



Supporting Information

Supplementary materials

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

Appendix to: Gould GS, Ryan NM, Kumar R, et al. SISTAQUIT: training health care providers to help pregnant Aboriginal and Torres Strait Islander women quit smoking. A cluster randomised controlled trial. *Med J Aust* 2022; doi: 10.5694/mja2.51604.

## 1. SISTAQUIT PROTOCOL TIMELINE AND STUDY SITES

Protocol activities	Initial timelines as per Australia New Zealand Clinical Trials Registry	Changes to timelines as at June 2022
<b>Initial ethics approvals:</b> University Newcastle Health Research Ethics Committee(H-2015-0438) Southern Cross University Human Research Ethics Committee (2021/147) Aboriginal Health and Medical Research Council (HREC/1140/15) Darling Downs Hospital and Health Service Human Research Ethics Committee (HREC/18/QTDD/10)# Far North Queensland Hospital and Health Service Human Research Ethics Committee (HREC/18/QCH/27) Menzies Northern Territory (2017-2997) Western Australia Health Ethics Committee (826) Aboriginal Health Research Ethics Committee of South Australia (04-16-652)	Feb 2016 Feb 2022 Feb 2018 Apr 2018 May 2018 May 2018 Jul 2018 Dec 2018	n/a n/a n/a n/a n/a n/a n/a n/a
<b>Trial governance established:</b> The SISTAQUIT team recruits and works with each AMS/GP practice/hospital to complete the trial governance process (e.g. local consultation and approvals, ethics, agreements, trial management training, financial arrangements.	Apr 2017- Apr 2018	Apr 2018- Feb 2021
<b>Randomisation of practices and training of health practitioners:</b> After AMS/GP practice/hospital are ready to activate the trial (i.e. are ready to recruit participants), sites are randomised to Intervention and Control groups.	Feb 2018- Jun 2018	Feb 2018- Mar 2021
<b>Study implementation:</b> Intervention groups acquired SISTAQUIT health provider training, receipt of resources. Control groups acquired data collection training.	Feb 2018- Aug 2018 Nov 2019- Jun 2020	Feb 2019- Mar 2021 Oct 2018- Sep 2019
<b>Participant recruitment:</b> Health services recruit and follow participants to 6 months postpartum including discharge summary.	Mar 2018- Mar 2020	Aug 2018- Mar 2022
<b>Analysis, feedback and reporting:</b> Analysis, feedback and reporting of results to AMS/GP practice/hospital and communities, scientific and arts-based knowledge translation and dissemination of results.	Jul 2021- Dec 2021	Jul 2022- Dec 2022
<b>Study sites:</b> Albury-Wodonga Aboriginal Health Service, Goondir Health Service, Katungul Aboriginal Corporation Health and Community Services, Awabakal Aboriginal Medical Service, Ungooroo Aboriginal Corporation, Mallee District Aboriginal Services, Bulgarr Ngaru Medical Aboriginal Corporation, PIUS X Aboriginal Corporation, Galambila Aboriginal Health Service, Mid North Coast Local Health District- Maternal Infant Health Service, Orange Aboriginal Medical Service, Gurriny Yaelamakucka Health Service, Apunipima Cape York Health Council, Danila Dilba Aboriginal Medical Service, Katherine West Health Board Aboriginal Corporation, Carbal Medical Service, Mawarnkarra Health Service, Sunshine Coast University Hospital, Gympie Hospital, Birra li Aboriginal Maternal and Child Health Service, Walgett Aboriginal Medical Service.		

## **2. STUDY SURVEYS**

**Baseline survey for participating women**

**Baseline survey for health practitioners**

**Mid-study interview guide#**

**Monthly infant health survey**

**Supporting Indigenous Smokers To Assist Quitting (SISTAQUIT):  
a Cluster Randomised Controlled Trial to Improve Strategies for the Management  
of Smoking Cessation in Pregnant Aboriginal and/or Torres Strait Islander Women**

**Office use only – to be filled by research facilitator**

**Code:** \_\_\_\_\_

**Date:** \_\_/\_\_/\_\_\_\_

**This code is the unique study ID code that will be used to link participants to their follow-up surveys. Please keep note of this code as it will be needed for follow-up surveys.**

**Visit:**

☐ **Recruitment**

**Breath Carbon Monoxide result:**\_\_\_\_\_(ppm)

**Mother's COHb% (%COHb):** \_\_\_\_\_

**Fetal COHb% (%FCOHb):** \_\_\_\_\_

(RF to complete on paper surveys) Today's date: \_\_\_\_\_

Participant Code: \_\_\_\_\_

Please answer the ALL questions as best you can, even if some are similar.

**Section 1 - First some questions about yourself:**

Q1 What is your age? \_\_\_\_\_

Q2 Are you of Aboriginal and/or Torres Strait Islander origin?

- 0. No
- 1. Yes, Aboriginal
- 2. Yes, Torres Strait Islander
- 3. Yes, Aboriginal & Torres Strait Islander

Q3 How far did you get with your education?

- 1. Primary school, or up to year 9
- 2. Year 10-11
- 3. Year 12
- 4. Current student at university/TAFE/apprentice
- 5. Trade certificate
- 6. University degree

Q4 Do you have a partner?

- 0. No
- 1. Yes

Q5 How many children do you have (that you gave birth to)?

- 0. None
- 1. 1-2
- 2. 3 or more
- 3. Other \_\_\_\_\_

Q6 Is a baby or child usually living in your household?

- 0. No
- 1. Yes

Q7 How far are you into your pregnancy? \_\_\_\_\_ weeks

***Asthma diagnosis (screening):***

- Have you ever been told by a doctor or at a hospital that you have asthma?  
(YES, NO)
- Have you had cough, wheeze or breathlessness in the last 4 weeks?  
(YES, NO)

SQ women recruitment (baseline) survey

- Have you used any asthma puffers in the last 4 weeks?  
(YES, NO)

**IF NO to all of the above, continue onto Section 2 below**

**IF YES to any of the above then complete the Asthma questionnaire at the end of this survey (page 22)**

**Section 2: These questions are about smoking, others who may be affected by smoke, or people who smoke around you.**

Q8 How many smokers (include yourself) usually live in your household?

- 0. None
- 1. One
- 2. 2-3
- 3. More than 3

Q9 How does your household manage places where smoking is allowed?

- 0. People can smoke anywhere
- 1. Smoking in only some rooms inside
- 2. Smoking only on veranda/just outside (not inside)
- 3. No smoking inside and no smoking on veranda/just outside

Q10 How do you manage smoking inside your car?

- 0. People can smoke in the car whenever they want to
- 1. No smoking inside the car when children are present
- 2. No smoking inside the car always

Q11 Which of the following statements best describes your cigarette smoking?

- 1. I smoke more since I became pregnant.
- 2. I smoke about the same as before I became pregnant.
- 3. I've cut down since I became pregnant.

Q12 What type of tobacco do you use? Tick as many as apply

- 1. I smoke normal cigarettes (tailor-made)
- 2. I smoke hand-rolled cigarettes (rollies)
- 3. I smoke a pipe or cigars
- 4. I use traditional tobacco i.e. pituri tobacco
- 5. I chew tobacco
- 6. I use an e-cigarette with nicotine liquid
- 7. I use an e-cigarette without nicotine liquid
- 8. Other (please state) \_\_\_\_\_

SQ women recruitment (baseline) survey

Q13 How often do you smoke?

1. Every day
2. Most days (4 or more days a week, but not every day)
3. Occasionally, 3 times or less a week

Q14 How many cigarettes do you usually smoke per day (on the days you smoke)?

\_\_\_\_\_ cigarettes

Q15 How soon do you have your first smoke after waking in the morning when you do smoke?

0. More than 60 minutes
1. 31-60 minutes
2. 6-30 minutes
3. Within 5 minutes

Q16 How much of the time have you felt the urge to smoke in the last 24 hours?

1. Not at all
2. A little of the time
3. Some of the time
4. A lot of the time
5. Almost all the time
6. All the time

Q17 In general how strong are your urges to smoke (in the last 24 hrs)?

0. No urges
1. Slight
2. Moderate
3. Strong
4. Very strong
5. Extremely strong

**Section 3: Now some questions about your experiences with quitting**

Q18 Have you previously had any quit attempts?

- 0. No  Please skip to Section 4 (page 8)
- 1. Yes

Q19 How many quit attempts have you had in the past that lasted more than 24 hours?

- 0. 1 to 5
- 1. 6 to 10
- 2. 10 or more

Q20 Were any of these quit attempts related to pregnancies?

- 0. No
- 1. Yes

Q21 What was the longest time you managed to stay off the smokes completely?

- 0. 1-2 days
- 1. 3-13 days
- 2. Between 14 days to 3 months
- 3. 3 months to a year
- 4. A year and over

Q22 When was your most recent quit attempt?

- 0. Trying to quit now
- 1. Tried to quit earlier during this pregnancy but not trying now
- 2. In the 6 months before I got pregnant
- 3. More than 6 months before I got pregnant

Q23 What have you tried to help you quit? Tick as many as apply

- 0. I have never used anything to help me quit smoking
- 1. Nicotine patches
- 2. Nicotine by mouth - lozenges, gum, spray, inhalator, strips
- 3. Champix or Zyban
- 4. E-cigarettes
- 5. Hypnosis
- 6. Acupuncture
- 7. Counselling
- 8. Quitline
- 9. Smart phone, app and/or website
- 10. Other \_\_\_\_\_



Q 23a. If you had a quit attempt because of pregnancy in the past, when did you start smoking again? (Only those attempted to quit pre or postpartum)

(Multiple answers acceptable)

☐ Before having my baby ☐ After having my baby ☐ Other (Please state)\_\_\_\_\_

Q 23b. If you had a previous quit attempt because of pregnancy, why did you started smoking again?

☐ Something bad happened

☐ I was craving for smoke

☐ I was not pregnant anymore

☐ I had stopped breastfeeding

☐ I felt stressed/anxious

☐ I felt down/depressed

☐ I had an argument

☐ My partner was smoking, so, it was hard not to smoke

☐ Other people were smoking, so, it was hard not to smoke

☐ I was catching up with family/friend

☐ I was worried about my weight

☐ Because I had a drink (alcohol).

☐ Because I smoked yarndi (cannabis).

☐ Other (Please state \_\_\_\_\_)

**Section 4: These questions are about your attitudes to quitting**

Q24 For each question, please choose which response best applies to you.

How likely is it that in the next 3 months you will:

	1. Very Unlikely	2. Unlikely	3. Likely	4. Very Likely
Quit smoking completely and permanently	1	2	3	4
Reduce the number of cigarettes you smoke in a day	1	2	3	4
Talk to a friend or family about quitting smoking	1	2	3	4
Seek professional help to quit smoking	1	2	3	4
Enroll in a smoking cessation program (if available at minimal cost)	1	2	3	4

### Section 5: this helps us know more about how you view smoking and quitting

Q25 Please choose which response applies best depending how strongly you agree or disagree with the statements.

	1. Strongly Disagree	2. Disagree	3. Neither or not sure	4. Agree	5. Strongly Agree
Stopping smoking prevents serious sickness or disease for a baby	1	2	3	4	5
It is easy to stop smoking	1	2	3	4	5
I believe my baby is seriously at risk of getting ill from smoking	1	2	3	4	5
I am confident I could stop smoking	1	2	3	4	5
Giving up smoking helps avoid serious sickness or disease for babies	1	2	3	4	5
It is likely that my baby will get ill from my smoking	1	2	3	4	5
Smoking by pregnant mums can severely affect the health of babies	1	2	3	4	5
I am able to stop smoking	1	2	3	4	5

The health effects of mum's smoking are of serious concern for a baby	1	2	3	4	5
If I stop smoking my baby is less likely to get a serious sickness or disease	1	2	3	4	5
Smoking is harmful to the health of a baby	1	2	3	4	5
Smoking could possibly affect my baby's health	1	2	3	4	5

**Section 6: These questions are about the smoking cessation care you received today.**

Q26. Which health professional did you see today? **Tick as many as you saw**

- ☐ GP
- ☐ Midwife
- ☐ Nurse
- ☐ Aboriginal Health Worker
- ☐ Other

Q27. Did any of the health professionals you saw today give you the following care?

Asked you about smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asked you about the use of other products such as cannabis/'yarndi', chewing tobacco and/or electronic cigarettes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gave you advice to quit smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explained how smoking affects you and your baby?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Measured your breath for carbon monoxide?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assisted you with making a quit plan/ or setting a quit date	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Offered you NRT - Nicotine Replacement Therapy (e.g. lozenges, spray, inhalator) to help you quit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Discussed with you any home and/or family influences on smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gave you support for tackling smoking triggers and/or stress?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Made arrangements for follow-up appointments or referral?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gave you resources to help you (e.g. pamphlet on quitting)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Q28. How much were you involved in making a decision about quitting today?

(on a scale from 1-5 ,where 1 is no involvement at all, and 5 is very much involved)

**1**

**2**

**3**

**4**

**5**

Q29. Overall how satisfied were you with the help you received today in order to quit smoking?

(on a scale from 1-5, where 1 is not satisfied at all, and 5 is very satisfied)

**1**

**2**

**3**

**4**

**5**

The next part of the survey contains two questions which will be reviewed by your research facilitator.

### Section 9: This section helps us know more about how you are feeling

Please choose which response applies best depending how strongly you agree or disagree with the statements.

In the last two weeks, how often have you been feeling the following:

		None (0)	A little bit (1)	Most of the time (2)	All of the time (3)
<b>1</b>	Have you been feeling slack, not wanted to do anything?	0	1	2	3
<b>2</b>	Have you been feeling unhappy, depressed, really no good, that your spirit was sad?	0	1	2	3
<b>3</b>	Have you found it hard to sleep at night, or had other problems with sleeping?	0	1	2	3
<b>4</b>	Have you felt tired or weak, that you have no energy?	0	1	2	3
<b>5a</b>	Have you not felt like eating much even when there was food around?	0	1	2	3
<b>5b</b>	Have you been eating too much food?	0	1	2	3
<b>6</b>	Have you been feeling bad about yourself, that you are useless, no good, that you have let your family down?	0	1	2	3
<b>7</b>	Have you felt like you can't think straight or clearly, it's hard to learn new things or concentrate?	0	1	2	3
<b>8a</b>	Have you been talking slowly or moving around really slow?	0	1	2	3
<b>8b</b>	Have you felt that you can't sit still; you keep moving around too much?	0	1	2	3
<b>9</b>	<b>Have you been thinking about hurting yourself or killing yourself?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

Questions #2 and #9 will be reviewed by the research facilitator at the end of the survey, and if needed, they will refer you to the doctor.

You have the right not to answer these questions (or any other questions) and this will not affect your participation or any treatment you receive in any way.

## Section 10: This section asks about your hospital and health care visits

1 Have you been hospitalised for any reason in the past eight weeks? ☐Yes ☐No

1a If yes, how many days have you been in hospital for (including multiple admissions)?

\_\_\_\_\_

1b If yes, what were the reasons you went to hospital? (e.g. high blood pressure, bleeding, abdominal pain, baby growth concerns, diabetes monitoring/control, and non-pregnancy issues)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you seen a doctor, Aboriginal Health Worker or any other health professional in the past four weeks (not including hospital admissions)? ☐Yes ☐No

2a. If yes, how many times in total did you see any of these health professionals?

\_\_\_\_\_

2b. If yes, what were the reasons that you saw a health professional?(select as many as apply: e.g. routine pregnancy check-up, high blood pressure, pregnancy complications, talk about smoking or other substance use, other non-pregnancy illness)

\_\_\_\_\_

2c. If yes, how many of these visits were with specialist doctors e.g. obstetrician, psychologist, etc. \_\_\_\_\_

2d. If yes, have you **not been able to attend** any health appointments due not having enough money? ☐Yes ☐No

3. Have you been recommended to take any medications in the past eight weeks?  
☐Yes ☐No

3a. If yes, how much did you have to pay out of your pocket for these medications? (circle the amount)

\$0      \$1-\$10      \$11-\$30      \$31-\$100      more than \$100



3b. If yes, have you **not been able to take** any medications due to not having enough money? ☐Yes ☐No

4. Including medication costs, roughly how much have you had to pay out of your pocket in the past eight weeks for your health care? (please include expenses for travel, accommodation medications , doctor fees, expenses for childcare for other children)

Circle the amount:

\$0    \$1-\$10    \$11-\$30    \$31-\$100    \$101-\$250    more than \$250

### **Asthma Questionnaire:**

#### ***A2. Current asthma symptoms (such as cough, wheeze or breathlessness):***

- How many nights in the past 4 weeks have you had a cough, wheeze or breathlessness? (# number of days)
- How many days in the past 4 weeks have you had a cough, wheeze or breathlessness on waking in the morning? (# number of days)
- How many days in the past 4 weeks has your asthma limited your normal activities at work or during recreation? (# number of days)

#### ***A3. Current asthma medication:***

- How many days in the past 4 weeks did you use reliever medication for asthma symptoms? (# number of days)
- On those days how many times during the day did you need reliever for asthma symptoms? (# number of days)
- It can be difficult to remember all of your medicines when things get busy. How many times in the past 4 weeks have you missed a dose of your preventer? (whole numbers)



#### ***A4. Please, list your medications in use for asthma:***

Name	Dosage strength	Number of puffs	Frequency/day	Daily Dose (if applicable)

**A5. Asthma history in the past 12 months:**

- How many times in the **last 12 months** have you presented to an Emergency Department with asthma? (whole numbers)
- How many times in the **last 12 months** have you been admitted to Hospital with asthma? (whole numbers)
- How many courses of oral prednisone have you required in the **last 12 months**? (whole numbers)

**Did anyone help you complete this survey today?**

- 0. No  You have now completed the survey.
- 1. Yes  Please complete the next question

**Who helped you complete this survey? Please tick as many as apply.**

- 1. A staff member
- 2. A family member
- 3. A friend

**Thank you for completing this survey**

**Supporting Indigenous Smokers To Assist Quitting (SISTAQUIT):  
a Cluster Randomised Control Trial to Improve Strategies for the Management  
of Smoking Cessation in Pregnant Aboriginal and/or Torres Strait Islander  
Women**

**Knowledge, attitudes and practices of health providers  
caring for Aboriginal and/or Torres Strait Islander women  
who smoke in pregnancy**

Date: \_\_/\_\_/----

Medical Service: \_\_\_\_\_

Date of Birth \_\_/\_\_/---

Last three letters of your surname: \_\_\_\_\_

**(Please ensure that you enter your date of birth and the three last letters of  
your surname, as these two questions will be used to generate a unique  
study code for you.)**

- 1) How would you best describe your position?
  - ☐ General Practitioner
  - ☐ Midwife
  - ☐ Nurse
  - ☐ Aboriginal Health Worker
  - ☐ Other, please state \_\_\_\_\_
- 2) How long have you been working as a health provider?
  - ☐ Less than 10 years
  - ☐ 10-19 years
  - ☐ 20 or more years
- 3) What is your gender?
  - ☐ Male
  - ☐ Female
- 4) What is your age in years \_\_\_\_\_
- 5) Do you currently smoke tobacco products?
  - ☐ Yes daily
  - ☐ Yes occasionally
  - ☐ No I am an ex-smoker
  - ☐ No I have never smoked
- 6) On an average, how many pregnant women who smoke do you see per month
  - ☐ <5
  - ☐ 5-10
  - ☐ >10

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7) Have you read any of the following smoking cessation guidelines?

<b>Guideline</b>	<b>Yes</b>	<b>No</b>
a. Supporting smoking cessation: a guide for health professionals RACGP (Royal Australian College of General Practitioners)	1	0
b. RANZCOG Statement “Women and Smoking” (Royal Australian and New Zealand College of Obstetricians & Gynaecologists)?	1	0

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8) How often do you provide the following types of cessation care **with pregnant women**: (please answer all)

	<b>Never (0%)</b>	<b>Occasional (1-25%)</b>	<b>Sometimes (26-50%)</b>	<b>Often (51-75%)</b>	<b>Always (76-100%)</b>
a. <b>Ask</b> about smoking status?	1	2	3	4	5
b. Give <b>brief advice</b> to quit if smoking?	1	2	3	4	5
c. <b>Assess nicotine dependence</b> in smokers?	1	2	3	4	5
d. <b>Measure</b> Carbon Monoxide (CO) in exhaled air?	1	2	3	4	5
e. <b>Assist with cessation support</b> to smokers?	1	2	3	4	5
f. <b>Recommend/prescribe</b> nicotine replacement therapy (NRT) to assist quitting?	1	2	3	4	5
g. <b>Discuss their psychosocial</b> context of smoking?	1	2	3	4	5
h. <b>Follow-up</b> within 2 weeks?	1	2	3	4	5
i. <b>Refer</b> to Quitline or other smoking cessation service	1	2	3	4	5
j. <b>Involve Family members</b> in counselling and tobacco management?	1	2	3	4	5

9) Please rate how **safe** you consider the use of nicotine replacement therapy (NRT) is for the foetus when prescribed for a pregnant women?

- ☐ Very safe
- ☐ Always safer than smoking
- ☐ Safer than smoking but some concerns
- ☐ Not safe

10) How **effective** do you perceive NRT is in aiding pregnant smokers to quit?

- ☐ Very effective
- ☐ Moderately effective
- ☐ Low effectiveness
- ☐ Not effective

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11) In your view, how well do pregnant patients **adhere to/comply with** taking NRT if recommended?

- ☐ Most adhere to NRT well  
☐ Equal numbers adhere well and poorly  
☐ Few adhere to NRT well

12) How often do you ask a pregnant patient about using these substances? (please answer all)

	<b>Never (0%)</b>	<b>Occasional (1-25%)</b>	<b>Sometimes (26-50%)</b>	<b>Often (51-75%)</b>	<b>Always (76-100%)</b>
Cannabis	1	2	3	4	5
Cannabis mulled (mixed) with tobacco	1	2	3	4	5
E-cigarettes with nicotine	1	2	3	4	5
E-cigarettes without nicotine	1	2	3	4	5
Chewing tobacco	1	2	3	4	5
Second-hand tobacco smoke	1	2	3	4	5

13) Have you have received any training in smoking cessation ***related specifically to pregnancy?***

Yes

No

**Part 2: Questions on the Theoretical Domains Framework**

**Please use one of the numbers in the right-hand column to represent your level of agreement with the following statements.**

<b>Statements</b>	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>
1. I am confident that I can counsel women about their smoking during pregnancy					
2. I am confident that I can recommend/prescribe NRT for pregnant smokers					
3. I am optimistic my intervention for smoking during pregnancy is likely to be effective					
4. Addressing smoking during pregnancy is a high priority					
5. In my workplace, it is routine to help women to quit smoking during pregnancy					
6. I have sufficient time to help pregnant women to quit smoking					
7. I have sufficient resources to help pregnant women to quit smoking					
8. Raising the issue of smoking with a client during pregnancy will benefit our relationship					
9. I am comfortable raising the issue of smoking with a pregnant woman					

**Please use the numbers on the right columns to rate your answers (on a sliding scale of 1-5) to the following questions.**

<b>Questions</b>	<b>1 (not often)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (very often)</b>
10. Generally, when seeing pregnant women who smoke, how often is covering something else on your agenda a higher priority than counselling these women					
11. Generally, when seeing pregnant women who smoke, how often is covering something else on your agenda a higher priority than prescribing/recommending NRT for these women					
12. How often do you forget to counsel women who come in to you who are smoking during pregnancy?					
13. How often do you forget to prescribe/recommend NRT for a pregnant woman who smokes?					

**Part 3: Questions on knowledge in smoking cessation care in pregnancy**

**Please tick True or False for each statement**

Statement's	True	False
1. Nicotine causes cancer.	<input type="checkbox"/>	<input type="checkbox"/>
2. Nicotine is the source of addiction to tobacco smoking.	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeling anxious can be a symptom of nicotine withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
4. All smokers will experience severe withdrawal symptoms on quitting.	<input type="checkbox"/>	<input type="checkbox"/>
5. Dosage of nicotine replacement therapy should be guided by measures of nicotine dependence.	<input type="checkbox"/>	<input type="checkbox"/>
6. Nicotine replacement therapy is as addictive as cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>
7. Using more than one form of nicotine replacement is unsafe.	<input type="checkbox"/>	<input type="checkbox"/>
8. Different types of nicotine replacement therapy release nicotine at different rates.	<input type="checkbox"/>	<input type="checkbox"/>
9. Pre-quit NRT increases the effectiveness of patches	<input type="checkbox"/>	<input type="checkbox"/>
10. There is a special way of chewing nicotine gum	<input type="checkbox"/>	<input type="checkbox"/>
11. Nicotine replacement therapy is just as harmful as smoking during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>
12. Pregnant women may need higher doses of nicotine replacement therapy.	<input type="checkbox"/>	<input type="checkbox"/>
13. There are no absolute contra-indications to the use of nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>
14. Pregnant women may need additional intensive cessation support to quit	<input type="checkbox"/>	<input type="checkbox"/>



15. Reducing the number of cigarettes smoked per day in pregnancy is enough to prevent harm to the baby	<input type="checkbox"/>	<input type="checkbox"/>
16. Only quitting before the first three months of pregnancy is beneficial to the baby's health	<input type="checkbox"/>	<input type="checkbox"/>
17. Oral nicotine replacement therapy may cause irritation to the mouth.	<input type="checkbox"/>	<input type="checkbox"/>
18. Some tobacco products are natural and therefore less harmful than manufactured products.	<input type="checkbox"/>	<input type="checkbox"/>
19. E-cigarettes have been proven to be safe and effective for smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
20. Cigarettes contain over 7000 chemicals	<input type="checkbox"/>	<input type="checkbox"/>
21. High risk situations for relapse include stress and depression	<input type="checkbox"/>	<input type="checkbox"/>
22. Just having one smoke is unlikely to make a person relapse	<input type="checkbox"/>	<input type="checkbox"/>
23. It may take several serious attempts before a person finally quits	<input type="checkbox"/>	<input type="checkbox"/>
24. Using a carbon monoxide breath monitor provides an objective measure of smoking status.	<input type="checkbox"/>	<input type="checkbox"/>

Master Health Professional Survey – Baseline Survey

**Thank you for completing this survey. If you would like to go into the draw to win a prize (for those completing all 3 surveys), please leave either your email address or phone number in this space provided below.**

**(Your contact details will be stored securely and will not be used to identify your survey responses).**

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## SISTAQUIT MID-STUDY INTERVIEW GUIDE

<b>Date and time of interview and survey:</b>	
<b>Initials or alias name of interviewee:</b>	
<b>Service:</b>	
<b>Gender:</b>	
<b>Position/role within the service:</b>	
<b>Years of experience in the position:</b>	
<b>Length of employment with the service:</b>	
<b>Attended SISTAQUIT site training/briefing:</b>	

### *For SISTAQUIT office use*

Date the service was set up	
Number of participants recruited to date	

## **Introduction**

Thank you for taking time out of your busy schedule to participate in our research study. As you are aware, your service has been a part of the SISTAQUIT trial. We acknowledge that there are barriers as well as enabling factors in implementing large scale trials in services. The purpose of this interview is to identify/understand what has been your journey implementing SISTAQUIT in your service. Knowing what challenged you or what helped you run the study in your service, will assist us and other researchers in designing their studies.

I am going to ask about your experience with the implementation of the SISTAQUIT trial in your service, and then do a short survey at the end.

Because it is important for us to analyse the information that we are talking about today, we need to record the interview. This recording will be protected under a password and only the research team will have access to it. For analysing the information, participants will be given codes to protect the confidentiality of the interviews. Please feel free to ask us any questions before or throughout the interview and survey.

Also, please remember that participation in this study is voluntary. If you would like to end the interview at any time, please do not hesitate to do so.

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## **Section 1. working with pregnant women**

- 1.1. What are your thoughts on smoking in pregnancy?
- 1.2. Can you talk through what the typical pathway a pregnant woman takes in your practice
- 1.3. How do you identify if she is a smoker?
- 1.4. What happens next if she is smoking?
- 1.5. Do you see pregnant women as part of your role?
- 1.6. What are the potential challenges in your role when you see a pregnant woman who smokes?
- 1.7. Do you have any strategies in place for dealing with these challenges?
- 1.8. Can you please talk me through any strategies, policies or guidelines put in place in your service to help women quit smoking in pregnancy (including research and programs)
- 1.9. If your service is involved in a smoking cessation research project other than SISTAQUIT, could you explain briefly what the research project is about?

## **Section 2. Implementation of SISTAQUIT research methods (both control and IV)**

- 2.1. What has been your experience with the SISTAQUIT research so far?
- 2.2. In your opinion, in general what are the positives of the SISTAQUIT research ?
- 2.3. In your opinion, in general what are the negatives of the SISTAQUIT research?
- 2.4. How do you think recruitment of pregnant women is progressing in your service?
- 2.5. What aspects of the SISTAQUIT trial are going well in your service? (everything you can think of)
- 2.6. What challenges have you experienced implementing SISTAQUIT research in your service? (please name everything even if you think it might be irrelevant)
  - 2.6.1. Which one of the factors you just mentioned is the most challenging factor?
  - 2.6.2. Have you been able to address the challenge(s)?
  - 2.6.3. If yes, how?
  - 2.6.4. If no, why? Is there anything that would help with the situation? (staff support, financial support, equipment, etc)
- 2.7. Did you have any issues with doing the SQ surveys? (pre- and post- ones done)

**\*\*Only for intervention sites\*\***

- 2.8. How would describe the SISTAQUIT approach?
- 2.9. What were the main things you took away from the training?
- 2.10. Compared to other smoking cessation approaches, what do you think are the benefits of SISTAQUIT training?
- 2.11. Compared to other smoking cessation approaches, what you think are the challenges of SISTAQUIT training
- 2.12. What is your experience of using SISTAQUIT resources? (probe each resource)
- 2.13. What support would help you improve your adoption of the SISTAQUIT approach (prompt re ABCD) (ask about top-up training, prompts, audit/feedback)
- 2.14. How much of the ABCD approach do you think you achieve at most visits with a pregnant women who smokes?

### **Section 3. SISTAQUIT support**

- 3.1. What is your overall experience of interactions with the SISTAQUIT team?
- 3.2. How can the SISTAQUIT team best support you for the research at your service?
- 3.3. How often do think you should be contacted by the SISTAQUIT team?
- 3.4. Have you ever participated in SISTAQUIT RF Zoom meetings?
  - 3.4.1. If not, why?
  - 3.4.2. If yes, what do you get out of attending the meetings?
  - 3.4.3. What differences would you like to see in these meetings?
- 3.5. Is there anything else that the SISTAQUIT team can do to support you in your role?

### **Section 4. Patient experience**

- 4.1. Have any of the participants commented on the SISTAQUIT study?
  - 4.1.1. If yes, what was the comment?

Now I am going to read some statements relevant to the barriers and enablers in implementing the SISTAQUIT study in your service. Please tell me to what extent you agree with each statement.

<b>SISTAQUIT study implementation: barriers and enablers</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
CEO/manager of the service supports the implementation of SISTAQUIT in the service	1	2	3	4
We have resources available to implement SISTAQUIT in our service	1	2	3	4
Implementation of other effective smoking cessation research/ program/ training is hindering the implementation of SISTAQUIT	1	2	3	4
Staff turn-over, role changes or absences has been an issue in implementing SISTAQUIT in our service	1	2	3	4
Technical difficulties in use of iPad/tablet, smokerlyzer and other equipment supplied has slowed down the recruitment/follow-up process	1	2	3	4
SISTAQUIT team have been supportive of our service and the RFs	1	2	3	4
Training refresher for staff would facilitate running the SISTAQUIT study in our service	1	2	3	4
SISTAQUIT is culturally appropriate for our service/community	1	2	3	4
Promoting SISTAQUIT in community events helps recruiting women to the study	1	2	3	4
Involvement of the SISTAQUIT team with the community events would enhance the community's views on this research	1	2	3	4
Since our service was set up for the SISTAQUIT trial, we have had low number of pregnant women who smoke	1	2	3	4
Pregnant women are interest in participating in the SISTAQUIT study	1	2	3	4
SISTAQUIT is straight forward and not too time consuming for the service	1	2	3	4
The SISTAQUIT team set-up/trained our service in a timely manner after the service signed the organisational consent	1	2	3	4
Involvement in research has been a priority of our service	1	2	3	4
Financial reimbursement by SISTAQUIT is sufficient for the workload expected	1	2	3	4
I don't believe SISTAQUIT will help reduce smoking rates in pregnant Indigenous women	1	2	3	4



**Acute respiratory symptoms, health care utilisation & environment Infant Survey**

**SISTAQUIT**

**Supporting Indigenous Smokers To Assist Quitting (SISTAQUIT®)**

**Today's date:** \_\_\_\_\_

**Your participant SISTAQUIT Code:** \_\_\_\_\_

**Your baby's SISTAQUIT Code (if known):** \_\_\_\_\_

**Date you gave birth (baby's birth date):** \_\_\_\_\_

**If you had twins or more babies, please tell us which baby this survey is for:**

☐ Older (first) twin    ☐ Second ('younger') twin    ☐ If triplets this is middle baby

**If taking this survey on paper:**

**Please tick which monthly survey you're taking:**

☐ 1 month    ☐ 2 months    ☐ 3 months    ☐ 4 months    ☐ 5 months    ☐ 6 months

**i** What was your baby's birth weight? \_\_\_\_\_

**ii** What is your baby's gender? ☐ girl ☐ boy

**iii** How many weeks into your pregnancy was your baby born? \_\_\_\_\_

**iv** Did your baby get admitted right after birth to a NICU or special care nursery? ☐ Yes ☐ No

**1.** Has the baby had any of the following symptoms in the past 4 weeks?

- a. Moist/wet/gurgly cough    ☐ Yes ☐ No
- b. Dry cough    ☐ Yes ☐ No
- c. Runny nose    ☐ Yes ☐ No
- d. Wheeze/whistle    ☐ Yes ☐ No
- e. shortness of breath    ☐ Yes ☐ No
- f. Earache/ear discharge    ☐ Yes ☐ No
- g. Feeding difficulties    ☐ Yes ☐ No

**2.** Does the baby have any of these symptoms today? ☐ Yes ☐ No

**3.** Have you been worried about your baby's health for any reason in the past 4 weeks? ☐ Yes ☐ No

**3a.** If yes, what have you been worried about? \_\_\_\_\_



<p><b>4.</b> Has the baby been hospitalised for any reason in the past 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4a</b> If yes, was your baby in Neonatal Intensive Care (NICU), special care nursery or a children's ward or both? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4b</b> If yes, how many days was the baby in hospital for (including multiple admissions)? _____</p> <p><b>4c</b> If yes, what were the reasons the baby went to hospital? (e.g. cough, other illness, injury) _____</p> <p>_____</p>
<p><b>5.</b> Has the baby been to see a doctor, nurse or any other health professional in the past 4 weeks (not including hospital admissions)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>5a.</b> If yes, how many times did the baby see any of these health professionals? _____</p> <p><b>5b.</b> If yes, what were the reasons the baby saw a health professional? (e.g. respiratory illness, other illness, injury) _____</p> <p><b>5c.</b> If yes, how many of these visits were with special children's doctors (e.g. Paediatrician, Respiratory physician, cardiologist etc.) _____</p> <p>Did you feel supported by the health professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6.</b> Has your baby been given any medications in the past 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6a.</b> If yes, how much did you have to pay out of your pocket for the medications?</p> <p><input type="checkbox"/> \$0 <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11 - \$30 <input type="checkbox"/> \$31 - \$100 <input type="checkbox"/> more than \$100</p> <p><b>6b.</b> Do you think the medication was affordable? _____</p>
<p><b>7.</b> Including medication costs, roughly how much have you had to pay out of your pocket in the past 4 weeks to care for your baby due to sickness? (please include expenses for travel, accommodation, medications, doctor fees, childcare for other children)</p> <p><input type="checkbox"/> \$0 <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11 - \$30 <input type="checkbox"/> \$31 - \$100 <input type="checkbox"/> \$101-\$250 <input type="checkbox"/> more than \$250</p>
<p><b>8.</b> Is there anything else you would like to tell us that affected you/your family when getting health care for your baby? _____</p>
<p><b>9.</b> How likely is it that your baby has been in contact with any cigarette smoke in the last 4 weeks (e.g. in the house or car, or outdoors)?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Unlikely <input type="checkbox"/> Very unlikely</p>
<p><b>10.</b> Is your baby currently being breastfed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>