Smoking Habits Questionnaire

A few minutes of your time helps us plan better support for smokers.

How to fill this in

This questionnaire asks about smoking, vaping and your views on smoke-free places. There are no right or wrong answers. Fill the checkboxes completely using a blue or black pen. Your answers are anonymous.

About you

What is your age group? *(Please cross one)*

◯ 18 to 24 ◯ 25 to 34 ◯ 35 to 44 ◯ 45 to 54 ◯ 55 or older

What is your gender? *(Please cross one)*

◯ Woman ◯ Man ◯ Prefer not to say ◯ Other ☐

What is the highest level of education you have completed? *(Please cross one)*

◯ Primary school ◯ Secondary school ◯ Trade or college ◯ University degree

In general, how would you rate your health? *(Please cross one)*

◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor

Your smoking habits

Do you currently smoke tobacco? *If you have never smoked, please go to the section on vaping.*

◯ Yes, every day ◯ Yes, on some days

◯ No, I used to smoke ◯ No, I have never smoked

What do you usually smoke? *(Please cross all that apply)*

☐ Cigarettes ☐ Hand-rolled tobacco ☐ Cigarillos

☐ Cigars ☐ Pipe ☐ Water pipe

☐ Heated tobacco ☐ Bidis or kreteks ☐ Other ☐

How many cigarettes do you smoke on a typical day? *(Please cross one)*

◯ None ◯ 1 to 5 ◯ 6 to 10 ◯ 11 to 20 ◯ More than 20

At what age did you start smoking regularly? *(Please cross one)*

◯ Under 16 ◯ 16 to 18 ◯ 19 to 24 ◯ 25 to 34 ◯ 35 or older

How soon after waking do you have your first cigarette? *(Please cross one)*

◯ Within 5 minutes ◯ 6 to 30 minutes ◯ 31 to 60 minutes ◯ After 60 minutes

Where do you usually smoke? *(Please cross all that apply)*

☐ At home ☐ In the car ☐ At work

☐ Outdoors in public ☐ At bars or cafes ☐ With friends

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When do you most often smoke? *(Please cross all that apply)*

- ☐ With coffee or alcohol
- ☐ After meals
- ☐ When stressed
- ☐ During breaks
- ☐ While driving
- ☐ When bored

How you feel about smoking

How much do you agree with each statement about your own smoking? *(Please cross one in each line)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I enjoy smoking	◯	◯	◯	◯	◯
Smoking calms me down	◯	◯	◯	◯	◯
Smoking is expensive for me	◯	◯	◯	◯	◯
Smoking is part of my daily routine	◯	◯	◯	◯	◯
Smoking harms my health	◯	◯	◯	◯	◯
I would find it hard to go a whole day without smoking	◯	◯	◯	◯	◯
I feel judged by others when I smoke	◯	◯	◯	◯	◯

Health and quitting

In the past 12 months, has a doctor or nurse advised you to quit? *(Please cross one)*

- ◯ Yes
- ◯ No
- ◯ I have not seen one

Have you tried to quit in the past 12 months? *(Please cross one)*

- ◯ Yes, once
- ◯ Yes, more than once
- ◯ No

Which of these have you used to try to cut down or quit? *(Please cross all that apply)*

- ☐ Nicotine patches or gum
- ☐ Electronic cigarettes
- ☐ Prescription medicine
- ☐ Quitline or counselling
- ☐ Stopping without help
- ☐ None of these

Would you like to quit smoking? *(Please cross one)*

- ◯ Yes, within the next month
- ◯ Yes, within the next 6 months
- ◯ Yes, but not yet
- ◯ No

How important is it to you to quit smoking?

Not at all important	1	2	3	4	5	Very important
	◯	◯	◯	◯	◯	

How confident are you that you could quit if you decided to?

Not at all confident	1	2	3	4	5	Very confident
	◯	◯	◯	◯	◯	

What would help you most to quit? *(Please cross all that apply)*

- ☐ Advice from a doctor
- ☐ Support from family
- ☐ A quit smoking group
- ☐ Free nicotine products
- ☐ A phone or text service
- ☐ Less stress at work

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Electronic cigarettes and vaping

Have you ever used an electronic cigarette or vape? *(Please cross one)*

◯ Yes, I use one now ◯ Yes, in the past ◯ No, never

If you use one now, how often do you vape? *(Please cross one)*

◯ Every day ◯ Some days ◯ Rarely

Why did you start vaping? *(Please cross all that apply)*

☐ To help me quit smoking ☐ It costs less ☐ Curiosity

☐ Flavours ☐ Friends use them ☐ Less harmful than smoking

Smoke-free places

Does anyone else in your household smoke? *(Please cross one)*

◯ Yes ◯ No

Is smoking allowed inside your home? *(Please cross one)*

◯ Yes, anywhere ◯ In some rooms only ◯ No, never

How much do you agree that smoking should not be allowed in these places? *(Please cross one in each line)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Restaurants and cafes	◯	◯	◯	◯	◯
Bus and tram stops	◯	◯	◯	◯	◯
All enclosed public places	◯	◯	◯	◯	◯
The workplace	◯	◯	◯	◯	◯
Cars carrying children	◯	◯	◯	◯	◯
Outdoor playgrounds	◯	◯	◯	◯	◯

Your comments

Is there anything else you would like to tell us about smoking or quitting?

Thank you for taking part. Please return this form to the person who gave it to you.

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