| Surveyor name: | Survey serial number: |
|----------------|-----------------------|
| <i>y</i> | . |

Evaluating the effectiveness of pictorial warning labels on cigarette packs

Section A:

| A1 | Sex | - Male - Female |
|----|-------|--------------------|
| A2 | Age | years |
| A3 | Major | |
| A4 | Year | |

Section B:

| To what extent do you agree with the following statements | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|--|-------------------|----------|---------|-------|----------------|
| B1 | Smoking is harmful to smokers | | | | | |
| B2 | Exposure to cigarette smoke is harmful to non-smokers | | | | | |
| В3 | Exposure to cigarette smoke is harmful to smokers | | | | | |
| B4 | It is important to have health warnings on cigarette packs | | | | | |

Section C:

| Pleas | e choose the most appropriate response | |
|-------|--|--|
| C1 | In the last month, did you notice any | - Yes |
| | health warning on cigarette packs? | No (skip to C4)I have not seen any cigarette packs (skip to C4) |
| C2 | Where is it located? | - Front |
| | | - Side |
| | | - Back |
| | | - Both front and back |
| C3 | What does it say? You can choose more than one statement | Smoking is an addition, do not startSmoking affects children, protect your children |
| | than one statement | from smoking |
| | | Keep your children away from smokers to protect |
| | | them from respiratory diseases |
| | | - Smoking causes slow and painful death |
| | | - Other (specify) |
| C4 | Currently you are | I don't knowA regular cigarette smoker, cigs/day |
| 04 | Currently you are | - An occasional cigarette smoker |
| | | - Former smoker <i>(skip to D1)</i> |
| | | - Non-smoker (skip to D1) |
| C5 | In the last month, how many times did you | - Every time I held a cigarette pack |
| | notice the health warning on cigarette | - Some of the times I held a cigarette pack |
| | packs? | RarelyI never noticed it |
| C6 | Do you feel any unease due to the | - No |
| | presence of health warnings on cigarette | - Yes |
| | packs? | |
| C7 | In the last month, did you avoid looking at | - No |
| | health warnings on cigarette packs (for | - Yes |
| C8 | example through covering them)? In the last month, did any health warning | - No |
| | on cigarette packs affect you to the extent | - Yes |
| | you are considering quitting? | . 66 |
| С9 | In your opinion, health warnings on | - Less |
| | cigarette packs should include | - More |
| C10 | information on health | - Same amount of - No |
| C10 | Are you thinking about quitting in the coming 6 months? | - NO - Yes |
| C11 | Did you try quitting in the past 12 months? | - No <i>(skip to D1)</i> |
| | 2.2 year ay quitting in the past 12 months. | - Yes |
| C12 | When was this attempt? | - Less than 6 months ago |
| | | - More than 6 months ago |

Section D: Warning 1 (show image):

| D1 | Have you previously seen this warning? | - No |
|----|--|-------|
| | | - Yes |

| | Please circle the number from 1 to 5 that best represents your perception of the warning that you have just seen. | | | | | | | | | |
|----|---|--|---|---|---|---|---|-------------------------|--|--|
| D2 | Can be easily ignored | | 1 | 2 | 3 | 4 | 5 | Attracts attention | | |
| D3 | Not fearful | | 1 | 2 | 3 | 4 | 5 | Very fearful | | |
| D4 | Did not add to my information | | 1 | 2 | 3 | 4 | 5 | Added to my information | | |

| If you | u are a non-smoker, please complete | Strongly | Disagree | Neutral | Agree | Strongly |
|--------|---------------------------------------|----------|----------|---------|-------|----------|
| this s | section. | disagree | | | | agree |
| D5 | Seeing this warning motivates to stay | | | | | |
| | smoke-free | | | | | |

| If you | u are a smoker, please complete this | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--------|---|-------------------|----------|---------|-------|----------------|
| D6 | Seeing this warning motivates to quit smoking | disagree | | | | agree |

Section E: Warning 2 (show image):

| E1 | Have you previously seen this warning? | - No |
|----|--|-------|
| | | - Yes |

| | Please circle the number from 1 to 5 that best represents your perception of the warning that you have just seen. | | | | | | | | |
|----|---|--|---|---|---|---|---|-------------------------|--|
| E2 | Can be easily ignored | | 1 | 2 | 3 | 4 | 5 | Attracts attention | |
| E3 | Not fearful | | 1 | 2 | 3 | 4 | 5 | Very fearful | |
| E4 | Did not add to my information | | 1 | 2 | 3 | 4 | 5 | Added to my information | |

| _ | u are a non-smoker, please complete section. | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|----|--|-------------------|----------|---------|-------|----------------|
| E5 | Seeing this warning motivates to stay | | | | | |
| | smoke-free | | | | | |

| If you section | u are a smoker, please complete this on. | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|----------------|---|-------------------|----------|---------|-------|----------------|
| E6 | Seeing this warning motivates to quit smoking | | | | | |

Section F: Warning 3 (show image):

| F1 | Have you previously seen this warning? | - No |
|----|--|-------|
| | | - Yes |

| | Please circle the number from 1 to 5 that best represents your perception of the warning that you have just seen. | | | | | | | | | | |
|----|---|--|---|---|---|---|---|-------------------------|--|--|--|
| F2 | Can be easily ignored | | 1 | 2 | 3 | 4 | 5 | Attracts attention | | | |
| F3 | Not fearful | | 1 | 2 | 3 | 4 | 5 | Very fearful | | | |
| F4 | Did not add to my information | | 1 | 2 | 3 | 4 | 5 | Added to my information | | | |

| _ | If you are a non-smoker, please complete this section. | | Disagree | Neutral | Agree | Strongly agree |
|----|--|--|----------|---------|-------|----------------|
| F5 | F5 Seeing this warning motivates to stay | | | | | |
| | smoke-free | | | | | |

| If you | u are a smoker, please complete this on. | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--------|---|-------------------|----------|---------|-------|----------------|
| F6 | Seeing this warning motivates to quit smoking | | | | | |

Section G: Warning 4 (show image):

| G1 | Have you previously seen this warning? | - No |
|----|--|-------|
| | | - Yes |

| Please circle the number from 1 to 5 that best represents your perception of the warning that you have just seen. | | | | | | | | | |
|---|-------------------------------|---|---|---|---|---|---|-------------------------|--|
| G2 | Can be easily ignored | • | 1 | 2 | 3 | 4 | 5 | Attracts attention | |
| G3 | Not fearful | , | 1 | 2 | 3 | 4 | 5 | Very fearful | |
| G4 | Did not add to my information | , | 1 | 2 | 3 | 4 | 5 | Added to my information | |

| If you are a non-smoker, please complete | | Strongly | Disagree | Neutral | Agree | Strongly |
|--|--|----------|----------|---------|-------|----------|
| this s | this section. | | | | | agree |
| G5 | G5 Seeing this warning motivates to stay | | | | | |
| | smoke-free | | | | | |

| If you are a smoker, please complete this section. | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|---|-------------------|----------|---------|-------|----------------|
| G6 | Seeing this warning motivates to quit smoking | | | | | |