



Appendix 1

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Thomas DP, Briggs VL, Couzos S, et al. Use of nicotine replacement therapy and stop-smoking medicines in a national sample of Aboriginal and Torres Strait Islander smokers and ex-smokers. *Med J Aust* 2015; 202 (10 Suppl): S78-S84. doi: 10.5694/mja15.00205.

Appendix 1

Questions from Talking about the Smokes survey analysed in this paper

All Talking about the Smokes surveys are available at <http://www.itcproject.org/countries/australia/tats>

Questions	Comments
Stop-smoking medication	
<p>There are a range of products containing nicotine that are sold to help people quit smoking, these are called nicotine replacement products.</p> <p>These include nicotine patches, nicotine gum, lozenges, tablets and inhalers. There are also stop smoking pills called Champix (<i>varenicline</i>) and Zyban (<i>bupropion</i>).</p> <p>Have you ever used any type of nicotine replacement therapy or other stop-smoking medications?</p> <p><i>Choose One:</i></p> <ul style="list-style-type: none">• Yes• No• <i>Refused</i>• <i>Don't know</i>	<p>Ask smokers and ex-smokers quit 12 months or less.</p>
<p>What nicotine product or stop-smoking medication have you used?</p> <p><i>Do not read responses. Select all that apply:</i></p> <ul style="list-style-type: none">• <i>NRT: Nicotine gum</i>• <i>NRT: Nicotine patch</i>• <i>NRT: Nicotine lozenges</i>• <i>NRT: Nicotine (sublingual) tablets</i>• <i>NRT: Other nicotine replacement product (specify)</i>• <i>Champix (varenicline)</i>• <i>Zyban (bupropion)</i>• <i>Other prescribed stop-smoking medication (specify)</i>• <i>Other medication (specify)</i>	<p>Ask smokers and ex-smokers quit 12 months or less if have ever used NRT or prescribed stop smoking medications</p>

<ul style="list-style-type: none"> • <i>Refused</i> • <i>Don't know</i> <p><i>We want the form of Nicotine e.g. gum, patch. We can't use brand of nicotine product e.g. Nicorette. Prescriptions are shown with both brand and generic names. If respondent mentions a product not listed, ask them to explain whether it is either NRT or prescription. Use "other" only if medication cannot be classified as either NRT or prescription.</i></p>	
<p>We will first talk about nicotine replacement products you have used. Are you currently using any? Choose One:</p> <ul style="list-style-type: none"> • Yes • No • <i>Refused</i> • <i>Don't know</i> <p><i>Currently using means use in the last 24 hours</i></p>	<p>Ask all smokers and recent ex quitters (quit ≤30 days) if ever used NRT</p>
<p>When did you last use it?</p> <ul style="list-style-type: none"> • Days/weeks/months/years • <i>Refused</i> • <i>Don't know</i> 	<p>Ask all smokers and ex-smokers quit 12 months or less if previous NRT use</p>
<p>How long did/have you used it for?</p> <ul style="list-style-type: none"> • Days/weeks/months/years • <i>Refused</i> • <i>Don't know</i> 	<p>Ask all smokers and ex-smokers quit 12 months or less if NRT use within last 12 months</p>
<p>Where did you get it? <i>Do not read out responses – confirm with category below before selecting answer (prompt [Response to question q1b] or other health service if required)</i></p> <ul style="list-style-type: none"> • <i>Pharmacy</i> • <i>Aboriginal Medical Service</i> • <i>Other local health service</i> • <i>Ordinary store</i> 	<p>Ask all smokers and ex-smokers quit 12 months or less if NRT use within last 12 months</p>

<ul style="list-style-type: none"> • <i>From a friend or family</i> • <i>Refused</i> • <i>Don't know</i> 	
<p>Was it free?</p> <p><i>Choose one:</i></p> <ul style="list-style-type: none"> • Yes • No • <i>Refused</i> • <i>Don't know</i> 	<p>Ask all smokers and ex-smokers quit 12 months or less if NRT use within last 12 months</p>
<p><i>If no previous NRT:</i> Would you be interested in using any nicotine replacement products to help you quit smoking in future?</p> <p><i>If previous NRT use only:</i> Would you use nicotine replacement products again in future quit attempts?</p> <p><i>If current NRT use:</i> Will you continue to use nicotine replacement products to help you stay off the smokes in future?</p> <ul style="list-style-type: none"> • Yes • No • <i>Refused</i> • <i>Don't know</i> 	<p>Ask all smokers</p>
<p>What is the main reason why not?</p> <ul style="list-style-type: none"> • Haven't heard of NRT, or don't know much about it • Not interested in quitting, or not ready to quit • Don't think it will work • Availability • Side-effects • Cost • Medical advice not to use • Prefer not to use NRT • Other reason 	<p>Ask all smokers if would not use NRT in future</p>
<p>You mentioned you have [also] used other stop smoking medication(s).</p>	<p>All smokers and recent quitters (12 months or less) who have previously used prescribed meds</p>

<p>Are you currently using any?</p> <p><i>Choose One:</i></p> <ul style="list-style-type: none"> • Yes • No • <i>Refused</i> • <i>Don't know</i> <p><i>N.B. Currently using means use in the last 24 hours. 'Other' stop smoking medication(s) does not include Nicotine Replacement Therapy (NRT).</i></p>	
<p>When did you last use any?</p> <ul style="list-style-type: none"> • Days/weeks/months/years • <i>Refused</i> • <i>Don't know</i> <p><i>'Other' stop smoking medication(s) does not include Nicotine Replacement Therapy (NRT).</i></p>	All smokers and recent quitters (12 months or less) who have previously used prescribed meds
<p><i>If no previous med use: Would you be interested in using these other stop smoking medications to help you quit smoking in future?"</i></p> <p><i>If previous med use only: Would you use these other stop smoking medications again in future quit attempts?"</i></p> <p><i>If current med use: Will you continue to use these other stop smoking medications to help you stay off the smokes in future?</i></p> <p><i>Choose One:</i></p> <ul style="list-style-type: none"> • Yes • No • <i>Refused</i> • <i>Don't know</i> 	Ask if current smoker
<p>What is the main reason why not?</p> <ul style="list-style-type: none"> • Haven't heard of stop smoking medications, or don't know much about them • Not interested in quitting, or not ready to quit • Don't think it will work 	Ask if current smoker and would not use meds in future

<ul style="list-style-type: none"> • Availability • Side-effects • Cost • Medical advice not to use • Prefer not to use stop smoking medications • Other reason 	
<p>Do you think nicotine replacement therapy and other stop smoking medications help smokers to quit? Would you say...</p> <p><i>Choose One:</i></p> <ul style="list-style-type: none"> • Not at all • Somewhat • Very much • <i>Haven't heard of stop smoking medications</i> • <i>Refused</i> • <i>Don't know</i> 	
<p>Smoking and quitting</p>	
<p>Would you say you are:</p> <ul style="list-style-type: none"> • A smoker (including 'social smoker' or occasional smoker) • An ex-smoker • Someone who has never smoked, or never smoked regularly <p><i>Never smoker or never smoked regularly = less than 100 cigarettes in lifetime</i></p> <p><i>When we say smokes, we mean all types of tobacco. This includes cigarettes, pipes and cigars</i></p>	<p>These three smoking questions combined to generate smoking status variable:</p> <ul style="list-style-type: none"> • Daily smoker • Weekly smoker • Monthly Smoker • Ex-smoker with quit date ≤ 30 days ago • Ex-smoker with quit >30 days and ≤ 6 months ago • Ex-smoker with quit date more than 6 months and ≤ 12 months ago • Ex-smoker with quit date > 12 months ago • Never smoked • Less than monthly smoker
<p>(Ask if self-defined ex-smoker)</p> <p>How long ago did you quit smoking?</p> <ul style="list-style-type: none"> • Days/weeks/months/years ago <p><i>When we say smokes, we mean all types of tobacco. This includes cigarettes, pipes and cigars</i></p>	

<p>(Ask if has smoked in last month , or if self-defined smoker)</p> <p>Do you smoke: Choose One:</p> <ul style="list-style-type: none"> • Every day (or nearly every day) • At least weekly • Less often than weekly, but at least monthly • Occasionally (less than monthly); or • Not at all <p><i>This is asking about current smoking – we want to know how much somebody is smoking at the moment, even if this is different from how much they usually smoke.</i></p>	
<p>Indicators of dependence</p>	
<p>How many smokes do you (usually) have each day?</p> <ul style="list-style-type: none"> • <i>Refused</i> • <i>Don't know</i> 	<p>Ask daily smokers</p>
<p>How soon after you wake up do you have your first smoke?</p> <ul style="list-style-type: none"> • <i>Minutes</i> • <i>OR Hours</i> • <i>Refused</i> • <i>Don't know</i> 	<p>Ask all current daily smokers. Used to derive categorical variable: total minutes to first cigarette</p> <ul style="list-style-type: none"> • <i>More than 60min</i> • <i>31-60min</i> • <i>6 to 30min</i> • <i>5 min or less</i>
<p>Think about things that made your last quit attempt difficult. Did you get strong cravings for smokes?</p> <ul style="list-style-type: none"> • Yes • No • <i>Don't know</i> • <i>Refused</i> 	<p>Ask all smokers. Filter for quit attempt in last 5 years.</p>

Socio-demographic variables	
<p>What is your date of birth? Or age: <i>Answer must be 0 or greater:</i> <i>If says "don't know", ask the participant to estimate age in years</i></p>	<p>Used to derive variable – age in categories</p> <ul style="list-style-type: none"> • 18-24 • 25-34 • 35-44 • 45-54 • 55 and up
<p><i>Record sex – ask only if unsure</i> <i>Choose One:</i></p> <ul style="list-style-type: none"> • <i>Female</i> • <i>Male</i> 	
<p>Do you identify as: <i>Choose One:</i></p> <ul style="list-style-type: none"> • Aboriginal • Torres Strait Islander • Both Aboriginal and Torres Strait Islander • Neither Aboriginal nor Torres Strait Islander 	<p>If answer neither Aboriginal nor Torres Strait Islander, survey is ended.</p>
<p>First a little bit about work. Are you employed for pay? <i>Choose One:</i></p> <ul style="list-style-type: none"> • Yes • No, looking for work (unemployed) • No, and not looking for work (not in labour force) • <i>Refused</i> <p><i>This is asking about whether the person is currently employed. If looking for work or not working at the moment answer "no, looking for work (unemployed)". If a pensioner and not looking for work answer "no, and not looking for work (not in labour force)</i></p>	

<p>What is the highest level of formal education that you have completed? Would that be...:</p> <p><i>Choose One:</i></p> <ul style="list-style-type: none"> • Primary school • Some high school (no certificate) • Completed high school • Technical or TAFE e.g. Certificate or Diploma • Some university (no degree) e.g. Diploma only, or not yet completed Degree • Completed university degree • Post-graduate degree • <i>Not completed primary school or no formal education</i> • <i>Refused</i> 	
<p>In the last 12 months, how often have you felt that you have been treated unfairly because you are <Aboriginal and/or Torres Strait Islander > ?</p> <ul style="list-style-type: none"> • All of the time • Most of the time • Some of the time • A little of the time • None of the time • <i>Refused</i> • <i>Don't know</i> 	
<p>What is the postcode where you live?</p> <p><i>Postcode of residence:</i></p>	<p>Postcode used to generate Australian Statistical Geography Standard (ASGS) remoteness category:</p> <ul style="list-style-type: none"> • Major city • Inner regional • Outer regional

	<ul style="list-style-type: none"> • Remote • Very remote <p>Postcode used to generate Area Level Disadvantage using Socio-economic Index (SEIFA) 2011 Index of Relative Disadvantage quintiles (Australian Bureau of Statistics (2013). 2033.0.55.001 - Socio-economic Indexes for Areas (SEIFA), Data Cube, 2011, Table 3)</p>
Policy monitoring survey – completed for each site	
<p>In the last 12 months, has your service received funding for tobacco control programs?</p> <ul style="list-style-type: none"> • Yes • No 	<p>These three questions combined to generate variable:</p> <p>Local health service has dedicated tobacco control resources:</p> <ul style="list-style-type: none"> • No • Yes, has dedicated resources
<p>In the last 12 months, has your service used any untied funds, or funds from sources other than that allocated specifically for tobacco control, to implement tobacco control programs?</p> <ul style="list-style-type: none"> • Yes • No 	
<p>Does your health service have staff position/s with a major focus on tobacco control?</p> <ul style="list-style-type: none"> • Yes • No 	

Questions from International Tobacco Control (ITC) Australia Wave 8 survey analysed in this paper

All ITC Australia surveys are available at <http://www.itcproject.org/countries/australia>

Cessation medication	
(If completing ITC survey for first time) Have you heard about medications to help people stop smoking, such as Nicotine Replacement Therapies like nicotine gum or the patch, or pills such as Zyban? <ul style="list-style-type: none"> • Yes • No 	
(If completing ITC survey for first time, ask if yes to above) Have you ever used any stop-smoking medication? <ul style="list-style-type: none"> • Yes • No 	
(If completing ITC survey for first time, ask if yes to above) In the last year have you used any stop-smoking medications, such as nicotine replacement therapies like nicotine gum or the patch, or other medications that require a prescription, such as Zyban? <ul style="list-style-type: none"> • Yes • No • Can't remember 	
(If recontacted after having done ITC survey before, and made a quit attempt since previous survey) On your [last/ current] quit attempt . . . Did you use any type of nicotine replacement therapy? <ul style="list-style-type: none"> • Yes • No 	
(If recontacted after having done ITC survey before, and above answer is no) Since [last survey date - LSD], have you used any stop-smoking medications, such as nicotine replacement therapies like nicotine gum or the patch, or other medications that require a prescription, such as Zyban? <ul style="list-style-type: none"> • Yes 	

<ul style="list-style-type: none"> • No • Can't remember • Never heard of stop-smoking medications 	
<p>(If completing ITC survey for first time, or recontacted, ask if have heard about stop smoking medicines) Now I'm going to read out a list of statements about stop-smoking medications. In these statements we are referring to BOTH nicotine replacement medications and prescription medications. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements. <i>Smokers:</i> If you decided you wanted to quit, stop-smoking medications would make it easier. <i>Ex-Smokers:</i> Stop smoking medications make it easier to quit.</p> <ul style="list-style-type: none"> • Strongly agree • Agree • Neither agree nor disagree • Disagree • Strongly disagree 	
<p>Smoking and quitting</p>	
<p>(If completing ITC survey for first time) Do you currently smoke cigarettes, either daily or less than every day?</p> <ul style="list-style-type: none"> • Yes • No 	<p>These smoking questions combined to generate smoking status variable:</p> <ul style="list-style-type: none"> • Daily smoker • Weekly smoker • Monthly smoker • Quit in the last month. • Quit 1-6 months ago • Quit 6-12 months ago • Quit >12 months ago
<p>(If completing ITC survey for first time) Have you smoked 100 or more cigarettes over your lifetime?</p> <ul style="list-style-type: none"> • Yes • No 	
<p>(If completing ITC survey for first time) (If smoked 100 or more cigarettes) Do you smoke every day or less than every day?</p> <ul style="list-style-type: none"> • Every day • Less than every day 	
<p>(If completing ITC survey for first time)</p>	

<p>(If smokes less than every day) Do you smoke at least once a week?</p> <ul style="list-style-type: none"> • Yes • No 	
<p>(If completing ITC survey for first time) (If does not smoke at least once a week) Do you smoke at least once a month?</p> <ul style="list-style-type: none"> • Yes • No 	
<p>(If recontacted after having done ITC survey before) (If ex-smoker at last survey, or smoker who has made new quit attempts since last survey) Are you back smoking cigarettes or are you still stopped?</p> <ul style="list-style-type: none"> • Back smoking • Still stopped 	
<p>(If recontacted after having done ITC survey before) (If still stopped) When did your current quit attempt start? How many days, weeks or months ago?</p>	
<p>(If recontacted after having done ITC survey before) (If still stopped) Have you had any cigarettes, even a puff, in the last month?</p> <ul style="list-style-type: none"> • Yes • No 	
<p>(If recontacted after having done ITC survey before) (If still allowing yourself the occasional cigarette) <i>Read out response options.</i> How often have you allowed yourself a cigarette? Would it be . . .</p> <ul style="list-style-type: none"> • Daily • Less than daily, but at least once a week • Less than weekly, but at least once a month • Less than monthly <p><i>For the purposes of the survey, we will be considering people who smoke at least once a month to be smokers.</i></p>	
<p>(If recontacted after having done ITC survey before) If still smoking, asked if smoking daily/weekly/monthly as before, if</p>	

<p>not asked if smoking:</p> <ul style="list-style-type: none"> • Daily • Weekly • Monthly • Less than monthly and self-described as smoker • Less than monthly and self-described as quitter <p><i>If respondent mentions less than monthly, ask: "Since you smoke less than monthly, you could be considered a smoker or a quitter. Some of the questions we ask are different for smokers and quitters. For the purposes of this interview, would you like to be considered a smoker or a quitter?"</i></p>	
<p>(If recontacted after having done ITC survey before) (If back smoking after being an ex-smoker at last survey) Do you currently smoke daily, weekly, or monthly?</p> <ul style="list-style-type: none"> • Daily • Weekly • Monthly 	