The person who answered the phone was asked if we could speak with the person in the household whose birthday was next;
- As we filled older age quotas and were chasing younger respondents we then asked for the youngest person in the household;
- Finally as we were chasing recent quitters and smokers in the last few days of interviewing, we asked if anyone in the household was a recent quitter or smoker, then applied the next birthday method of selection.

Interview duration:

The length of the interview varied according to respondents' smoking status. The average interview length by smoking status was as follows:

- Non-smokers – approximately 9 minutes;
- Ex-smokers – approximately 12 minutes;
- Recent quitters – approximately 18 minutes; and
- Smokers – approximately 18 minutes.

Quality control procedures:

All telephone fieldwork was conducted under direct supervision, using interviewers who are trained by Taverner Research to ISO 20252 market research interviewing standards.

All interviewers were subject to a minimum 10% quality audit plus on-line supervision. All interviewers were monitored in real time with an additional 17 full observations being conducted, whereby the supervisor monitors a full interview then has a one on one debrief with the interviewer.

In addition, a total of 244 interviews were validated via call backs to the respondent.

3.5 The Weighting Procedure

The disproportional stratified sample design adopted in this study provided an efficient and cost effective approach but needed to be post weighted following the data collection, to reflect the general population of Australia. It should be noted that post weighting of sample data is very common practice in social and market research. It takes advantage of the fact that stratified designs are more cost effective than general random samples, and allows more detailed analysis of small but important segments in the population.

Whilst the characteristics of the 15 plus population of Australia in terms of gender, age distribution, and geographic location in Australia are known from ABS statistics (2006 Census), no reliable and current estimates of the incidence of smoking were available to post weight the data for this stratum. To address this we used an approach which involved collecting information on the incidence of sampling during the initial telephone survey stages.

In this initial survey stage a total of some 3230 respondents were contacted via the CATI and the incidence of their smoking status and demographics noted. The results are shown in Table (vii). These incidence statistics were then adjusted, according to ABS population statistics, for age and gender biases that might be present due to the methodology. From this data, sample weights were calculated that could be applied to the final sample to ensure the sample results were representative of the population in terms of: age, gender, location and smoking status.

Table (vii): Incidence in Random CATI Sample (Unweighted)

	MALE AGE GROUPS						
STATUS	15-17 yrs	18-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs
Non-Smokers	98	73	102	128	122	102	138
Ex-Smokers over 12 months	3	5	23	44	81	98	163
Recent Quitters last 12 months	1	6	6	9	11	4	3
Current Smokers	7	32	36	71	52	58	25
TOTAL	109	116	167	252	266	262	329
	FEMALE AGE GROUPS						
Non-Smokers	52	73	139	201	149	188	274
Ex-Smokers over 12 months	0	5	34	76	79	97	104
Recent Quitters last 12 months	1	7	7	7	7	3	5
Current smokers	3	14	41	64	52	30	17
TOTAL	56	99	221	348	287	318	400
STATUS	Total Sample						
Non-Smokers	1839						
Ex-Smokers over 12 months	812						
Recent Quitters last 12 months	77						
Current smokers	502						
TOTAL	3230						

The final weights used on the completed sample provided the following incidence estimates with each age band shown in Table (viii) and the overall general population incidence of smoking summarized in Table (ix). The distribution of the postweighted sample by State and capital city was in line with the 15+ population.

Table (viii): Incidence of Smoking Status by Age Band (each age band total adds to 100%). Post Weighted results.

	Age	Males %	Females %
Non-Smokers	15-17	89.9	92.9
Ex-Smokers over 12 months	15-17	2.8	0.0
Recent Quitters	15-17	0.9	1.8
Smokers	15-17	6.4	5.4
Non-Smokers	18-24	62.9	73.7
Ex-Smokers over 12 months	18-24	4.3	5.1
Recent Quitters	18-24	5.2	7.1
Smokers	18-24	27.6	14.1
Non-Smokers	25-34	61.1	62.9
Ex-Smokers over 12 months	25-34	13.8	15.4
Recent Quitters	25-34	3.6	3.2
Smokers	25-34	21.6	18.6
Non-Smokers	35-44	50.8	57.8
Ex-Smokers over 12 months	35-44	17.5	21.8
Recent Quitters	35-44	3.6	2.0
Smokers	35-44	28.2	18.4
Non-Smokers	45-54	45.9	51.9
Ex-Smokers over 12 months	45-54	30.5	27.5
Recent Quitters	45-54	4.1	2.4
Smokers	45-54	19.5	18.1
Non-Smokers	55-64	38.9	59.1
Ex-Smokers over 12 months	55-64	37.4	30.5
Recent Quitters	55-64	1.5	0.9
Smokers	55-64	22.1	9.4
Non-Smokers	65 +	41.9	68.5
Ex-Smokers over 12 months	65 +	49.5	26.0
Recent Quitters	65 +	0.9	1.3
Smokers	65 +	7.6	4.3

Table (ix): Smoker Status By Gender. Weighted Results (15 + Population)

	Male %	Female %	Total %
Non-Smokers	52.4	63.5	58.0
Ex-Smokers over 12 months	23.9	20.2	22.1
Recent Quitters	3.1	2.6	2.8
Smokers	20.6	13.7	17.1
	100.0	100.0	100.0

3.6 Comparison of the 2008 and the 2000 Survey Sample Sizes

In the study conducted in 2000 a slightly different stratified design was employed that did not cover the 15-17 year old age group and had less emphasis on ex smokers and non smokers. The sample sizes involved are shown in Table (x) below. In significance testing of the results attention was to be paid to the different sample bases in each telephone survey wave.

The rationale for changing the sample proportions slightly from that used in the prior studies in 2000 and also 1996, was that it was useful to have a slightly higher inclusion of non-smokers to enable us to drill further down into the data. It seems that they are more definite stakeholders with the increased attention given to passive smoking since the last study, and also given that graphic health warnings are also designed to discourage smoking uptake.

Another change was the slightly lower target sample size for those who have given up in the last 12 months (i.e. Recent Quitters). In the 2000 study while we sought to include a sample of 150 we actually only achieved 130 in the final sample because they were very hard to locate. They impacted on the sample collection costs. Thus, our sample of 120 in the proposed sample was seen as sufficient for analysis and cost effective.

Thus, the priority in the 2008 sample of 1304 was still on current smokers in keeping with the earlier study. This large sub-sample (n=670) enabled us to examine in some detail age/gender sub-groups for example.

Table (x): Final Sample Sizes in 2000 and 2008

	Achieved in 2000	Achieved in 2008
Smokers	822	670
Recent Quitters (last 12 months)	130	120
Ex-Smoker (over 12 months)	151	255
Non-Smokers	101	259
Total Sample	1204	1304

3.7 Comparison of 2008 E&S Research results with other Smoking Incidence Data

One form of check on the extent to which the results from the 2008 Elliott & Shanahan Research Survey are representative of smoking status in the 15 plus Australian population is provided by comparison with other research. It is slightly limited since the scope and coverage of other research is not directly comparable, but provides a basic assessment of the sample validity.

- **The National Health Warnings Campaign 2006 Omnibus Survey covered 1001 respondents in a national phone sample. The age range was 16 and over.⁽¹⁾**

⁽¹⁾ National Omnibus Survey conducted by Woolcott Research in July 2006.

The results in Table (viii) showing the incidence of smoking by gender from a 2006 Omnibus survey are in line with the 2008 Elliott & Shanahan Research Survey results. Both have an overall non-smoker (never smoked) proportion of 58% and the proportion of ex-smokers was 22% in the omnibus compared with 25% in the Elliott & Shanahan Research Survey. There were variations by gender. However, these are within what would be expected due to sampling error. The proportion of females who are current smokers is markedly higher in the Omnibus (19%) compared to 14% in the Elliott & Shanahan Research Survey in 2008. However, the incidence of male smokers is closer at 20% in the Omnibus and, 21% in the Elliott & Shanahan Research Survey. Note that in the Elliott and Shanahan survey current smokers included the irregular, less than once a week smokers.

Overall, the 2006 Omnibus data supports the incidence statistics from the current Elliott & Shanahan Research Survey. Given the slightly different age coverage (15+ yrs in the E&S survey and 16+ yrs in the Omnibus), and the difference of about 2 years in time between the Omnibus and the 2008 telephone survey, the results were very consistent.

Table (xi): Omnibus Take Out July 2006

	Smoking Status		
	Male %	Female %	Total %
At least weekly	18.8	18.5	18.7
Less often than weekly	1.3	0.9	1.1
Not any more (but used to smoke cigarettes)	25.7	18.9	22.3
Not at all (never smoked)	54.1	61.6	57.9
Total	100.0	100.0	100.0

The consistency of the Elliott & Shanahan Research smoking incidence statistics with other relatively recent research studies suggest that it provides a good representation of the overall Australian population in terms of smoking status.

3.8 Fieldwork Report

The following table provides a breakdown of the calls made during the interviewing process and the outcome of those calls, which includes:

- Completed interviews;
- Respondents who screened out due to a full quota but their details were taken for incidence data (Quota failures screened);

- Respondents who screened out due to full quota and no details were taken (Quota failures not screened);
- Those who refused to participate;
- Phone numbers that were not in use (invalid number);
- Households where no contact or interview was achieved after less than 5 attempts or after 5 attempts;
- Households where the identified householder was unavailable during the time frame of the survey;
- Households where an interview could not be conducted due to language difficulties; and
- Numbers that proved to be for a business or a fax machine.

Table (xii): Call-sheet Analysis

	Total	Syd	NSW	Mel	Vic	Bri	QLD	Ade	SA	Per	WA	Hob	TAS	Dar	NT	ACT
Complete Interviews	1304	263	126	216	109	173	87	71	30	89	47	27	14	17	9	26
Quota failures screened ¹	3244	699	274	584	259	416	182	191	75	254	151	26	28	30	18	57
Quota failures not screened ²	1738	357	106	354	84	337	21	146	43	105	164	0	0	0	0	21
Refused	11153	2813	745	2480	781	1493	518	525	277	757	375	110	87	64	36	92
Invalid number	16966	3683	1151	3055	1827	2147	730	728	595	872	1348	168	168	165	171	158
No contact less than 5 attempts	1717	192	53	391	73	215	83	126	48	77	194	49	62	46	46	62

¹ These respondents were excluded due to full quotas but details of their smoking behaviour were taken for incidence data.

² These respondents were excluded due to full quotas.

Unavailable for Duration	279	77	19	49	22	32	19	12	5	13	11	15	1	4	0	0
Language Barrier	473	216	4	151	17	21	10	22	7	16	2	0	0	4	1	2
Unsuccessful after 5 attempts	3915	1192	285	805	262	561	161	156	69	264	124	6	2	15	2	11
Fax/Business	3627	899	192	786	162	668	164	181	50	269	120	26	27	31	11	41
Total	44416	10391	2955	8871	3596	6063	1975	2158	1199	2716	2536	427	389	376	294	470

Response rate:

The previous table (Table xii) also provides the information used to calculate the response rate for the study. To calculate the response rate we simply divide the number of usable contacts by the total number of households contacted. The response rate was therefore as follows:

Total number of usable contacts: 1304 (complete interviews) + 3244 (quota failures screened) + 1738 (quota failures not screened) = 6286.

Total number of contacts/calls to households: 6286 + 11153 (refused) + 1717 (no contacts less than 5 attempts) + 279 (unavailable for duration) + 473 (language barrier) + 3915 (unsuccessful after 5 attempts) = 23,823.

So, 6286 cooperated out of 23,823, which is 26.4%.

4. Stakeholder Research: Indepth Interviews/Discussions

4.1 Specifications and outcomes

This phase of research employed semi-structured interviews/discussions with key informants from organisations with an interest in tobacco control, with the aim to establish their assessment of the impact of the graphic health warnings on tobacco product packaging.

The initial aim was to consult with twenty (20) organisations via ten (10) face to face interviews and ten (10) over the telephone.

A total of twenty eight (28) semi-structured interviews with experts/stakeholders: twenty (20) were conducted face to face either in a one on one situation, as a paired interview, or in one case a group discussion; and, eight (8) interviews were administered over the telephone. Stakeholders were representative of organisations in Sydney, Melbourne, Canberra, Brisbane, Adelaide and Perth. (A list of participant organisations appears below).

4.2 Method and Rationale

Face to face and telephone semi-structured interviews were chosen for this segment as interviews provided us with a degree of flexibility in terms of fitting into participants' schedules and covering organizations from a wide geographic spread. The people we were seeking to interview are busy people and it is extremely difficult to get their participation if they are required to fit into a particular day, time and location. Rather, interviews allow us to meet with (or call) the interviewee at a time and place of their choosing.

A discussion guide ensured all aspects not spontaneously discussed were prompted by the moderator.

Each interview began with a discussion of their overall perceptions of the graphic health warning system, before progressing to discussion of specific key components of the graphic health warnings, perceived effectiveness and impact, and suggested improvements to the current graphic health warnings and the system overall.

4.3 Recruitment

Respondents were chosen for inclusion in the study from a list of names/organisations provided to the researchers by the Department. These organisations/informants were supplemented by the inclusion of further interviewee recommendations given to the researchers by those already interviewed. This “snow balling” technique resulted in a further eight (8) interviews.

Each of the stakeholders was initially contacted via telephone with information about the research process then sent to them via fax or email.

4.4 Fieldwork

Interviews took place during January to April, 2008. All interviews were conducted by members of the Elliott & Shanahan Research team – Patrick Shanahan, David Elliott, and Sophie Elliott. Interviews were of 40-60 minutes duration.

Stakeholder Participant Organisations

Face to Face Interviews/Discussions

1. Action on Smoking and Health Australia (ASH)
2. University of Sydney
3. Centre for Behavioural Research in Cancer (CBRC)
4. The Cancer Institute NSW
5. University of Sydney
Smoking Cessation
Faculty of Medicine
6. Quit Victoria (three stakeholders)
7. The Cancer Council NSW (three stakeholders)
8. Centre for Behavioural Research in Cancer (CBRC)
9. The Cancer Council Australia
10. The Cancer Council Victoria

11. VicHealth Centre for Tobacco Control (four stakeholders)
12. Royal Australian College of Physicians and Surgeons (RACPS)
13. Aboriginal Health & Medical Research Council (two stakeholders)

Telephone Interviews

14. Australian Medical Association
15. Analyst National Drug Policy
New Zealand
16. National Heart Foundation (WA Division)
17. The Cancer Council Queensland
18. Tobacco Control Research and Evaluation Program
The Cancer Council South Australia
19. Australian Council on Smoking and Health
20. The Centre for Excellence in Indigenous Tobacco Control
21. University of Wollongong

5. Appendix

- Discussion Guides
- Screening Questionnaires
- Questionnaires
- Copy of photos of cigarette packs

Consumer Group Discussion Guide – Job No. 1258

The approach taken will be very much **target group directed**, so while a number of aspects to do with the research aims will be probed (where relevant), if not raised spontaneously, every attempt will be made to encourage the study participants to **express the issues they perceive to be important in regard to the health warnings and graphics**.

It should be noted that the issues may not be explored in the order detailed below. The issues discussed spontaneously will likely reveal those aspects thought to be most important or relevant or of most significance/concern/interest to the various target groups.

General Introduction about the Topic:

- Explain research and the discussion format;
- Thank participants for attending.

Today/tonight we are interested in hearing your thoughts, impressions and opinions about aspects of the health warning system on tobacco products, either cigarettes or cigars. The study will involve hearing the views of people representing a cross-section of the community and both smokers and non-smokers. It will be a very informal, relaxed discussion about your views and experiences.

1. General discussion about smoking (Short warm-up to provide a context to understand responses to the labels)

As a brief warm-up for the discussion, I'd like to hear your thoughts about smoking in general....

- How do you feel about smoking as an activity generally?
- **Smokers:** Briefly explore smoking behaviour:
 - How would you describe your smoking habits? (Occasional smoker? Social smoker? Moderate smoker? Heavy smoker?)
 - When do you smoke?
 - How much do you smoke?
 - How long have you been smoking for?
 - What do you like about smoking?

- Do you have any concerns about smoking? For yourself? For others? Why are they concerning?
- Do you want to give up? Have you ever tried to give up? If so, why? What prompted you to try?
- **Non smokers:** Briefly explore general attitudes:
 - What are your impressions of smoking?
 - Are there any aspects of concern? What are they?
 - What do you think people think about smoking these days?

2. Perceptions of new tobacco warning system overall

Now, thinking about cigarette and cigar packs – what changes have you noticed over the past 18 months to 2 years?

- Record spontaneous comments offered:
 - is it message or visual recall?
- Perceptions of changes overall? Probe:
- What do you think of the new warnings? Did you like/ dislike them? Why? (Note: emotional/ rational response?)
- Do/did you think/talk about them?
- How would you describe them?
- What are the main messages of the warnings? What are they trying to convey?
- Do you believe or accept the warning messages? Why/ why not? (Note: does there appear to be any denial in relation to the warnings?)
- Do you think they are relevant to you or your life? Why/why not?
- Did/do the warnings have any affect on you or the way you think about smoking? What was that? Probe:
- (Smokers/ former smokers): Did they affect the way you purchase your cigarettes/ cigars? In what way?
- (Smokers/ former smokers): Did they prompt you to change the pack at all? In what way?

- Did they have any effect on your understanding of the health effects of smoking? In what way?
- Did they have any effect on the way you view smoking? In what way?
- (Smokers/ former smokers) Did they have any influence on your thoughts about quitting? In what way? (Note: Did they generate an intention to smoke less/ stay quit? Did they reinforce defeatism regarding quitting?)
- Do you think it is important to have health warnings on tobacco packs? Why/ why not? (Note: do they see them as an effective means of preventing/ reducing smoking?)
- How do you think the graphic health warnings compare with the previous text-only tobacco warnings?
- What do you think about the use of images on tobacco pack warnings? Why? Do you think they have any influence on how effective the warnings are? If so, to what extent do you think they influence the effectiveness of the warning?
- Has the way you think about the graphic health warnings changed at all over time? In what way? (Note: Is there any evidence of wear-out?)

3. Unaided awareness and perceptions of warnings

We'd now like to explore your perceptions of the new warnings in a bit more detail...

- Unaided awareness and perceptions of pack health warnings:
 - What specific health messages can you recall? For each message: What are your thoughts about that message? What is it saying? What do you think they're trying to convey? Were you previously aware of this? Do you believe it? Why/ why not?
 - What graphics do you recall? For each mentioned: What is the image depicted? What are your thoughts about that visual/graphic? What sort of words would you use to describe it? What do you think they're trying to convey? Do you believe it? Why/ why not?
- What else can you recall about the warnings on the pack? Do they display any other information? (Gauge unaided awareness of content on front/ back/ side of pack):
- Explanatory messages on the back?

- Side of pack statement?
- Inclusion of the quitline number and web address?
- Probe perceptions of each raised:
- What is it trying to convey?
- Do you believe it? Why/ why not?
- Do you think it's an important inclusion on the warning? Why/ why not?
- Do you think that would have any effect? If so, what sort of effect? On whom?

4. Health Warnings (Aided)

- Show Packs all at once:
 - observe which pack(s) generates initial spontaneous response and what type of response;
 - focus on the packs in order of discussion.
- For each pack examine (if not already covered in detail):
 - aided awareness (front, back, side panel);
 - reaction to warning statement on front of pack and on back of pack: What do you think of the warning statement?
 - reaction to visual/graphic on front and back of pack: What do you think of the photos on the pack? (note difference in reactions of internal v. external disease photos)
 - reaction to explanatory messages on the back: What do you think of the message on the back of the pack?
- If not raised, probe:
 - interest in warning: (Note: do they seem tired/bored of it?)
 - perceived message and comprehension of warning/visual/ explanatory messages: What do you think it's trying to convey? Do you think it's clear? Why/ why not?
 - believability/acceptance of warning/visual/ explanatory message: Do you believe what it's trying to say? Why/ why not?

- perceived suitability of pairing text and visual: What do you think about pairing the text and image on this pack? Does it make sense to you? Why/ why not?
 - tone of warning: What sort of words would you use to describe it?
 - involvement and personal relevance: Do you think it's relevant to you and your lifestyle? Why/ why not? (Note: do they appear to personalise/internalise the warning? The visuals?)
 - usefulness of warning/visual/ explanatory messages: Do you think the warning is useful? Are there any parts of the warning that are more useful than others? What? Why?
 - prior awareness of warning/explanatory messages: Were you aware of this health effect previously? Is there any new information there?
 - Does this warning have any affect on the way you think about smoking? In what way?
 - Does it affect the way you think about quitting in any way? How is that?
- How do you think this warning might affect other people?
 - (Note: Are there any particular elements of the warnings that seem to trigger these responses?)
 - If not already covered, examine response to side of pack statement:
 - What do you think about the information on the side of the pack?
 - What is it trying to convey? How clear is it in doing that? Were you aware of that previously?
 - Do you believe it? Why/ why not?
 - How would you describe the tone of that message?
 - Do you think it's useful? Important? Why/ why not?
 - If not already covered: What do you think of the reference to the quitline and web address?
 - Do you think it's useful? Important? Why/ why not?

- Do you think it would prompt people to call the quitline or access the website? Why/ why not?
- Has it prompted you to call the quitline or access the website? Why/why not?
- If not already covered: What do you think of the overall visual appearance of the warnings? (Prompt: size, position on pack, colours, font-size)
- Does it attract attention?
- Do you think it encourages people to read the warnings? Why/ why not?
- Are you aware that there are two sets of graphic health warnings? SHOW DIFFERENT SETS: The two sets of warnings are rotated on a 12 month basis – Set A is used for 12 months and then is replaced with Set B which is used for the next 12 months – and so on... What do you think of that?

5. Improvements?

- Do you think the warning labels should be changed in any way? How? Why? Probe:
- The range and number of warnings overall?
- Warning statements?
- Graphics?
- Text?
- Back of pack message?
- Side of pack message?
- Tone of warning?
- Health effects covered?
- The system of rotation?

6. Tobacco product packaging

- Do you think tobacco product branding and imagery on tobacco packs has an impact on how noticeable and/or effective the graphic health warnings are? In what way?

7. Conclusion

- Thank you very much for your thoughts today. Is there anything you want to add about the graphic health warnings that hasn't already been raised today?

Stakeholder Interview Guide – Job No. 1258

The approach taken will be very much **stakeholder directed**, so while a number of aspects to do with the research aims will be probed (where relevant), if not raised spontaneously, every attempt will be made to encourage the interviewees to **express the issues they perceive to be important in regard to the health warnings and graphics**.

It should be noted that the issues may not be explored in the order detailed below. The issues discussed spontaneously will likely reveal those aspects thought to be most important or relevant or of most significance/concern/interest to the stakeholders.

General Introduction about the Topic:

(Note): Stakeholders will have already been contacted and interview times arranged. They will therefore be aware of the focus of the interview.

- Explain research and interview format;
- Thank stakeholders for participating.

Today I would like to explore your thoughts, impressions and opinions about aspects to do with the Australian system of graphic health warnings on tobacco product packaging. We are particularly interested in your thoughts on how consumers have reacted to the new system, what aspects of the system work, what aspects don't work and the reasons for this, as well as future directions. This interview is part of an evaluation of the graphic health warnings that will also comprise a survey and group discussions with tobacco consumers and non-consumers.

1. Perceptions of the graphic health warning system overall:

- Let's start with your impressions of the graphic health warning system overall:

Record spontaneous comments offered

- Perceptions of the range of warnings that are used?
- (If not raised) Probe:
 - Variety of subjects?

- Overall impact/salience?
- Overall credibility?
- Overall clarity?
- Overall relevance?
- Perceptions of visual aspects of the warnings:
 - Size?
 - Position on pack?
 - Layout
 - Colours?
 - Font-sizes?

2. Perceptions of specific key components of the Australian graphic health warning system.

Now I'd like to hear your thoughts about the specific key components of the graphic health warning system in more detail. (Show packs/ leaflet on tobacco pack warnings and identify visually which key component the questions are referring to.)

- Perceptions of warning statements overall? Warning statements on the front of the pack? Warning statements on the back of the pack? Probe:
 - Clarity of warning statements?
 - Tone of warning statements?
 - Credibility of statements?
- Perceptions of explanatory messages on the back of the pack:
 - What do you think of the level of detail?
 - Clarity?
 - Tone?

- Perceptions of images overall? Graphics on the front of the pack?
Graphics on the back of the pack? Probe:
 - Disease images vs non-disease images?
 - Internal vs. external disease images?
 - Clarity of images?
 - Tone of images?
 - Credibility of images?
 - Perceived suitability of pairing text and visual?

- Perceptions of the inclusion of the quitline number and web address on each pack?
 - Noticeability?
 - Importance?
 - Perceptions of the side of pack information statement:
 - Appropriateness of message?
 - Clarity?
 - Tone?

- Perceptions of the number of warnings? Perceptions of the system of rotation (Set A – 12 months, Set B, 12 months) **SHOW BROCHURE INDICATING SET A AND SET B:**
 - Appropriateness of timing – i.e. every 12 months?
 - Groups of health effects in each set?
 - Number of health effects in each set?

- **SHOW CIGAR PACKS:** Perceptions of cigar specific warnings?
Probe:
 - Range?
 - Warning statement?

- Graphics?
- Text?
- Visual aspects? (Size, placement etc)

3. Perceived effectiveness and impact of the warnings:

- How effective do you think the warnings are generally?
 - In what way do you think they are effective?
 - As a means of communicating the risks of tobacco consumption?
 - In increasing awareness and knowledge of the risks of smoking?
 - In encouraging smokers to quit?
 - In encouraging former smokers not to go back to smoking?
 - In discouraging potential smokers from starting?
 - If not effective, why not?
 - Do you think there is evidence of wear-out or that they are losing impact? If so, is it the system generally or particular health warnings? Why?
- How do you think the wider community has responded to them?
 - Why do you think they have generated this response?
 - What do you think is the impact of this response?
- Overall, which of the warnings do you think are the most effective? Why is that?
- Which do you think are least effective? Why is that? Could anything be done to make it more effective? If so, what?
- (If not mentioned) How important do you think the graphics are in terms of the effectiveness of the warnings? Why is that?
- Are the warnings more effective with some groups than with others? Who? Why do you think that is?

- Probe: Different age-groups? Genders? Socio-economic groups? Different types of smokers? Light/moderate/heavy? Cigar smokers?
- Do you think any of the warnings reinforce defeatism regarding quitting or trigger denial from smokers? Why/How? How significant are the graphics in triggering this response?
 - Are certain types of smokers more predisposed to this type of reaction? Who? Why?

4. Improvements?

- Do you think that the graphic health warning system would benefit from any kind of improvement? Do you think it needs revising in any way? How? Probe:
 - The range and number of warnings overall?
 - Health effects covered?
 - Proportion of the pack covered?
 - The system of rotation?
 - The layout, colours used etc?
- Is there anything about the warnings/graphics more specifically that might benefit from revision? For all warnings or for specific warnings? Probe:
 - Warning statements? Front? Back?
 - Graphics?
 - Text? Level of detail?
 - Back of pack message?
 - Side of pack message?
 - Tone of warning?
- Are there any other health effects that you think should be covered in the warnings? What? Why?

- What do you think about requiring different graphic health warnings on other tobacco products (e.g. smokeless tobacco, waterpipes) to cover health effects specific to that product, such as those required for cigars?

5. Plain packaging (If not already covered. Record if raised spontaneously)

- How does tobacco product branding and imagery on tobacco packs impact on the effectiveness of health warnings?
- Do you think plain packaging provisions would have an impact on the effectiveness of graphic health warnings? (Note: if not known, plain packaging refers to: restricting or prohibiting the use of logos, colours, brand imagery or text other than brand names printed in a standard colour and font style on tobacco products)
 - If in support) To what degree would it impact? What realistically would plain packaging provisions need to comprise to get this effect?
 - Do you think other changes to the health warnings system could achieve a similar degree of impact? If so, what?

6. Conclusion

Thank you very much for your thoughts today. Just to sum up, what would be the key message you would like to convey about the current graphic health warning system for this evaluation?

Smoking Screener: Brisbane Groups

Males 18-24 years old only. Females 15-17 years and 40-69 years, Go to Q3.

1a. Are you 18-24 years old?

Yes () – Go to Q2

2. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Group 2

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Group 1

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Females 15-17 years old and 40-69 years old only.

3a. Are you 15-17 years old?

Yes () – Go to Q4

3b. Are you 40-69 years old?

Yes () – Go to Q5

4. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 3

5. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 4

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

GROUP Specifications

Group no	Gender & age	Smoker type
1	Male, 18-24 yos	Contemplating quitting
2	Male, 18-24 yos	Non-smokers
3	Female, 15-17 yos	Committed smokers
4	Female, 40-69 yos	Recent Ex-smokers

Smoking Screener: Coffs Harbour Groups

Males 25-69 years old. Females 25-39 years old, Go to Q4.

1a. Are you 25-39 years old?

Yes () – Go to Q2

1b. Are you 40-69 years old?

Yes () – Go to Q3

2. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 2

3. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 3

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Smoking Screener: Coffs Harbour Groups

Females 25-39 years old only.

4. Are you 25-39 years old?

Yes () – Go to Q5

5. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months – Group 1

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up – Exclude

GROUP Specifications

Group no	Gender & age	Smoker type
1	Female, 25-39 yos	Contemplating Quitting
2	Male, 25-39 yos	Committed Smokers
3	Male, 40-69 yos	Recent Ex-smokers

Smoker Screener: Melbourne Groups

Males 15-24 years old only. Females 18-39 years old only, Go to Q4.

1a. Are you 15-17 years old?

Yes – Go to Q2

1b. Are you 18-24 years old?

Yes () – Go to Q3

2. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Group 5

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 3

3. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 4

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Smoking Screener: Melbourne Groups

Females 18-39 years old only.

4a. Are you 18-24 years old?

Yes () – Go to Q5

4b. Are you 25-39 years old?

Yes () – Go to Q6

5. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Group 1

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 6

6. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 2

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Melbourne Group Specifications

Group no	Gender & age	Smoker type
1	Female, 18-24 yos	Contemplating Quitting
2	Female, 25-39 yos	Recent ex-smokers
3	Male, 15-17 yos	Committed Smokers
4	Male, 18-24 yos	Recent Ex-smokers
5	Male, 15-17 yos	Non-smokers
6	Female, 18-24 yos	Committed Smokers

Smoking Screener: Shepparton Groups

Males 15-17 years and 40-69 years old. Females 15-17 years Go to Q4.

1a. Are you 15-17 years old?

Yes () – Go to Q2

1b. Are you 40-69 years old?

Yes () – Go to Q3

2. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 2

3. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Group 3

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Smoking Screener: Shepparton Groups

Females 15-17 years old only.

4. Are you 15-17 years old?

Yes () – Go to Q5

5. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Group 1

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up

() – Exclude

GROUP Specifications

Group no	Gender & age	Smoker type
1	Female, 15-17 yos	Non-smokers
2	Male, 15-17 yos	Committed Smokers
3	Male, 40-69 yos	Contemplating Quitting

Smoking Screener: Sydney Groups

Males 15-39 years old only. Females 15-69 years old, Go to Q5.

1a. Are you 15-17 years old? Yes () – Go to Q2

1b. Are you 18-24 years old? Yes () – Go to Q3

1c. Are you 25-39 years old? Yes () – Go to Q4

2. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Group 4

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

3. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 1

4. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 5

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Group 8

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

Females 15-69 years old only.

5a. Are you 15-17 years old?

Yes () – Go to Q6

5b. Are you 18-24 years old?

Yes () – Go to Q7

5c. Are you 25-39 years old?

Yes () – Go to Q8

5d. Are you 40-69 years old?

Yes () – Go to Q9

6. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Group 6

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

7. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Group 7

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Exclude

8. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 3

9. In regard to smoking either cigarettes or cigars which of the following best describes you?

I've never smoked () – Exclude

I used to smoke (either regularly or occasionally) but gave it up in the last 12 months () – Exclude

I currently smoke (either regularly or occasionally) but intend to give it up in the next 12 months () – Exclude

I currently smoke (either regularly or occasionally) but don't know if or when I will give it up () – Group 2

Sydney Group Specifications

Group no	Gender & age	Smoker type
1	Male, 18-24 yos	Committed Smokers
2	Female, 40-69 yos	Committed Smokers
3	Female, 25-39 yos	Committed Smokers
4	Male, 15-17 yos	Non-smokers
5	Male, 25-39 yos	Recent Ex-smoker
6	Female, 15-17 yos	Non-smokers
7	Female, 18-24 yos	Recent Ex-smokers
8	Male, 25-39 yos	Contemplating Quitting

Questionnaires

Smokers and Recent Ex-Smokers Questionnaire (Section A)

Q1. Could you please tell me if you currently smoke cigarettes, are an ex-smoker or a non-smoker?
PROMPT: What I mean by currently smoke is you could smoke regularly or even if you only smoke on the odd occasion, such as when you're out with friends? (If **EX-SMOKER, probe:** how long since you smoked?)

I've never smoked 1 - Go to Section B, Q3
 I use to smoke, but haven't smoked for years 2 - Go to Section B, Q1
 I use to smoke, but haven't smoked for at least 12 months 3 - Go to Section B, Q1
 I use to smoke, but gave it up in the last 12 months 4 - Go to Q2
 I currently smoke 5 - Go to Q2

Q2. In the last year have you smoked any cigars or pipes?

Cigars only	1
Pipes only	2 – Go to Q3
Both	3
No, neither	4 – Go to Q3

Q2a. Do you usually buy cigars in a pack or singularly?

Pack	1
Singularly	2

IF CODE 4 AT Q1 AND CODE 4 AT Q2 GO TO Q3b.

Q3. Which of the following statements describes your current use of tobacco? **READ OUT**

Smoke regularly, everyday or most days	1
Smoke occasionally not everyday but at least once a week	2
Smoke occasionally but less than once a week	3
Use to smoke, gave it up in last 12 months	4

Q3a. **ASK CIGARETTE SMOKERS (and Ex-Smokers) ONLY:** On the days you smoke(d), about how many cigarettes would you smoke a day?

5 or less	1
6 to 10	2
11 to 15	3
16 to 20	4
21 to 25	5
26 to 30	6
31 +	7

Q3b. In the last 12 months have you...**READ OUT**

Tried to give up and been successful for at least one month	1
Tried to give up and been successful for less than one month	2
Never tried to give it up	3

Q3c. **ASK recent ex-smokers:** Apart from quitting smoking...

ASK smokers: In the past 12 months have you...**READ OUT**

Changed to brands with lower tar or nicotine content	1
Reduced the amount of tobacco you smoke in a day	2
Increased the amount of tobacco you smoke a day	3
Changed to brands with higher tar or nicotine content	4
Switched to cigar or pipe	5
Done nothing different	6
Anything else (specify)	7

Q3d. In terms of quitting which statement best describes your feelings? **READ OUT**

I intend to quit next month	1
I intend to quit in the next 6 months	2
I do not intend to quit in the next 6 months	3
I quit more than 6 months ago	4
I quit less than 6 months ago	5

Q4. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

Yes	1
No	2 – Go to Q5

Q4a. What specific changes have you noticed? **DO NOT PROMPT**

Pictures/explicit images/graphics/colour	1
Warnings cover more of the package/is bigger/90% of back? 30% front?	2
More information	3
Tougher/stronger messages	4
Quitline telephone number	5
Average levels of tar, nicotine and carbon monoxide yields on the side of pack missing/replaced with text description/chemicals in tobacco smoke	6
Nothing	7
Quitnow web address	8
There is a new set of graphic health warnings on packs/the pictures have changed	9
Other (specify)	10
Don't know	11
Can't recall	12

Q5. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack? - **ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q6. Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack? - **ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q7. **IF YES TO FRONT OF PACK ASK: (RECORD BELOW)**

What health message or information is on the **front** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both?
Prompt: Are there any other messages or information you recall? **Prompt:** What was that information?
DO NOT PROMPT MESSAGES

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4

Q8. IF YES TO BACK OF PACK ASK: (RECORD BELOW)

What health message or information is on the **back** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both?
Prompt: Are there any other messages or information you recall? **Prompt:** What was that information?
DO NOT PROMPT MESSAGES

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4

Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4
Visual/graphic same as front (if mentioned recoded to Q7)	1	2	3	4
Larger visual/graphic	1	2	3	4
More info about health message, more details relating to front	1	2	3	4
Quitline phone number	1	2	3	4
Visit Quitnow website address	1	2	3	4
Talk to doctor, pharmacist	1	2	3	4
Sale to underage persons prohibited	1	2	3	4

Q9. IF YES TO SIDE OF PACK ASK: (RECORD BELOW)

What health message or information is on the **side** of the cigarette pack? **Prompt:** What was that information?

Prompt: Are there any other messages or information you recall? **DO NOT PROMPT MESSAGES**

	Side
Side:	
Smoking exposes you to more than 40 harmful chemicals	1
These chemicals damage blood vessels, body cells and the immune system	2
Quit now to reduce your risk of chronic illness or premature death.	3
More details relating to front/back panel	4
Average levels of tar, nicotine and carbon monoxide yields on the side of pack	5
Other (Specify) _____	6
Don't know	7
Can't recall	8

Q10. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind? (PROMPT: Anything else?) DO NOT PROMPT MESSAGES

I should stop/quit	1
I ignore it/take no notice/keep smoking	2
Smoking is bad for your health	3
Message not strong enough	4
Can't stop/I'm addicted	5
Already aware of dangers	6
Why do I do it/I am an idiot	7
Smoking can kill you	8
Some impact initially but now used to it	9
I know its true	10
Depends on individual/everyone is different	11
It's a warning/good to warn you	12
Feel guilty/guilt	13
Reminds me of other media ads	14
Doesn't apply to me	15
I think about quitting	16
I won't start smoking again	17
I don't believe it	18
Nothing	19
Other (Specify)	20

Q11. Which one of the warnings on cigarette/tobacco packs do you think is the most effective at discouraging people from smoking? **PROMPT:** Is that the written warning or the picture or both? **RECORD IF TEXT AND/OR VISUAL. DO NOT PROMPT WARNING NAME.**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Cigar smoke is toxic	1	2	3	4
None of them	1			
All of them	1			
Don't know	1			
Can't recall	1			

Q11a. Why do you say that? (**Probe:** Any other reasons?)

Q11b. Are there any other warnings on cigarette/tobacco packs that you think are effective in discouraging people from smoking? **PROMPT:** Is that the written warning or the picture or both? **PROMPT:** Any others? **RECORD ALL THOSE MENTIONED**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Cigar smoke is toxic	1	2	3	4
None of them	1			
All of them	1			
Don't know	1			
Can't recall	1			

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?

Very believable	1
Somewhat believable	2
Not at all believable	3
Can't say	4

Q12. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the cigarette pack/cigar pack or does not appear at all or if you are uncertain? **(ROTATE & READ) IF CIGARETTE OR PIPE USER CODE UNDER CIGARETTE. IF BOTH CIGARETTE/CIGAR SMOKER ASK WHICH MOST OFTEN AND RECORD IN RELEVANT SECTION.**

	Yes	No	Uncertain
CIGARETTE SMOKERS			
Smoking cause peripheral vascular disease/gangrene	1	2	3
Smoking causes emphysema	1	2	3
Smoking cause mouth and throat cancer	1	2	3
Smoking clogs your arteries	1	2	3
Don't let children breathe your smoke	1	2	3
Smoking - a leading cause of death	1	2	3
Quitting will improve your health	1	2	3
Smoking harms unborn babies	1	2	3
Smoking causes blindness	1	2	3
Smoking causes lung cancer	1	2	3
Smoking causes heart disease	1	2	3
Smoking doubles your risk of stroke	1	2	3
Smoking is addictive	1	2	3
Tobacco smoke is toxic	1	2	3
Smoking exposes you to more than 40 harmful chemicals	1	2	3
These chemicals damage blood vessels, body cells and the immune system	1	2	3
Quit now to reduce your risk of chronic illness or premature death	1	2	3
CIGAR SMOKERS			
Cigars are not a safe alternative to cigarettes	1	2	3
Cigar smoke causes mouth and throat cancer	1	2	3
Cigar smoking causes lung cancer	1	2	3
Don't let children breathe your smoke	1	2	3
Cigar smoke is toxic	1	2	3

Q13. During the last 2 years, have you ever avoided buying packs with particular health warnings or concealed or hid the health warning on your pack in some way?

Yes, avoided buying packs with particular health warnings	1
Yes, concealed/hid the pack in some way	2
Both (avoided buying packs and concealed health warnings)	3
No	4 – Go to Q14

Q13a. **IF YES:** Do you still do this?

	Avoid Buying	Conceal Pack
Yes always	1	1
Sometimes	2	2
No	3	3

Q14. How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say...**ROTATE & READ**

Very Important	1
Quite Important	2
Neither Important nor Unimportant	3
Quite Unimportant	4
Very Unimportant	5

Q14a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say...**ROTATE & READ**

Very Effective	1
Quite Effective	2
Neither Effective nor Ineffective	3
Quite Ineffective	4
Very Ineffective	5

Q15. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements. **READ & ROTATE**

If agree ask: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
Seeing the health warnings on packs makes(d) me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that (past) smoking probably (has) does increase the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I (have) worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Your smoking can harm others	1	2	3	4	5	6

Q16. Would you say the inclusion of health warnings and health information on cigarette packs has improved your knowledge of the health effects of tobacco consumption...**READ.**

- A lot 1
- A little 2
- Made no difference 3
- Don't know 4 (**DO NOT READ**)

Q17. In terms of the way you feel about your own smoking behaviour would you say the health warnings on packs of cigarettes and tobacco have...**READ AND ROTATE. (RECORD FOR SPECIFIC GROUP)**

	Yes	No	Don't Know (DO NOT
READ)			
Raised your concerns about smoking	1	2	3
Helped you smoke less	1	2	3
Have helped you try to quit	1	2	3
Helped you give up smoking (Ex-Smokers)	1	2	3
Had no effect on your behaviour	1	2	3
Have made you think about quitting	1	2	3
Have helped you stay quit (Ex-Smokers)	1	2	3

ASK RECENT EX-SMOKERS Q17a, Q17b. SMOKERS GO TO Q18.

Q17a. Please tell me which, if any, of the following factors helped you decide to quit smoking. **ROTATE AND READ LIST..... (PROMPT: ANY OTHER?)**

- Health warnings on cigarette packets - Text
- Health warnings on cigarette packets - Pictures
- Health warning advertisements on TV (Tobacco Campaign)
- Quitline (NB phone number is on Cigarette packet)
- Quitnow website
- I wanted to get fit
- I was pregnant or planning on starting a family
- I think it was affecting my health
- My Doctor advised me to give it up
- Family and/or friends asked me to quit
- I was worried it was affecting the health of those around me
- It was costing too much
- I had a young family/young children
- Other

Q17b. And what was the **main reason** you quit? **(RECORD ONE ONLY)**

- Health warnings on cigarette packets - Text
- Health warnings on cigarette packets - Pictures
- Health warning advertisements on TV (Tobacco Campaign)
- Quitline (NB phone number is on Cigarette packet)
- Quitnow website
- I wanted to get fit
- I'm pregnant or planning on starting a family
- I think it was affecting my health
- My Doctor advised me to give it up
- Family and/or friends asked me to quit
- I was worried it was affecting the health of those around me
- It was costing too much
- I had a young family/young children
- Other

Q18. Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs?

Yes	1
No	2

Q19. Have you ever called the Quitline?

Yes	1
No	2

Q20. Do you think you will call the Quitline in the future?

Yes	1 – Go toQ22
No	2

Q20a. **IF NO ASK:** Why not?

Prefer to do it by myself/don't want help giving up/ will use own willpower	1
I like smoking/gives me pleasure/don't want to give it up	2
Already given up smoking	3
Don't need to	4
Have all the info I need	5
It would not help/work	6
Not interested	7
Not a heavy smoker/not addicted	8
Prefer to go to doctor/use medical help to give up	9
Get info from elsewhere	10
Have given up before/would give up again	11
Prefer to use patches	12
Have used them before/didn't help	13
Can't give up/I'm addicted	14
Other:(Specify)	

Q21. Are you aware of a Quitnow website address which is included with the health messages on tobacco packs?

Yes	1
No	2
Can't say	3

Q22. Would you be more likely to access the Quitnow website address now that the website is available on tobacco packs?

Yes	1
No	2
Can't say	3

Q23. Thinking about your future smoking do you think you will....**READ & ROTATE**

Increase my smoking	1
Smoke just as much as I do now	2
Try and ease up on my smoking	3
Change to a lower tar brand	4
Make a definite attempt to quit	5
Continue not smoking (Ex-smokers)	6

Demographics

D1.	Gender:	Male.....	1	
		Female	2	
D2.	Age:	15-17.....	1	ACTUAL AGE IN YEARS _____
		18-24.....	2	
		25-34.....	3	
		35-44.....	4	
		45-54.....	5	
		55-64.....	6	
		65-74.....	7	
		75+.....	8	
		Refuse.....	9	
D3.	COUNTRY OF BIRTH: Which country	Australia/New Zealand.....	1	
	were you born in?	UK	2	
		Other Europe	3	
		North America.....	4	
		South America.....	5	
		Africa.....	6	
		S.E. Asia.....	7	
		N.E Asia	8	
		Middle East.....	9	
		S.P. Islands	10	
D4.	Would you consider yourself to be of Aboriginal or Torres Strait Islander descent?	Yes.....	1	
		No.....	2	
D5.	What is the main language spoken at home?	English.....	1	
		Other (specify) _____		
D6.	Level of Education you are now at or have completed?	University	1	
		TAFE/Trade.....	2	
		Year 12 completed.....	3	
		Year 11 completed.....	4	
		Year 10 completed.....	5	
		Year 9 completed.....	6	
		Year 8 completed.....	7	
		Year 7 completed.....	8	
		Primary school only.....	9	
D7.	Are you a...	Student.....	1	
		Unemployed	2	
		In part time employment.....	3	
		In full time employment	4	
		Retired	5	
		Home duties.....	6	

- D8. Occupation of Respondent if employed full or part time.
- Occupation:
- | | |
|---|----|
| Managers..... | 1 |
| Professionals..... | 2 |
| Technicians and trades workers..... | 3 |
| Community and personal service workers..... | 4 |
| Clerical and administrative workers..... | 5 |
| Sales workers..... | 6 |
| Machinery operators and drivers..... | 7 |
| Labourers..... | 8 |
| Occupation..... | 9 |
| Other (specify)..... | 10 |
| Refused/Can't say..... | 11 |
-
- D9. Are you the main income earner in your household?
- | | |
|----------|---|
| Yes..... | 1 |
| No..... | 2 |
-
- D10. What is the annual household income before tax?
- | | |
|---------------------------|---|
| Under \$40,000..... | 1 |
| \$41,000 - \$60,000..... | 2 |
| \$61,000 - \$80,000..... | 3 |
| \$81,000 - \$100,000..... | 4 |
| \$101,000+..... | 5 |
| Refused..... | 6 |
-
- D11. Which of the following would best describe your household
- | | |
|--|---|
| Single or Peer group..... | 1 |
| Young couple - no children..... | 2 |
| Young family - all children under 6..... | 3 |
| Middle family - children 7-12..... | 4 |
| Older family - children mainly 13+..... | 5 |
| Mature couple - children left..... | 6 |
| Mature single/ widowed..... | 7 |
| Refused..... | 8 |

Thankyou for helping us with this important survey.

Ex-Smoker/Non-Smoker Questionnaire (Section B)

Note: Ask Q1 & Q2 of Ex-Smokers ONLY Non-smokers start at Q3.

Q1. When did you quit smoking?

10 years & over	1
5 - 9 years	2
3 - 4 years	3
1 - 2 years	4
Can't remember	5

Q2. How long had you been smoking prior to quitting?

Under 5 years	1
5 - 10 years	2
More than 10 years	3
Don't Know/Uncertain	4

Q3. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

Yes	1
No	2 – Go to Q4

Q3a. What specific changes have you noticed? **DO NOT PROMPT**

Pictures/explicit images/graphics/colour	1
Warnings cover more of the package/is bigger/90% of back? 30% front?	2
More information	3
Tougher/stronger messages	4
Quitline telephone number	5
Average levels of tar, nicotine and carbon monoxide yields on the side of pack missing/replaced with text description/chemicals in tobacco smoke	6
Nothing	7
Quitnow web address	8
New/different/change in graphic health warnings on packs	9
Other (specify)	10
Don't know	11
Can't recall	12

Q4. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack? - **ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q5. IF YES TO FRONT OF PACK ASK: (RECORD BELOW)

What health message or information is on the **front** of the cigarette pack? **PROMPT:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both?

Prompt: Are there any other messages or information you recall? **Prompt:** What was that information?

DO NOT PROMPT MESSAGES

	Text	Visual	Both	Not Sure
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
	Text	Visual	Both	Not Sure
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4

Q6. IF YES TO BACK OF PACK ASK: (RECORD BELOW)

What health message or information is on the **back** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both?

Prompt: Are there any other messages or information you recall? **Prompt:** What was that information?

DO NOT PROMPT MESSAGES

	Text	Visual	Both	Not Sure
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4
Visual/graphic same as front (if mentioned recode to Q6)	1	2	3	4
Larger visual/graphic	1	2	3	4
More info about health message, more details relating to front	1	2	3	4
Quitline phone number	1	2	3	4
Visit Quitnow website address	1	2	3	4
Talk to doctor, pharmacist	1	2	3	4
Sale to underage persons prohibited	1	2	3	4

Q7. IF YES TO SIDE OF PACK ASK: (RECORD BELOW)

What health message or information is on the **side** of the cigarette pack? **Prompt:** What was that information?

Prompt: Are there any other messages or information you recall? **DO NOT PROMPT MESSAGES**

	Side
Side:	
Smoking exposes you to more than 40 harmful chemicals	1
These chemicals damage blood vessels, body cells and the immune system	2
Quit now to reduce your risk of chronic illness or premature death.	3
More details relating to front/back panel	4
Average levels of tar, nicotine and carbon monoxide yields on the side of pack	5
Other (Specify) _____	6
Don't know	7
Can't recall	8

Q8. How important is it that the Government has health warnings on packs of tobacco and cigarettes. Would you say...ROTATE & READ

Very Important	1
Quite Important	2
Neither Important nor Unimportant	3
Quite Unimportant	4
Very Unimportant	5

Q8a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say...ROTATE & READ

Very Effective	1
Quite Effective	2
Neither Effective nor Ineffective	3
Quite Ineffective	4
Very Ineffective	5

Q9. Would you say the current health warnings and health information on packs of cigarettes and tobacco...READ OUT

	Yes	No
Have helped you from taking up smoking (Non-smoker)	1	2
Are a good way of getting across how smoking affects health	1	2
Would help prevent people from taking up smoking	1	2
Have helped you quit (Ex-Smoker)	1	2
Have helped you stay quit (Ex-Smoker)	1	2

Q10a. ASK NON-SMOKERS ONLY

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements. **READ & ROTATE**

If agree ask: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
I think seeing the health warnings on packs would make people think about quitting.	1	2	3	4	5	6
Knowing what I know about the effects of smoking on health I wouldn't take up smoking.	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that smoking probably does increase the risk of a health problem occurring	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I am more aware of the health effects of smoking since the picture warnings were put on cigarette packs.	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
If I was to take up smoking I doubt that it would affect my health.	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Smoking can harm others	1	2	3	4	5	6

GO TO Q12

Q10b. ASK EX-SMOKERS ONLY

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements. **READ & ROTATE**

If agree ask: Do you agree a **LITTLE** or **A LOT**?
 If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive.	1	2	3	4	5	6
Seeing the health warnings on packs made me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that my past smoking has increased the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Your smoking can harm others	1	2	3	4	5	6

Q11a. Please tell me which, if any, of the following factors helped you decide to quit smoking. **ROTATE AND READ LIST..... (PROMPT: ANY OTHER?)**

- Health warnings on cigarette packets - Text
- Health warnings on cigarette packets - Pictures
- Health warning advertisements on TV (Tobacco Campaign)
- Quitline (NB phone number is on Cigarette packet)
- Quitnow website
- I wanted to get fit
- I was pregnant or planning on starting a family
- I think it was affecting my health
- My Doctor advised me to give it up
- Family and/or friends asked me to quit
- I was worried it was affecting the health of those around me
- It was costing too much
- I had a young family/young children
- Other

Q11b. And what was the **main reason** you quit? **(RECORD ONE ONLY)**

- Health warnings on cigarette packets - Text
- Health warnings on cigarette packets - Pictures
- Health warning advertisements on TV (Tobacco Campaign)
- Quitline (NB phone number is on Cigarette packet)
- Quitnow website
- I wanted to get fit
- I'm pregnant or planning on starting a family
- I think it was affecting my health
- My Doctor advised me to give it up
- Family and/or friends asked me to quit
- I was worried it was affecting the health of those around me
- It was costing too much
- I had a young family/young children
- Other

Q12. **ASK ALL:** Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs?

Yes	1
No	2

Q13. Have you ever called the Quitline?

Yes	1
No	2

Q14. Are you aware of a Quitnow website address which is included with the health messages on tobacco packs?

Yes	1
No	2
Can't say	3

Demographics

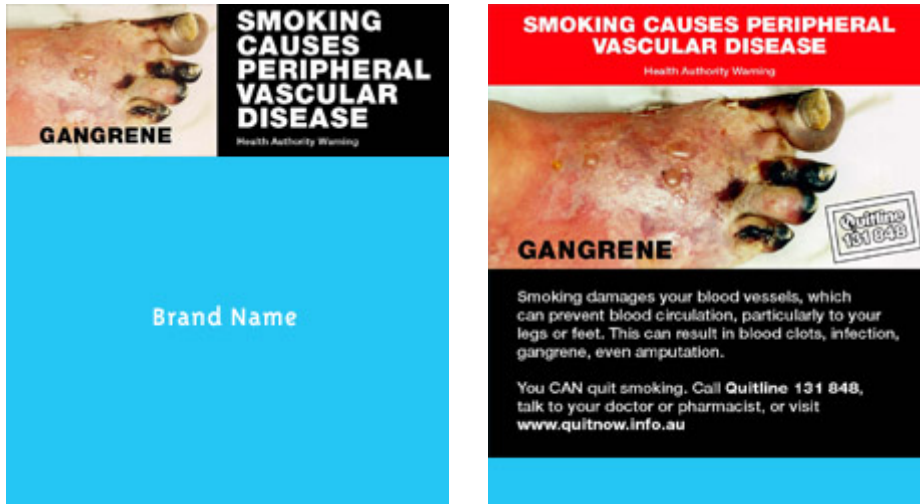
D1.	Gender:	Male.....	1	
		Female.....	2	
D2.	Age:	15-17.....	1	ACTUAL AGE IN YEARS <hr/>
		18-24.....	2	
		25-34.....	3	
		35-44.....	4	
		45-54.....	5	
		55-64.....	6	
		65-74.....	7	
		75+.....	8	
		Refuse.....	9	
D3.	COUNTRY OF BIRTH: Which country	Australia/New Zealand.....	1	
	were you born in?	UK.....	2	
		Other Europe.....	3	
		North America.....	4	
		South America.....	5	
		Africa.....	6	
		S.E. Asia.....	7	
		N.E Asia.....	8	
		Middle East.....	9	
		S.P. Islands.....	10	
D4.	Would you consider yourself to be of Aboriginal or Torres Strait Islander descent?	Yes.....	1	
		No.....	2	
D5.	What is the main language spoken at home?	English.....	1	
		Other (specify) _____		
D6.	Level of Education you are now at or have completed?	University.....	1	
		TAFE/Trade.....	2	
		Year 12 completed.....	3	
		Year 11 completed.....	4	
		Year 10 completed.....	5	
		Year 9 completed.....	6	
		Year 8 completed.....	7	
		Year 7 completed.....	8	
		Primary school only.....	9	

- D7. Are you a... Student..... 1
 Unemployed2
 In part time employment.....3
 In full time employment4
 Retired5
 Home duties.....6
- D8. Occupation of Respondent if employed full or part time.
- Occupation: Managers..... 1
 Professionals2
 Technicians and trades workers3
 Community and personal service workers4
 Clerical and administrative workers5
 Sales workers6
 Machinery operators and drivers7
 Labourers8
 Occupation9
 Other (specify)10
 Refused/Can't say11
- D9. Are you the main income earner in your household? Yes..... 1
 No2
- D10. What is the annual household income before tax?
 Under \$40,000 1
 \$41,000 - \$60,000..... 2
 \$61,000 - \$80,000..... 3
 \$81,000 - \$100,000..... 4
 \$101,000+ 5
 Refused 6
- D11. Which of the following would best describe your household
 Single or Peer group 1
 Young couple - no children 2
 Young family - all children under 6..... 3
 Middle family - children 7-12..... 4
 Older family - children mainly 13+ 5
 Mature couple - children left 6
 Mature single/ widowed 7
 Refused 8

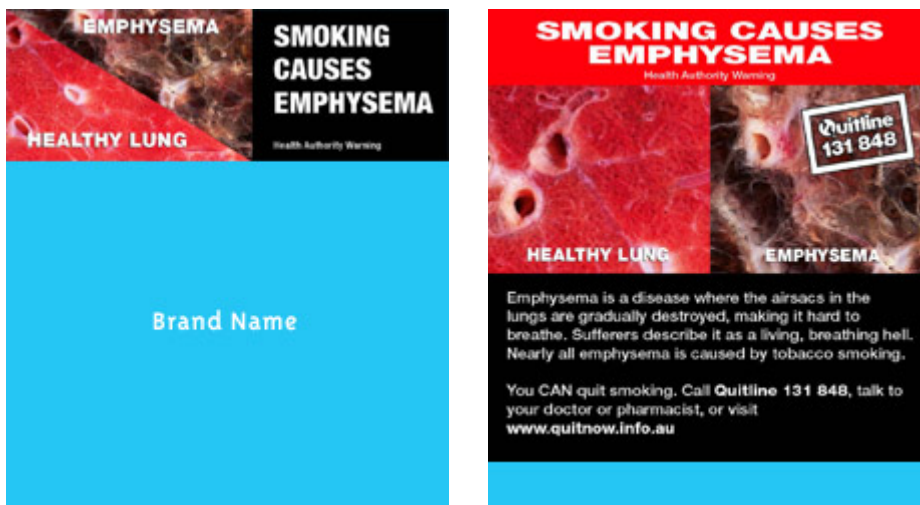
Thankyou for helping us with this important survey.

Graphic Health Warnings

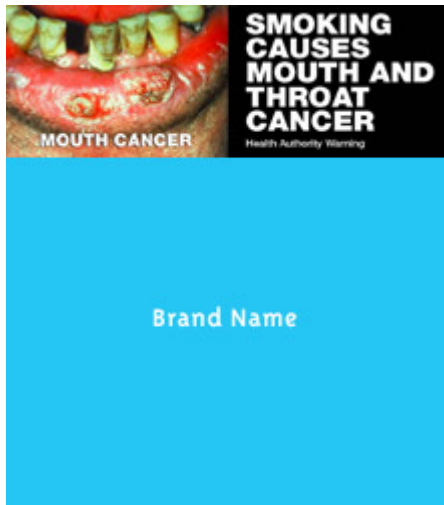
1. “Smoking Causes Peripheral Vascular Disease”



2. “Smoking Causes Emphysema”



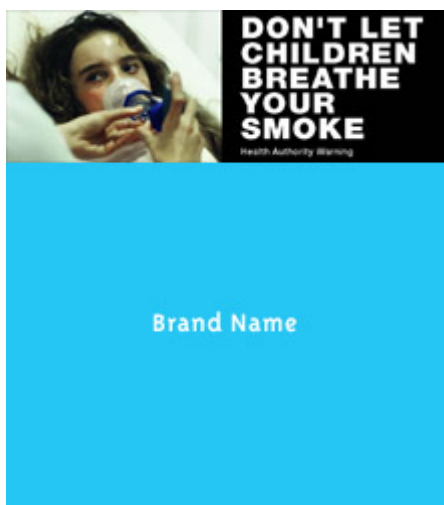
3. “Smoking Causes Mouth and Throat Cancer”



4. “Smoking Clogs Your Arteries”



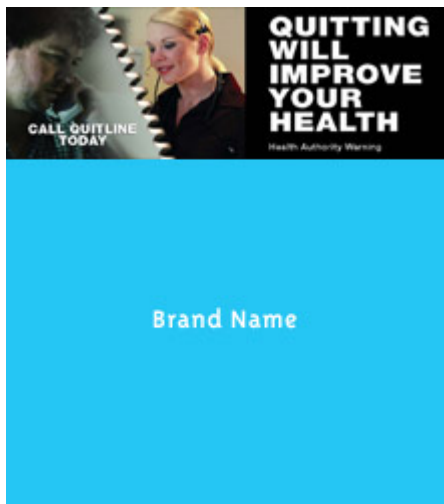
5. “Don’t Let Children Breathe Your Smoke”



6. “Smoking - a Leading Cause of Death”



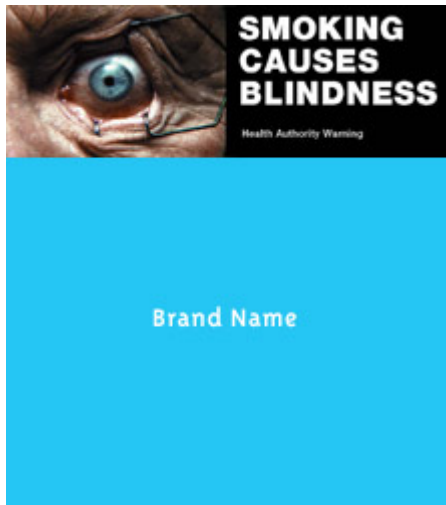
7. “Quitting Will Improve Your Health”



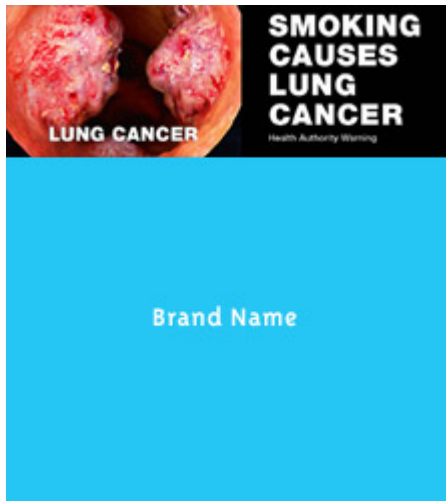
8. “Smoking Harms Unborn Babies”



9. “Smoking Causes Blindness”



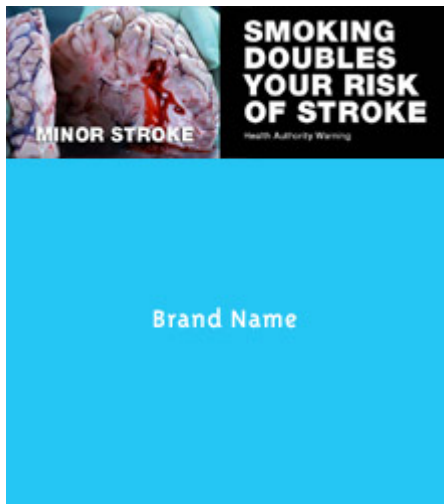
10. “Smoking Causes Lung Cancer”



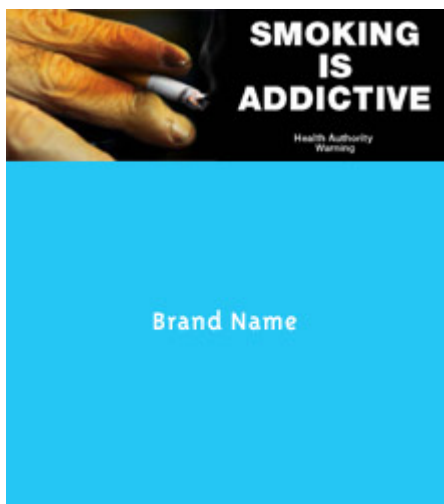
11. “Smoking Causes Heart Disease”



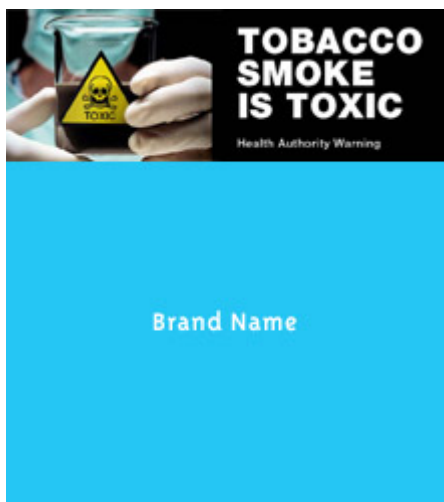
12. “Smoking Doubles Your Risk of Stroke”



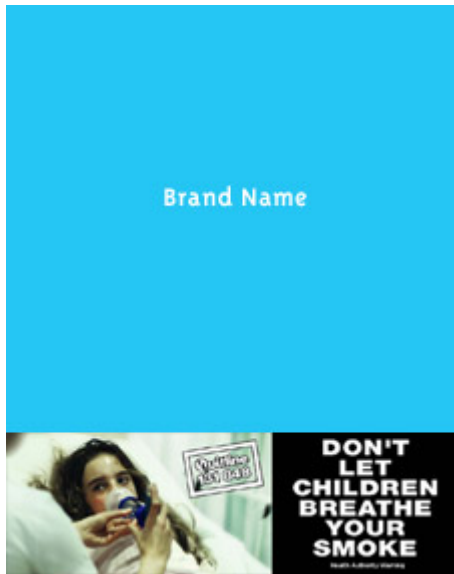
13. “Smoking is Addictive”



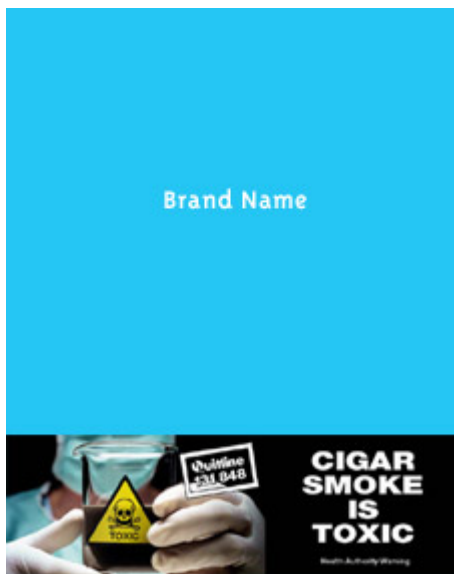
14. “Tobacco Smoke is Toxic”



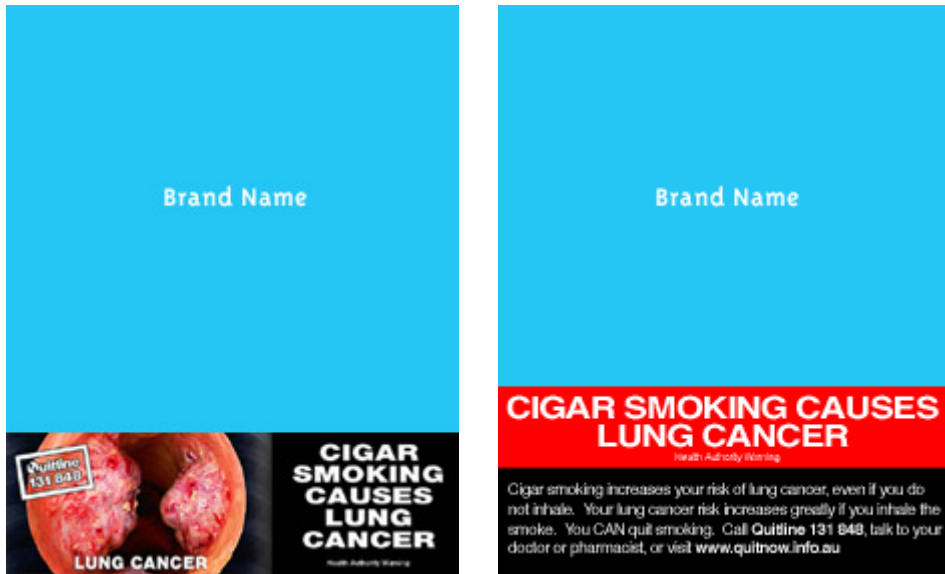
15. “Don’t let children breathe your smoke” (Cigar)



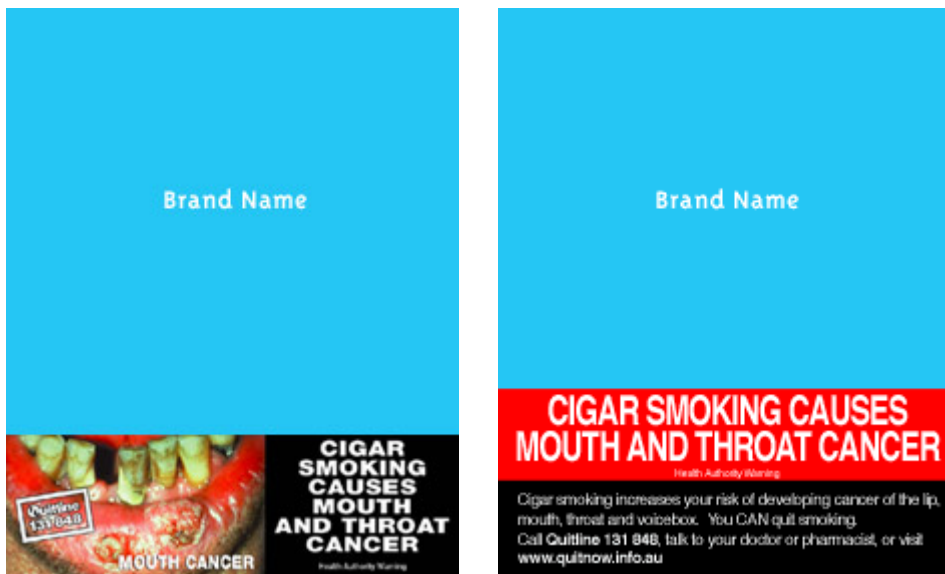
16. “Cigar Smoke is Toxic”



17. “Cigar Smoking Causes Lung Cancer”



18. “Cigar Smoking Causes Mouth and Throat Cancer”



19. “Cigars Are Not a Safe Alternative to Cigarettes”

