Workplace Quit Smoking Program 6-month Follow-up Survey:

Please check your answer ☒ or write your answer in the spaces provided.

Your unique code
To connect with other surveys you may complete for this project, we create a unique and anonymous code. Below, please note your birth day and month and the initial of your mother's first name.

<table>
<thead>
<tr>
<th>Your Birth date</th>
<th>Your Mother’s Maiden/before marriage name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month (1-12)</td>
<td>Day</td>
</tr>
<tr>
<td>First Initial of your Mother’s FIRST name</td>
<td>First initial of your Mother’s MAIDEN SURNAME</td>
</tr>
</tbody>
</table>

(example)

6 14 (e.g., Julie) J (e.g., Smith) S

Please complete your unique code

➤ Today’s date: ________________________________

➤ Name of the Organization and Department you work for:

_______________________________________________________________

➤ Which sector does this organization belong to?

- Construction
- Hospitality and/or service
- Manufacturing
- Mining
- Other, please specify _________________________________
Questions about the workplace quit smoking program (all respondents)

1. As part of the workplace quit smoking program, which of the following medications and supports have you used to quit or reduce your tobacco use? (Please check ALL that apply)
   - I did not use any medications or supports
   - Self-help brochure, book or website
   - Smokers’ Helpline
   - Group support with a health professional
   - One-to-one support with a health professional
   - Nicotine replacement therapy (e.g., nicotine gum, patch, lozenge)
   - Prescription medications such as bupropion such as (Zyban) or wellbutrin
   - Prescription medication such as varenicline (Champix)
   - Referral to a community program or service, please give details ______________
   - Support from a co-worker
   - New break or lunchtime activities (i.e., internet, puzzles/games, sports), please give details____________________
   - Lunch and learns or workshops
   - Contests or competitions
   - Workplace policies to reduce my exposure to tobacco smoke
   - Health insurance coverage for quit smoking aids (i.e., NRT, Zyban)
   - Quit smoking support for my partner or family member
   - Other, please give details _________________

2. Which of the following workplaces offered you quit smoking medication and/or support?
   - my own workplace
   - my partner’s workplace
   - my parents’ workplace
   - my son or daughter’s workplace
   - my friend’s workplace
   - Other, please give details _________________
Questions on smoking status (all respondents)

3. At the present time, how frequently do you smoke cigarettes? (Check ONE that applies)
   - Daily  ➔ Question 9
   - Occasionally (less than 7 days/week or less than 1 cigarette/day)
   - Not at all

4. Have you smoked, even a puff, in the last 7 days (check one)?
   - Yes ➔ Question 8
   - No

5. Have you smoked, even a puff, in the last 30 days (check one)?
   - Yes ➔ Question 7
   - No

6. Have you smoked, even a puff, in the last 6 months (check one)?
   - Yes
   - No

7. On a scale of 1 to 10, where 1 means that you are NOT at all confident and 10 means you are VERY confident, please tell us how confident you are that you can stay smoke-free.

   NOT at all confident  1  2  3  4  5  6  7  8  9  10  VERY Confident

   ➔ Now Question 17 (page 6)
Questions on smoking status and quitting (daily and occasional smokers only)

8. How many days did you smoke in the last 30 days?  

9. How many cigarettes do you smoke per day on the days that you smoke?  

10. How soon after you wake up do you smoke your first cigarette?  
- within 5 minutes  
- 6 to 30 minutes  
- 31 to 60 minutes  
- more than 60 minutes  

11. Do you intend to quit smoking?  
- Yes, in the next 30 days  
- Yes, in the next 6 months  
- Yes, sometime in the future beyond 6 months  
- No, I am not planning to quit  

12. In the past 6 months, have you reduced the number of cigarettes you smoke?  
- yes  
- no  

13. Do you intend to reduce the number of cigarettes you smoke?  
- Yes, within the next month  
- Yes, within the next 6 months  
- Yes, sometime in the future but not in the next six months  
- No, not planning to reduce smoking  

14. In the past 6 months, have you stopped smoking for one day or longer because you were trying to quit?  
- Yes  
- No  

15. In the past 6 months, what is the longest number of days you have gone continuously without smoking, not even a puff? (Please write your answer in days, weeks OR months)  

- Days (s) ____________  
- Weeks(s) ____________  
- Month(s) ____________  

16. On a scale of 1 to 10, where 1 means that you are NOT at all confident and 10 means you are VERY confident, please tell us how confident you are that you can quit smoking.  

- NOT at all confident 1 2 3 4 5 6 7 8 9 10 VERY Confident
17. In the past six months, what problems or challenges have made quitting or reducing your smoking more difficult?
   ○ Cravings
   ○ Weight gain
   ○ Depression
   ○ Anxiety
   ○ Stress
   ○ Boredom
   ○ Drinking alcohol
   ○ Drinking caffeine
   ○ People smoking around me (If selected, also answer question 17a)
   ○ It’s easy to get cigarettes
   ○ Work environment, please give details ________________________
   ○ Accessing quit aides (i.e., nicotine patches, medication), please give details ______________
   ○ Not enough support, please give details ______________
   ○ I am not ready to quit or cut back
   ○ I have not had any problems or challenges
   ○ Other, please give details: _______________

17a. Please indicate where you are exposed to other people smoking around you?
   ○ at home
   ○ in the car
   ○ at work
   ○ at public places
   ○ at social events
   ○ other, please give details ________________________

Questions about other tobacco use (all respondents)

18. In the past 30 days, have you used any tobacco product, not including cigarettes?
   Other tobacco products may include cigars, cigarillos, pipes, snuff, chewing tobacco, snus, biddis, kretes, hookahs, waterpipe, sheesha, or e-cigarettes.
   ○ Yes
   ○ No  GO TO Question 20

19. What other form of tobacco did you use in the last 30 days? (Check all that apply)
   ○ Cigars or cigarillos
   ○ Pipes
   ○ Pinch or snuff
   ○ Chewing tobacco
   ○ Snus
   ○ Biddis or kretes
   ○ Waterpipe, hookahs, sheesha (with nicotine)
   ○ E-cigarettes (if using with e-juice, nicotine)
   ○ Other, please specify:
Questions about program experiences (all respondents)

20. What has helped you the most with reaching (or trying to reach) your tobacco related goals?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

21. Please list any changes (positive or negative) that have resulted from your involvement in the workplace quit smoking program (e.g., changes in what you believe, how you think, how you act or changes you notice in others and/or in your environment).
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

22. Have there been any changes (positive or negative) in how you use your breaks or lunchtime during the workday? If yes, please describe these changes.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

23. What did you like best about the quit smoking program offered through your workplace?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

24. What did you like least about the quit smoking program offered through your workplace?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

25. Would you recommend this program to others (e.g., colleagues, family members, friends)?
   ○ yes
   ○ no

The survey is almost over. Please provide your mailing address below so we can send you a $5 Tim Hortons gift card to thank you for your time.
_____________________________________________________________________________________
_____________________________________________________________________________________

Thank you for completing the survey. We will be contacting you one last time in about 6 months to follow up on your progress. Good luck!