

SMS USA PHASE FOUR SECOND BETA TEST: SIX MONTH FOLLOW-UP SURVEY

The survey will take about 25 minutes. Your honesty is greatly appreciated.

First, in all of our research studies, we verify smoking status by contacting one other person, usually a family member or friend. Here are the two names that you gave us at the beginning of the study.

1. Name:
Relationship:
Phone number:
2. Name:
Relationship:
Phone number:

Are these two people still able to verify that you have quit smoking? [update information if no]

Great. Now, we would like to hear your thoughts about the SMS USA program. Your feedback will help us improve the program so we really appreciate your honesty.

How strongly do you agree or disagree with the following statements:

	Very strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Very strongly agree	Do not want to answer
1. The SMS USA program made it easier to quit smoking.						
2. The SMS USA program disrupted my daily schedule.						
3. I received too many text messages every day.						
4. The text messages were easy to understand						
5. The text messages talked about what I was feeling and experiencing.						
6. I stopped reading the text messages by the end of the program.						
7. The tone of the text messages were positive and helped me feel supported.						

[INTERVENTION ONLY]

8. How helpful was your Text Buddy when you were quitting?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Neither helpful or unhelpful
- 4 Somewhat unhelpful
- 5 Very unhelpful
- 6 Do not want to answer

9. How supportive was your Text Buddy when you were quitting?

- 1 Very supportive
- 2 Somewhat supportive
- 3 Neither supportive or unsupportive
- 4 Somewhat unsupportive
- 5 Very unsupportive
- 6 Do not want to answer

10. Did you share your personal contact information with your Text Buddy so you could communicate directly?

- No 1
- Yes 2
- Do not want to answer..... 3

[if yes]

11. Did you keep in contact with your Text Buddy after the text messaging SMS USA program ended?

- No 1
- Yes 2
- Do not want to answer..... 3

12. How helpful was the Text Crave when you were quitting?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Neither helpful or unhelpful
- 4 Somewhat unhelpful
- 5 Very unhelpful
- 6 Do not want to answer

[ALL PARTICIPANTS]

13. How likely would you be to recommend the SMS USA program to your friends who are trying to quit smoking?

- 1 Very unlikely
- 2 Somewhat unlikely
- 3 Neither likely nor unlikely
- 4 Somewhat likely
- 5 Very likely
- 6 Do not want to answer

14. Is there one text message that you received that was more helpful than the others?

15. Is there one text message that you received that was least helpful than the others?

16. What are your suggestions for ways to improve the SMS USA program?

17. Ok, great. Thanks for your feedback. Now, let's switch topics just a bit. I have some questions about your relationships and people in your life. How much support did you get from the people you live with when you were quitting smoking?

- I live by myself6
- They were not supportive at all5
- They were generally not that supportive4
- They were be neutral3
- They were somewhat supportive2
- They were very supportive1
- Do not want to answer.....7

18. How much support did you get from your closest friends when you were quitting smoking?

- I do not have any friends6
- They were not supportive at all5
- They were generally not that supportive4
- They were be neutral3
- They were somewhat supportive2
- They were very supportive1
- Do not want to answer.....7

19. How strongly do you agree or disagree with the following statements. [Questions are randomized]

	Strongly disagree	Somewhat disagree	Neither disagree or agree	Somewhat agree	Strongly agree	Do not want to answer
a. There is a special person who is around when I am in need.	[]	[]	[]	[]	[]	[]
b. There is a special person with whom I can share my joys and sorrows.	[]	[]	[]	[]	[]	[]
c. My family really tries to help me.	[]	[]	[]	[]	[]	[]
d. I get the emotional help and support I need from my family.	[]	[]	[]	[]	[]	[]
e. I have a special person who is a real source of comfort to me.	[]	[]	[]	[]	[]	[]
f. My friends really try to help me.	[]	[]	[]	[]	[]	[]
g. I can count on my friends when things go wrong.	[]	[]	[]	[]	[]	[]
h. I can talk about my problems with my family.	[]	[]	[]	[]	[]	[]
i. I have friends with whom I can share my joys and sorrows.	[]	[]	[]	[]	[]	[]
j. There is a special person in my life who cares about my feelings.	[]	[]	[]	[]	[]	[]
k. My family is willing to help me make decisions.	[]	[]	[]	[]	[]	[]
l. I can talk about my problems with my friends.	[]	[]	[]	[]	[]	[]

17. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

- 1 Not at all in the last 2 weeks
- 2 Several days in the last 2 weeks
- 3 More than half of the days in the last 2 weeks
- 4 Nearly every day in the last 2 weeks
- 5 Do not want to answer

- 1 My appetite was poor
- 2 My sleep was restless
- 3 I felt sad
- 4 I felt like a bad person
- 5 I lost interest in my usual activities
- 6 I felt like I was moving too slowly
- 7 I wished I were dead
- 8 I was tired all the time
- 9 I could not focus on the important things

18. How difficult have these problems made it for you to...

- 1 Not at all difficult
- 2 Somewhat difficult
- 3 Very Difficult
- 4 Extremely Difficult
- 5 Do not want to answer

- 1 Do your work or school work
- 2 Take care of things at home
- 3 Get along with other people

19. The next questions are about alcohol. In the last 6 months, how often have you had more than a few sips of an alcoholic drink, such as beer, wine, vodka?

- Never (Go to Question 24)5
- Less than once a month2
- About once a month3
- Once every few weeks.....4
- About once a week5
- A few days per week.....6
- Every day / Almost every day7
- Do not want to answer8

20. Have you thought about cutting down on your drinking in the last 6 months?

- No2
- Yes1
- Do not want to answer3

21. Has anyone criticized you for your drinking in the last 6 months?

- No2
- Yes1
- Do not want to answer3

22. Have you felt bad or guilty about your drinking in the last 6 months?
- No 2
- Yes 1
- Do not want to answer 3
23. Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover in the last 6 months?
- No 2
- Yes 1
- Do not want to answer 3
24. Great. Now, let's switch to your smoking: Have you smoked at all, even just a puff, since [insert quit date]?
- No, not even a puff (**go to question 29**) 1
- Since the day I quit, I smoked 1-5 cigarettes 2
- Since the day I quit, I smoked more than 5 cigarettes 3
- Do not want to answer 4
25. Have you smoked (even a puff) within the last 4 weeks (28 days)? (Please choose one answer)
- No, not even a puff (**go to question 29**) 1
- 1-5 cigarettes 2
- More than 5 cigarettes 3
- Do not want to answer 4
26. Have you smoked (even a puff) within the last week (7 days)? (Please choose one answer)
- No, not even a puff (**go to question 28**) 1
- 1-5 cigarettes 2
- More than 5 cigarettes 3
- Do not want to answer 4
27. How many days have you smoked cigarettes, even just a puff, in the last 7 days? (Choose only one answer)
- 1 day 2
- 2-3 days 3
- 4-5 days 4
- 6 or more days 5
- Do not want to answer 6
28. Thinking about this past month, how many cigarettes do you smoke in an average day?
- _____

29. During the SMS USA program, did you use any of the following methods to help you quit? (CHOOSE ALL THAT APPLY)

- Chantix (varenicline) 1
 - Zyban (bupropion) 2
 - Nicotine replacement (such as the patch or gum) 3
 - Quit lines or telephone counseling..... 4
 - Group therapy..... 5
 - Individual counseling or therapy 6
 - Acupuncture 7
 - Hypnosis 8
 - Other..... 9
 - I did not use any additional method..... 10
 - Do not want to answer..... 11
- If you said 'other', please write in your answer here:
-

[If yes to any above response options]

30. How long did you use [insert method] to help you quit?

[let respondent answer and then code:]

- One day 1
- One week or less (but more than one day) 2
- Two weeks or less (but more than one week) 3
- One month or less (but more than two weeks) 4
- More than one month 5
- Do not want to answer 6

31. During the SMS USA program, did you go to a website that was aimed at helping people quit smoking?

- Yes 1
- No 2
- Do not want to answer..... 3

[if yes to websites / information on the Internet]

32. What websites did you go to?

Website names: _____

[if yes to websites / information on the Internet]

33. How often did you visit these websites?

- Less than once a month.....1
- About once a month2
- Once every few weeks.....3
- About once a week4
- A few days per week.....5
- Every day / Almost every day6
- Do not want to answer7

[IF RESPONDENT IS STILL SMOKING]

34. Next, are statements about when and why people smoke. It’s a long list; there are about 15 statements. Thanks for being patient.

Here we go: How well does each of the following statements describe you? The response options are: not at all true of me, somewhat true of me, moderately true of me, very true of me, or extremely true of me...?

[Questions are randomized]

	Not at all true of me	Sometimes true of me	Moderately true of me	Very true of me	Extremely true of me	Do not want to answer
a. After not smoking for a while, you need to smoke in order to feel less restless and irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you don't smoke for a few hours, you start to crave cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You sometimes have strong cravings for a cigarette where it feels like you're in the grip of a force you can't control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You feel a sense of control over your smoking. You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

can "take it or leave it" at any time.						
e. You sometimes worry that you will run out of cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Since you started smoking, the amount you smoke has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Compared to when you first started smoking, you need to smoke a lot more now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Compared to when you first started smoking, you can smoke much, much more now before you start to feel anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You smoke cigarettes fairly regularly throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. You smoke about the same amount on weekends as on weekdays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. You smoke just about the same number of cigarettes from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

l. It's hard to say how many cigarettes you smoke per day because the number often changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. It's normal for you to smoke several cigarettes in an hour, then not have another one until hours later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. You tend to avoid places that don't allow smoking, even if you would otherwise enjoy them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Even if you're traveling a long distance, you'd rather not travel by airplane because you wouldn't be allowed to smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The number of cigarettes you smoke per day is often influenced by other things - how you're feeling, or what you're doing, for example.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Your smoking is not affected much by other things. For example, you smoke about the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

same amount whether you're relaxing or working, happy or sad, alone or with others.						
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[ALL RESPONDENTS]

35. Great. Thanks for that. Now, on a scale of 1 to 5, with 1 being not sure at all and 5 being very sure: How sure are you that you could resist smoking cigarettes when you are in the following situations...?

[Questions are randomized]

	1 Not at all sure I could	2	3	4	5 Very sure I could	Do not want to answer
a. When your best friend is smoking	[]	[]	[]	[]	[]	[]
b. When you are bored	[]	[]	[]	[]	[]	[]
c. When you are at a party with all your friends smoking	[]	[]	[]	[]	[]	[]
d. When your date, partner, or spouse is smoking	[]	[]	[]	[]	[]	[]

[RESPONDENTS WHO QUIT SMOKING]

36. What do you think is the biggest reason you were able to quit smoking and stay quit?
[open ended response]

[RESPONDENTS WHO ARE STILL SMOKING]

37. What do you think was the biggest reason you did not quit smoking?
[open ended response]

You're doing great. We're almost at the end of the survey. Thanks for your patience. This last section is about physical activities and sleep.

38. This past month, on how many days did you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that caused HEAVY sweating or LARGE increases in breathing or heart rate? We are interested in sports, physically active hobbies, etc., that you may do in your LEISURE time.

- Not at all during the past month
- Less than once a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week
- Do not want to answer

39. This past month, about how long did you do these vigorous leisure-time physical activities each time you did them? (record in minutes, hours)

40. This past month, how often did you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that caused ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

- Not at all during the past month
- Less than once a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week
- Do not want to answer

41. This past month, about how long did you do these light or moderate leisure-time physical activities each time you did them? (record in minutes, hours)

42. This past month, how often did you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)
- Not at all during the past month
 - Less than once a week
 - 1 day a week
 - 2 days a week
 - 3 days a week
 - 4 days a week
 - 5 days a week
 - 6 days a week
 - 7 days a week
 - Do not want to answer

43. This past month, about how long did you do these physical activities specifically designed to strengthen your muscles each time you did them? (record in minutes, hours)

Now I have some questions about your sleeping habits:

44. Thinking about the *past month*... On a day when you have to go to work or school in the morning, how many hours of *actual sleep* do you get at night? (This may be different than the number of hours you spend in bed.) HOURS OF SLEEP PER NIGHT _____
45. Thinking about the *past month*... On a day when you don't have work or school in the morning, how many hours of *actual sleep* do you get at night? (This may be different than the number of hours you spend in bed.) HOURS OF SLEEP PER NIGHT _____
46. For the next several questions, the response options are: Not at all during the past month, Less than once a week, Once or Twice a week, Three or more times a week, or Do not want to Answer.

During the *past month*, how often have you ...

- a. Not been able to get to sleep within 30 minutes
- b. Woken up in the middle of the night or early morning
- c. Had to get up from sleeping to use the bathroom
- d. Had trouble sleeping because you could not breathe comfortably
- e. Had trouble sleeping because you were coughing or snoring loudly
- f. Had trouble sleeping because you felt too cold or hot
- g. Had bad dreams
- h. had trouble sleeping because you were in pain

47. For the next several questions, the response options are: Not at all during the past month, Less than once a week, Once or Twice a week, Three or more times a week, or Do not want to Answer.
- a. I go to bed at different times day to day (time I go to bed varies by more than two hours).
 - b. I get out of bed at different times from day to day. (time I get out of bed varies by more than two hours).
 - c. I use alcohol, tobacco, or caffeine within 4 h of going to bed.
 - d. I do something that may wake me up before bedtime (for example: play video games, use the internet, or clean)
 - e. I go to bed feeling stressed, angry, upset, or nervous.
 - f. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study)
 - g. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy)
 - h. I do important work before bedtime (for example: pay bills. schedule, or study).
 - i. I think, plan, or worry when I am in bed.

48. One final question and then we're done with the survey: Is there anything about the SMS Program that we haven't yet asked you about but you think is important for us to know: _____

Great. That is the end of the survey.

[For those in the control group who did not quit smoking]

As you may remember from the information you received when you signed up for this research project, each participant was randomly assigned to one of two groups. You were randomly assigned to the 'control group'. If you would like, you can now try the 'intervention group'; this group receives messages that are more specifically targeted to quitting smoking. Is this something that you are interested in?

[If yes, set quit date again in the next 30 days]

Thank you for your time and your participation in the program. You will be receiving your final check shortly. Do you have any questions that I can answer?