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1 Executive summary

1.1 Background and objectives
The NSW Smoking and Health Surveys measure tobacco-related knowledge, attitudes and behaviours among NSW adults. The surveys form part of the Cancer Institute NSW’s evaluation of its tobacco control program and assists the NSW Ministry of Health with policy relating to tobacco control measures. The 2015 survey aimed to understand:

(i) NSW smokers’ use of tobacco, their quit attempts and reasons for considering quitting
(ii) the NSW adult population's:
   - knowledge of the health consequences of smoking, including exposure to second-hand smoke
   - awareness and attitudes to e-cigarettes
   - knowledge and attitudes towards current and potential tobacco control measures.

1.2 Methodology
The 2015 survey was conducted by Computer Assisted Telephone Interviewing (CATI). Fieldwork took place from 13 April to 25 May 2015. A total of 1,606 interviews were conducted with people aged 18 years and over living in NSW. The sample was split into 50% smokers and 50% non-smokers and was allocated proportionately to the Sydney metro area and the rest of NSW. As introduced in 2013, a dual (over-lapping) sampling frame approach was employed, whereby 80% of interviews were conducted via fixed landline sample and 20% were conducted via mobile phone sample. The questionnaire took an average of 21.5 minutes to complete. An overall response rate of 12% was achieved, according to American Association for Public Opinion Research (AAPOR) standards. This equates to 27% of all known eligible households/numbers contacted completing the survey. The data were weighted appropriately by several variables, including telephony status. All findings in this report are based on weighted data.

1.3 Main findings

1.3.1 Smoking and quitting behaviours
Most measures of smoking behaviours are stable from 2013 to 2015: current smokers showed no changes in the amount smoked per day or per week, the tobacco products used or the level of nicotine dependence. However, there were some changes in the behaviour of daily smokers who make up the vast majority of current smokers. Daily smokers in 2015 were more likely to use roll-your-own (RYO) cigarettes (35%) than were those in 2013 (26%) and this may be a substitution response to the tax increases in the period. Self-reported quitting reasons, behaviours and intentions also show a great deal of stability since 2013. Health or fitness (75%) and cost (46%) were by far the most popular reasons given for considering quitting as they were in 2013 (79% and 43% respectively). The proportions of current smokers in NSW considering quitting in the next six months (61%) and seriously considering doing so (42%) were no different to those reported in 2013 (63% and 42% respectively).

However, there have been some negative changes. The proportion of current smokers in NSW who reported planning to quit in the next 30 days has decreased from 25% in 2013 to 18% in 2015. Quitting salience (the proportion thinking about quitting at least daily)
fell from 39% in 2013 to 25% in 2015. The proportion of current smokers who have not had at least one quit attempt has increased from 10% in 2013 to 26% in 2015.

Nonetheless, three quarters (74%) of current smokers have made at least one quit attempt and the median number of attempts is 3.3 which is unchanged from 2013 (3.1).

1.3.2 E-cigarettes

A large majority (87%) of NSW adults indicated they are aware of e-cigarettes. The main reasons for ever using e-cigarettes were ‘Curiosity’ (54%) and ‘To help me quit cigarettes’ (31%).

Community concern with the use of e-cigarettes is demonstrated by the greater proportion agreeing than disagreeing that e-cigarettes are unsafe to use (46% agree; 33% disagree) and that it is unsafe to use e-cigarettes around others (41% agree; 37% disagree). However, over half agreed that e-cigarettes are healthier than smoking tobacco cigarettes (56% agree; 31% disagree).

Attitudes towards the safety and use of e-cigarettes were greatly influenced by smoking status. For example, current smokers were more likely (44%) than ex-smokers (32%) to agree that e-cigarettes help people to quit.

There is a great deal of uncertainty and lack of knowledge about the regulation of e-cigarettes. For example, a majority (62%) incorrectly believed that at the time of the survey there was a ban on the sale of e-cigarettes to minors under 18 years of age, while over a quarter (28%) indicated ‘Don’t know’. Only one in ten (10%) correctly believed there was no such ban. Support for this ban being introduced in NSW was high at 88%.

There was also majority support (80%) for the application of Queensland legislation in NSW that regulates e-cigarettes in the same way as conventional cigarettes, including banning the use of e-cigarettes in public places where smoking is banned. However this was dependent upon smoking status, with current smokers less likely (60%) than ex-smokers (80%) or never smokers (88%) to agree with the proposal.

1.3.3 Smoking-related harm: Attitudes and perceived risks

A large majority of smokers recognise the personal risk of smoking-related harm. Overall, two-thirds (68%) of smokers and ex-smokers believed they have ‘definitely’ (31%) or ‘probably’ (38%) caused harm to their bodies by smoking. Current smokers were more likely than ex-smokers to feel that smoking has done at least some harm to their body (82% and 60% respectively). Also, three-quarters (76%) of current smokers believed they will become seriously ill if they continue to smoke. Further, a majority recognised that irreversible damage may occur: 59% disagree that “if I quit, all the damage smoking has done to my body will be reversed”.

These perceptions sit within the broader NSW population’s perceptions of smoking-related harms. However, current smokers reported less risk than did non-smokers. For example, while over four in five (83%) NSW adults disagreed with the statement ‘the medical evidence that smoking is harmful is exaggerated’, current smokers were less likely to disagree (67%) than were non-smokers (86%).

Similarly, while 69% of NSW adults disagreed that ‘smoking is no more risky than lots of other things that people do’, a majority of current smokers (55%) agreed with the
statement. Indeed 44% of all current smokers agreed with the statement ‘you’ve got to die of something, so why not enjoy yourself and smoke’.

1.3.4 Knowledge of the health effects of smoking

Smokers and non-smokers have knowledge of specific smoking-related illnesses and diseases and there is evidence that information on smoking-related harm is reaching the younger audience in particular. Unprompted, 28% of the NSW adult population recalled two or more smoking-related cancers. However, younger adults were more likely to mention at least two such cancers (18–39 years: 30%; 40–59 years: 33%) than were those 60 years and over (19%).

Lung cancer (67%), emphysema (45%), cancer in general (40%) and heart disease (35%) are the smoking-related health conditions most readily mentioned unprompted by NSW adults.

When prompted, more than nine in ten NSW adults recognised that lung cancer (99%), throat cancer (96%), mouth/oral cancer (95%) and emphysema (93%) are related to smoking. Again there is an effect of age: younger adults were more likely than those 60 years and over to recall each of the ten presented illnesses.

For three outcomes there has been a reduction in the level of prompted knowledge from 2013 to 2015: heart disease (down from 93% to 88%), blindness (down from 62% to 54%) and sudden infant death syndrome (SIDS) (down from 55% to 49%).

NSW adults were more likely in 2015 than in 2013 to have prompted knowledge of lung or breathing difficulties caused by smoking (up from 7% to 13%).

1.3.5 Positive impact of plain packaging

Support for plain packaging increased by nine per cent from 65% in 2013 to 74% in 2015. Non-smokers were much more likely to support plain packaging (79%) than were current smokers (50%). Nonetheless, current smoker support for plain packaging has increased by twelve per cent from 38% in 2013 to 50% in 2015.

Two in five (42%) current smokers reported a positive behavioural impact of plain packaging. This effect is greater for younger smokers: 18 to 39-year-old smokers were more likely to report plain packaging has had an impact on their smoking behaviour (50%) than were smokers aged 60 years and over (30%).

Further, each of the top three impacts was reported by a greater proportion of current smokers in 2015 than in 2013: actually tried to quit (3% in 2013 up to 15% in 2015); thoughts about quitting (13% 2013 up to 20% 2015); smoking less (9% 2013 up to 18% 2015).

1.3.6 Attitudes to second-hand smoke

There continues to be widespread belief that passive smoking does cause harm: over four in five (83%) NSW adults disagreed with the statement ‘I believe passive smoking is harmless’. Also, over three-quarters (78%) of current smokers agreed to some extent that ‘My smoking affects the health of others around me, including children’.

While current smokers in 2015 were no more likely to be bothered by exposure to other people’s smoke than they were in 2013, there was an overall increase which seems to be
due to non-smokers in 2015 being more likely to be bothered (94%) than in 2013 (87%).

Of concern, however, is a negative shift in the views of current smokers across survey periods, with a twelve per cent increase in the proportion agreeing that passive smoking is harmless (2013: 20%; 2015: 32%). That is, since 2013, smokers are less likely to be aware of, or are less sensitive to, the harm passive smoking can cause. There is also an age effect: a greater proportion of 18 to 39-year-olds (21%) than 40 to 59-year-olds (10%) agreed that passive smoking is harmless.

1.3.7 Support for legislation and bans

There continues to be strong support for stricter penalties for the sale of tobacco products to people under 18 years of age (92%) and for further increasing the price of cigarettes to discourage young people from smoking (71%), providing additional evidence that NSW adults feel it is important to reduce smoking-related harm to children through legislation. Indeed, there was nearly universal support observed for the current ban on smoking within 10 metres of children’s play equipment (non-smokers: 98%; current smokers: 96%).

Awareness of the laws introduced in January 2013 banning smoking in some outdoor public places increased from 81% in 2013 to 93% in 2015. Similarly, approval increased across the period from 68% in 2013 to 83% in 2015. Importantly, approval among current smokers increased from 50% in 2013 to 59% in 2015.

There was greater than 90% support for current bans on smoking at public swimming pool complexes, spectator areas of sports grounds, public transport stops and stations. Just under nine in ten (87%) expressed support for bans on smoking within four metres of a pedestrian entrance or exit to a public building.

Over three quarters (77%) supported issuing a $300 fine for non-compliance with smoke-free laws. Support was higher for non-smokers (86%) than smokers, but nonetheless over two in five (42%) smokers support non-compliance fines.

New laws were introduced just after the survey period on 6 July banning smoking in outdoor dining areas of pubs, clubs, cafes and restaurants. Almost half (46%) of NSW adults were aware of the new laws and the vast majority (85%) of those supported them, with non-smokers more likely (91%) than current smokers (59%) to do so.

High support was indicated for six of the seven further potential locations to be made smoke-free by law with around four in five NSW adults supporting smoke-free open/outdoor public shopping malls, gaming areas (including indoor poker machine areas), beaches, and outdoor community events and festivals. A smaller majority of around seven in ten supported smoke-free workplaces (including outdoor workplaces) and private gaming areas at casinos. Support for making all balconies or apartment blocks and multi-dwelling residential buildings smoke-free by law increased from just under half in 2013 (47%) to 56% in 2015.
## 2 Summary table of main results
(Statistically significant changes between waves are denoted in the “Change” column)

<table>
<thead>
<tr>
<th>Survey qu.#</th>
<th>Smoking and quitting behaviour</th>
<th>2013</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP1</td>
<td>Per cent overestimating number of smokers per 100 adults in NSW</td>
<td>66%</td>
<td>67%</td>
<td>-</td>
</tr>
<tr>
<td>2.10</td>
<td>Daily smokers: Average number of cigarettes, pipes, cigars per day</td>
<td>15.2</td>
<td>15.1</td>
<td>-</td>
</tr>
<tr>
<td>2.6</td>
<td>Current smokers: Regular or occasional use of cigarettes</td>
<td>88%</td>
<td>86%</td>
<td>-</td>
</tr>
<tr>
<td>2.6</td>
<td>Current smokers: Regular or occasional use of RYO cigarettes</td>
<td>23%</td>
<td>30%</td>
<td>-</td>
</tr>
<tr>
<td>2.6</td>
<td>Current smokers: Regular or occasional use of e-cigarettes</td>
<td>6%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>2.6</td>
<td>Daily smokers: Regular or occasional use of RYO cigarettes</td>
<td>26%</td>
<td>35%</td>
<td>Increase</td>
</tr>
<tr>
<td>2.6</td>
<td>Daily smokers: Regular or occasional use of e-cigarettes</td>
<td>4%</td>
<td>9%</td>
<td>Increase</td>
</tr>
<tr>
<td>2.10/2.11</td>
<td>High to very high nicotine dependence</td>
<td>10%</td>
<td>8%</td>
<td>-</td>
</tr>
<tr>
<td>2.13</td>
<td>Place of last purchase: Supermarket</td>
<td>46%</td>
<td>48%</td>
<td>-</td>
</tr>
<tr>
<td>3.0</td>
<td>Quitting salience (at least daily thoughts about quitting)</td>
<td>39%</td>
<td>27%</td>
<td>Decrease</td>
</tr>
<tr>
<td>3.1</td>
<td>Considering quitting in the next 6 months</td>
<td>66%</td>
<td>61%</td>
<td>-</td>
</tr>
<tr>
<td>3.2</td>
<td>Seriously considering quitting in the next 6 months</td>
<td>47%</td>
<td>42%</td>
<td>-</td>
</tr>
<tr>
<td>3.4</td>
<td>Planning to quit in the next 30 days</td>
<td>25%</td>
<td>18%</td>
<td>Decrease</td>
</tr>
<tr>
<td>3.3b</td>
<td>Reasons for quitting: Health or fitness</td>
<td>79%</td>
<td>75%</td>
<td>-</td>
</tr>
<tr>
<td>3.3b</td>
<td>Reasons for quitting: Cost of cigarettes</td>
<td>43%</td>
<td>46%</td>
<td>-</td>
</tr>
<tr>
<td>3.6</td>
<td>Current smokers who have never made a quit attempt</td>
<td>10%</td>
<td>26%</td>
<td>Increase</td>
</tr>
<tr>
<td>3.6</td>
<td>Current smokers who have made a quit attempt: Median quit attempts</td>
<td>3.1</td>
<td>3.3</td>
<td>-</td>
</tr>
<tr>
<td>3.6b</td>
<td>Ex-smokers: Median quit attempts</td>
<td>2.0</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td>3.6.6</td>
<td>Current smokers: Mean confidence to quit (0-10 scale)</td>
<td>6.2</td>
<td>6.2</td>
<td>-</td>
</tr>
<tr>
<td>3.6.7</td>
<td>Ex-smokers: Mean confidence to stay quit (0-10 scale)</td>
<td>8.4</td>
<td>9.8</td>
<td>Increase</td>
</tr>
<tr>
<td>4.2(18)</td>
<td>Feeling supported when I quit is important to me: Agree strongly/just a little</td>
<td>81%</td>
<td>74%</td>
<td>-</td>
</tr>
<tr>
<td>Survey qu.#</td>
<td>Cessation supports</td>
<td>2011</td>
<td>2015</td>
<td>Change</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>3.7.3</td>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): Quitline name or number</td>
<td>42%</td>
<td>46%</td>
<td>-</td>
</tr>
<tr>
<td>3.7.3</td>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): Online information/program</td>
<td>1%</td>
<td>7%</td>
<td>Increase</td>
</tr>
<tr>
<td>3.7.3</td>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): E-cigarettes</td>
<td>&lt;0.5%</td>
<td>6%</td>
<td>Increase</td>
</tr>
<tr>
<td>3.7.4</td>
<td>Awareness of support services, assistance, methods – prompted (current and ex-smokers): Quitline name or number</td>
<td>N/A</td>
<td>94%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey qu.#</th>
<th>E-cigarettes (new in 2015)</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>E7a</td>
<td>E-cigarettes are unsafe to use: Agree strongly/just a little</td>
<td>46%</td>
</tr>
<tr>
<td>E7b</td>
<td>E-cigarettes are healthier than smoking tobacco cigarettes: Agree strongly/agree just a little</td>
<td>56%</td>
</tr>
<tr>
<td>E7c</td>
<td>E-cigarettes help smokers to quit: Agree strongly/just a little</td>
<td>39%</td>
</tr>
<tr>
<td>E7d</td>
<td>It is unsafe to use e-cigarettes around others: Agree strongly/just a little</td>
<td>41%</td>
</tr>
<tr>
<td>E8(i)</td>
<td>Ban on sale of e-cigarettes to minors under 18 years: ‘Yes’</td>
<td>62%</td>
</tr>
<tr>
<td>E8(ii)</td>
<td>Ban on use of e-cigarettes in public places: ‘Yes’</td>
<td>23%</td>
</tr>
<tr>
<td>E8(iii)</td>
<td>Ban on sale of e-cigarettes containing nicotine: ‘Yes’</td>
<td>23%</td>
</tr>
<tr>
<td>E8(iv)</td>
<td>Ban on marketing of e-cigarettes as aids for quitting smoking: ‘Yes’</td>
<td>24%</td>
</tr>
<tr>
<td>E9</td>
<td>Support for proposed NSW legislation to ban sales to minors: Support strongly/just a little</td>
<td>88%</td>
</tr>
<tr>
<td>E10</td>
<td>Support for applying Queensland legislation on e-cigarettes in NSW: Support strongly/just a little</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey qu.#</th>
<th>Health effects: Knowledge, perceptions and attitudes</th>
<th>2013</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Smoking already harmed body: Definitely/probably (current and ex-smokers)</td>
<td>65%</td>
<td>68%</td>
<td>-</td>
</tr>
<tr>
<td>4.1</td>
<td>Perceived likelihood of becoming seriously ill if continue to smoke: Definitely/probably (current smokers)</td>
<td>70%</td>
<td>76%</td>
<td>-</td>
</tr>
<tr>
<td>4.1A(1)</td>
<td>The medical evidence that smoking is harmful is exaggerated: Disagree strongly/just a little (all)</td>
<td>N/A</td>
<td>83%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey qu.#</th>
<th>Health effects: Knowledge, perceptions and attitudes (cont.)</th>
<th>2013</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1A(2)</td>
<td>Smoking is no more risky than lots of other things people do:</td>
<td>N/A</td>
<td>69%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>4.1A(3)</strong></td>
<td>You've got to die of something, so why not enjoy yourself and smoke: Disagree strongly/agree just a little (current smokers)</td>
<td>N/A</td>
<td>77%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>4.1A(4)</strong></td>
<td>If I quit, all the damage smoking has done to my body will be reversed: Disagree strongly/just a little (current smokers)</td>
<td>N/A</td>
<td>62%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Lung cancer caused by smoking (prompted)</td>
<td>98%</td>
<td>99%</td>
<td>-</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Throat cancer caused by smoking (prompted)</td>
<td>94%</td>
<td>96%</td>
<td>-</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Mouth/oral cancer caused by smoking (prompted)</td>
<td>95%</td>
<td>95%</td>
<td>-</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Emphysema caused by smoking (prompted)</td>
<td>95%</td>
<td>93%</td>
<td>-</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Heart disease caused by smoking (prompted)</td>
<td>93%</td>
<td>88%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Blindness caused by smoking (prompted)</td>
<td>62%</td>
<td>54%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Sudden infant death syndrome (SIDS) caused by smoking (prompted)</td>
<td>55%</td>
<td>49%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>4.1(ii)</strong></td>
<td>Lung/breathing difficulties caused by smoking (prompted)</td>
<td>7%</td>
<td>13%</td>
<td>Increase</td>
</tr>
<tr>
<td>Survey qu.#</td>
<td>Support for policy and legislative changes</td>
<td>2013</td>
<td>2015</td>
<td>Change</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>6.75</td>
<td>My smoking affects the health of others around me, including children: Agree strongly/just a little (current smokers)</td>
<td>71%</td>
<td>78%</td>
<td>-</td>
</tr>
<tr>
<td>4.21</td>
<td>I feel uncomfortable smoking in public places: Agree strongly/agree just a little (current smokers)</td>
<td>50%</td>
<td>50%</td>
<td>-</td>
</tr>
<tr>
<td>4.22</td>
<td>There are so few places to smoker these days, that I smoke when I can rather than when I want to: Agree strongly/just a little (current smokers)</td>
<td>56%</td>
<td>49%</td>
<td>-</td>
</tr>
<tr>
<td>4.23</td>
<td>I feel embarrassed to be a smoker: Agree strongly/just a little (current smokers)</td>
<td>42%</td>
<td>36%</td>
<td>-</td>
</tr>
<tr>
<td>6.7(1)</td>
<td>I believe that passive smoking is harmless: Agree strongly/just a little (all)</td>
<td>12%</td>
<td>15%</td>
<td>-</td>
</tr>
<tr>
<td>6.7(1)</td>
<td>I believe that passive smoking is harmless: Agree strongly/just a little (current smokers)</td>
<td>20%</td>
<td>32%</td>
<td>Increase</td>
</tr>
<tr>
<td>6.1</td>
<td>How bothered about being exposed to second-hand smoke: Bothered a great deal/fair amount (all)</td>
<td>78%</td>
<td>84%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support for policy and legislative changes (cont.)</th>
<th>2013</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>87%</td>
<td>94%</td>
<td>Increase</td>
</tr>
<tr>
<td>4.2(7b) Increase price of cigarettes to discourage young people from smoking: Agree strongly/just a little (all)</td>
<td>69%</td>
<td>71%</td>
<td>-</td>
</tr>
<tr>
<td>4.2(7e) Increase price of cigarettes to encourage people to quit smoking: Agree strongly/just a little (all)</td>
<td>63%</td>
<td>67%</td>
<td>-</td>
</tr>
<tr>
<td>6.7(20) Banning cigarette vending machines in licensed premises: Agree strongly/just a little (all)</td>
<td>58%</td>
<td>63%</td>
<td>-</td>
</tr>
<tr>
<td>6.7(21) Stricter penalties for the sale of tobacco products to the under 18-year-olds: Agree strongly/just a little (all)</td>
<td>91%</td>
<td>92%</td>
<td>-</td>
</tr>
<tr>
<td>6.22 Awareness of NSW laws banning smoking in some outdoor public places (all)</td>
<td>81%</td>
<td>93%</td>
<td>Increase</td>
</tr>
<tr>
<td>6.22a Approval of NSW laws banning smoking in some outdoor public places: Approve strongly/just a little (all)</td>
<td>68%</td>
<td>83%</td>
<td>Increase</td>
</tr>
<tr>
<td>6.22b Smoking ban within 10 metres of children’s play equipment: Support strongly/just a little</td>
<td>96%</td>
<td>98%</td>
<td>-</td>
</tr>
<tr>
<td>6.22b Smoking ban in public swimming pool complexes: Support strongly/just a little</td>
<td>94%</td>
<td>95%</td>
<td>-</td>
</tr>
<tr>
<td>6.22b Smoking ban in spectator areas of sports grounds: Support strongly/just a little</td>
<td>85%</td>
<td>92%</td>
<td>Increase</td>
</tr>
</tbody>
</table>
6.22b  Smoking ban at public transport stops and stations: Support strongly/just a little  
6.22b  Smoking ban within 4 metres of a pedestrian entrance or exit to a public building: Support strongly/just a little 
6.30  Awareness of new law banning smoking in outdoor dining areas of pubs, clubs, cafes and restaurants  
6.31  Approval of new law banning smoking in outdoor dining areas of pubs, clubs, cafes and restaurants: Approve strongly/just a little (all respondents) 
6.31  Approval of new law banning smoking in outdoor dining areas of pubs, clubs, cafes and restaurants: Approve strongly/just a little (of those aware) 
6.32  Likelihood of visiting a pub, club, café or restaurant once new outdoor dining smoking bans in place: More likely 

<table>
<thead>
<tr>
<th>Support for policy and legislative changes (cont.)</th>
<th>2013</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7  Support for other potential locations to be made smoke-free by law:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All open or outdoor public shopping malls</td>
<td>78%</td>
<td>83%</td>
<td>-</td>
</tr>
<tr>
<td>All gaming areas in pubs, clubs and bars</td>
<td>73%</td>
<td>80%</td>
<td>Increase</td>
</tr>
<tr>
<td>All beaches</td>
<td>67%</td>
<td>79%</td>
<td>Increase</td>
</tr>
<tr>
<td>All outdoor community events and festivals</td>
<td>71%</td>
<td>77%</td>
<td>-</td>
</tr>
<tr>
<td>All workplaces, including outdoor workplaces</td>
<td>71%</td>
<td>74%</td>
<td>-</td>
</tr>
<tr>
<td>Private gaming areas at casinos</td>
<td>62%</td>
<td>71%</td>
<td>Increase</td>
</tr>
<tr>
<td>All balconies of apartment blocks and multi dwelling residential buildings</td>
<td>47%</td>
<td>56%</td>
<td>Increase</td>
</tr>
<tr>
<td>6.7(18)  Support for a general non-compliance fine: Agree strongly/just a little</td>
<td>77%</td>
<td>81%</td>
<td>-</td>
</tr>
<tr>
<td>6.7(19)  Support for a specific fine amount ($550 in 2013 and $300 in 2015): Agree strongly/just a little</td>
<td>69%</td>
<td>77%</td>
<td>-</td>
</tr>
<tr>
<td>Survey qu.#</td>
<td>Response to plain packaging</td>
<td>2013</td>
<td>2015</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>4.2(16)</td>
<td>Support for plain packaging regulation (all): Support strongly/just a little</td>
<td>65%</td>
<td>74%</td>
</tr>
<tr>
<td>4.10</td>
<td>Plain packaging – impact on behaviour (current smokers):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thoughts about quitting</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Smoking less</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Actually tried to quit</td>
<td>3%</td>
<td>15%</td>
</tr>
</tbody>
</table>
3 Introduction and objectives

The NSW Government is committed to reducing tobacco-related harm in the community. This is reflected in a range of NSW Government strategies, programs, legislation and policies, including the *NSW Tobacco Strategy 2012-2017*, the *NSW Cancer Plan*, the *Smoke-free Environment Act 2000* and the *Public Health (Tobacco) Act 2008*.

The NSW Ministry of Health and the Cancer Institute NSW work together on tobacco control and to reduce smoking prevalence in particular.

The Cancer Institute NSW is a NSW Government agency charged with substantially improving cancer control through the *NSW Cancer Plan*. This is to be achieved by:

- reducing the incidence of cancer in NSW;
- increasing the survival rate of people diagnosed with cancer;
- improving the quality of life for cancer patients and their carers; and
- becoming a source of expertise on cancer and providing expert advice to patients, the public, health care professionals and the Government.

A major program of the *NSW Cancer Plan* involves reducing smoking prevalence. In 2005, the Cancer Institute NSW commissioned an initial survey to establish baseline measures of tobacco-related knowledge, attitudes and behaviour among the NSW community. Further waves of the NSW Smoking and Health Survey were conducted in 2006, 2007, 2009, 2011 and 2013 to provide up-to-date measures and monitor shifts over time. This research program forms part of the Cancer Institute NSW’s ongoing evaluation of its tobacco control program.

In 2013 and 2015 the NSW Smoking and Health Surveys were co-funded with the NSW Ministry of Health. These surveys have informed the Cancer Institute NSW’s tobacco control program and the Ministry of Health’s tobacco control policy in NSW, by providing information on community attitudes towards smoking and current, or potential future, tobacco control measures. These data guide key legislative changes.

The 2015 research was conducted to understand the following about the NSW adult population:

- Patterns of tobacco use, quit attempts, and motivations for quitting.
- Knowledge of the health effects of smoking.
- Knowledge and attitudes about the health consequences of smoking/second-hand smoke.
- Awareness, perceptions and use of e-cigarettes.
- Attitudes towards smoking and current or potential tobacco control measures (including restrictions on smoking in public places, measures within the retail environment and regulations relating to plain packaging).
4 Methodology

4.1 Data collection method overview

The survey was conducted by computer assisted telephone interviewing (CATI). Fieldwork took place from 13 April to 25 May 2015.

A total of 1,606 interviews were conducted amongst people aged 18 years and over living in NSW. The sample was split 50:50 between smokers and non-smokers, and was allocated proportionately to the Sydney metro area and the rest of NSW.

As introduced in the 2013 survey, an overlapping dual sampling frame approach was used whereby 80% of interviews were conducted via landline sample and 20% were conducted via mobile phone sample (the sampling frames are overlapping in that those with both a landline and a mobile phone are able to be selected from either frame. The particular benefit of this design is that it provides access to those, particularly younger people, who do not have a fixed landline at home and are “mobile only”).

For the landline sample, interviews were conducted on weekdays between 4:30pm and 8:30pm, and on weekends between 10am and 5pm. For the mobile phone sample, interviews were conducted on weekdays between 1pm and 8:30pm, and on weekends between 1pm and 5 pm.

All interviewing was conducted from ORC International’s dedicated CATI facility in Melbourne CBD. The team of interviewers selected were briefed specifically on the project by the ORC International project team prior to the commencement of the fieldwork.

ORC International is a member of the Association of Market and Social Research Organisations (AMSRO) and as such, its staff and interviewers abide by the Australian Market and Social Research Society (AMSRS) Code of Professional Behaviour. This code has been deemed to satisfy all the requirements of federal privacy legislation.

In order to provide its clients accurate and professional services, ORC International has developed best practice processes that envelop the provision of market and social research consultancy services, including management, design, analysis and reporting. This enabled ORC International to become one of the first Market Research Organisations to become accredited with the International Standard for Market and Social Research: ISO20252 (Certification number: 13595). This commitment to these quality assurance standards ensured the research was conducted to the highest possible ethical and professional standards.
4.2 Questionnaire

The questionnaire for this survey was developed by the Cancer Institute NSW based on the versions employed in the previous waves of the research. ORC International provided advice on the questionnaire. The questionnaire predominantly contained closed pre-coded questions and statements to be rated using scales.

The questionnaire took an average of 21.5 minutes to complete. A copy of the questionnaire (for mobile and landline respondents) can be found in Appendix D.

4.3 Target population

The target population for this survey was people aged 18 years and over living in NSW.

4.4 Sampling frames and stratification

The sampling frames used for the over-lapping dual-frame approach (mobile and fixed landline) were provided by SampleWorx.

The SampleWorx fixed line RDD (random-digit dialling) sample is derived from a database of all fixed line prefixes in Australia (maintained by the Australian Communications and Media Authority [ACMA]). Random suffixes are then generated and the resulting numbers pinged (rung silently at the exchanges) to determine if they are live. These randomly generated phone numbers are then assigned to part-of-state (Sydney/Rest of NSW split) and generated in proportion to their ABS Estimated Resident Population (ERP) count of those areas.

The SampleWorx pinged RDD mobile phone samples are obtained in a similar way to the fixed line sample through the ACMA-based list of all possible mobile phone prefixes in Australia and the generation of random suffixes. Unlike the landline sample, these randomly generated phone numbers can’t be assigned to part-of-state (state and capital city/rest of state splits), as there is no geographic information attached to mobile numbers.

Therefore, there were three sample strata (i.e. two sample strata for the landline sample and one for the mobile) as follows:

- Fixed landline:
  - Sydney
  - Rest of NSW

- Mobile:
  - Australia-wide (with screening required to identify NSW residents)

4.5 Sample allocation

A key sample design decision was the allocation of sample to these strata. For the purposes of this survey, the Cancer Institute NSW opted for 80% landline and 20% mobile.

For the landline component, the optimal design for a state estimate (as required for this survey) is to allocate the landline sample to its two strata (i.e. Sydney or Rest of NSW) in proportion to the population. Therefore, the number of interviews conducted in each area
(or stratum) was determined such that each stratum’s share of the interviews was approximately equal to that stratum’s share of the total population (in this case, the NSW population aged 18 years and over).

For the single stratum, mobile sample respondents were screened to those living in NSW and within that the interviews were allowed to fall out randomly for Sydney versus Rest of NSW.

### 4.6 Sample quotas and respondent selection

Within each stratum, smoker and non-smoker quotas were equal.

For the landline sample, when both the smoker and non-smoker quota was open for a particular stratum (the random stage), the nth eldest person (where n was a number between one and the total number of 18+ aged individuals in the household) aged 18 years or over was randomly selected in that household. Once the non-smoker quota was filled (i.e. during the booster stage), the nth eldest smoker (where n fell between one and the total number of adult smokers in the household) aged 18 years and over was randomly selected in that household (if there was no smoker in that household during the booster stage it was deemed out-of-scope and screened out).

For the mobile sample, when both the smoker and non-smoker quota was open (the random stage) the person who answered the mobile phone (taken as the owner or joint owner of that phone) was automatically selected, as long as they were aged 18 or over and lived in NSW. Once the non-smoker quota was filled for the mobile stratum (i.e. during the booster stage), the person answering the phone was selected if they were a smoker aged 18 years or over living in NSW. If that person did not meet that criteria he/she was deemed out-of-scope and screened out).

As was expected, the age profile of the completed interviews from the mobile phone sample and the fixed landline sample were very different—the mobile phone completes were younger and more male, while the fixed landline completes were older and more female in profile.

The age and gender profile comparison of the fixed landline and mobile phone interviews are provided in Appendix A of this report.

### 4.7 Weighting

The data for the survey was weighted appropriately. The weighting process was highly complex as it needed to take into account many factors including the overlapping dual sampling frame approach, the over-sampling of smokers, the probabilities of selection (during the random and booster stages), as well as ensuring the age by gender by location by phone ownership profile matched that of the best available population estimates.

Full details on the weighting approach are outlined in Appendix B.

### 4.8 Margins of error

A total of 1,606 interviews were completed with people aged 18 years or over across NSW.
A weighting effect (WEFF) adjustment accounts for the added sample error that arises from the variability in the survey weights. The WEFF values can be used to compute the effective sample size. The effective sample size is calculated as the actual sample size divided by the WEFF.

The table below shows the WEFF values for the sample overall, as well as for smokers and non-smokers, along with the resultant effective sample sizes and the maximum margins of error.

**Table 1: Margins of error (including WEFFs and Effective sample sizes)**

<table>
<thead>
<tr>
<th>Sub-group</th>
<th>n</th>
<th>WEFF</th>
<th>Effective sample size</th>
<th>Margin of error^(+/- %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers</td>
<td>800</td>
<td>3.00</td>
<td>266</td>
<td>+/-6.0%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>806</td>
<td>2.34</td>
<td>345</td>
<td>+/-5.3%</td>
</tr>
<tr>
<td>Total (All)</td>
<td>1,606</td>
<td>3.39</td>
<td>473</td>
<td>+/-4.5%</td>
</tr>
</tbody>
</table>

The relatively large WEFFs are a consequence of the weighting required to accommodate the over-lapping dual-frame approach (mobile and fixed landline). The resultant smaller effective sample sizes overall, as well as for smokers and non-smokers, limits the further sub-group analysis possible (e.g. by demographics such as age, gender and location, etc.).

As can be seen in Table 1 above, the overall sample size of 1,606 respondents had a WEFF of 3.39, resulting in an effective sample size (n/WEFF) of 473 and a maximum margin of error of +/-4.5%. So, for example, if we had a result that 50% of all respondents aged 18+ had a certain view then we could be 95% confident that if we had taken a census of all NSW adults aged 18+ the result would be in the range 50% +/-4.5% i.e. within the range 45.5% -54.5%.

The margins of error when analysing by smokers or by non-smokers are higher again, as shown in Table 1.

**4.9 Response rates**

An overall response rate of 12.2% was achieved for the survey (12.5% for landline, 10.8% for mobile) based on the total estimated number of eligible households/mobile numbers. This was calculated based on the rigorous AAPOR\(^1\) standards.

This rate is based on this estimate as it is not always possible to ascertain if a number or household tried was eligible (for example where someone refused to participate or hung up before the interviewer was able to ascertain their eligibility, etc.). However, 26.9% of all known eligible households/numbers contacted completed the survey (27.7% for landline; 24.2% for mobile).

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The tables showing the final call outcome for all telephone numbers attempted (landline and mobile) and how the response rate was calculated based on these and the AAPOR standards are contained in Appendix C of this report.

4.10 Presentation of results

Survey findings are presented in the following sections. Statistical tests were conducted with a type one error rate of 0.05 and error terms took account of the weighting effect described above.

Only statistically significant results are described in this report. These differences are indicated on figures by circling the highest value that is different. For example, Figure 2 shows that 85% of females in NSW are classified as non-smokers. This value is circled as it is significantly different from the corresponding figure of 77% for males.

It is noted that for some questions the only prior survey data for the purposes of comparison are those from the 2011 NSW Smoking and Health Survey which did not include mobile-only households. While comparison of the results of the 2011 and 2015 surveys is complicated by the different methodologies employed, an estimate of the 2011 weighting effect has been made to enable assessment of differences for measures for which 2011 is the only prior survey data. Specifically, for the base smoker sample size of n=806 in the 2011 survey, a WEFF of 1.5 has been estimated and used in statistical tests.

All bases are reported in figures. Question 6.7 employed a split sample; the presentation of statements was randomised so that each non-smoker received seven of twelve statements (excluding statement five) while each current smoker received statement five plus seven of the twelve statements.
5 Key findings: Smoking and quitting behaviours

This section of the report describes the findings on smoking and quitting behaviours and intentions:

- Normative perceptions of smoking
- Frequency of smoking
- Amount smoked
- Tobacco products used
- Nicotine dependence
- Number of quit attempts
- Future quitting intentions and quitting salience
- The reasons for considering quitting and
- The importance of support when quitting

5.1 Normative perceptions of smoking in NSW

All respondents were asked ‘Out of every 100 adults aged 18 years or older in NSW, how many do you think smoke tobacco products?’ Responses were classified as an under-estimate, a correct estimate, or an over-estimate in the following way:

- Under-estimate: 11 or less per 100
- Correct estimate: 12 to 20 per 100
- Over-estimate: 21 or more per 100

Two-thirds (67%) over-estimated the smoking rate, while nearly one fifth (18%) was able to make a correct estimate (see Figure 1). A minority (8%) under-estimated the rate, and a further 7% indicated ‘Don’t know’. These results represent no change from 2013 (over-estimate: 66%; correct estimate: 19%; under-estimate: 7%; ‘Don’t know’ 8%).
Figure 1: Normative perceptions of smoking in NSW by age group

**NP1** Out of every 100 adults aged 18 years or older in NSW, how many do you think smoke tobacco products?

The proportion that over-estimated the smoking rate decreased with age (18–39 years: 73%; 40–59 years: 66%; 60 years and over: 60%). This appears to be related to the proportion indicating ‘Don’t know’—younger respondents were less likely to indicate ‘Don’t know’ than older respondents (18–39 years: 5%; 40–59 years: 6%; 60 years and over: 12%).

Females were more likely to over-estimate the smoking rate (72%) than males (62%), but no less likely to indicate ‘Don’t know’ (females: 8%; males: 7%).

### 5.2 Frequency of smoking (from NSW Population Health Survey)

The NSW adult population smoking rate is reported annually by the *NSW Population Health Survey* (PHS). In 2014, 15.6% of the NSW adult population were current smokers, which means they reported smoking daily or occasionally.

### 5.3 Amount smoked

Daily and weekly smokers were asked how many cigarettes, pipes or cigars per day they smoke on average.

*Daily smokers* reported smoking an average of **15.1** cigarettes, pipes or cigars per day, which represents no change from the 2013 mean of 15.2 (see Figure 3). More than four in five (84%) daily smokers smoke up to 20 cigarettes, pipes or cigars per day; nearly

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3 The question used to define the indicator was: *Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?*
two in five (39%) smoke 10 or fewer; and almost half (46%) smoke 11 to 20 per day. Approximately one in six (16%) smokes either 21 to 30 (10%) or more than 30 per day (5%).

This pattern is similar to that for 2013, though the proportion smoking 21 to 30 cigarettes, pipes or cigars per day is smaller in 2015 (10%) than in 2013 (17%).

**Figure 2: Amount smoked by daily smokers by survey year**

2.10  How many cigarettes, pipes or cigars per day would you smoke on average?

<table>
<thead>
<tr>
<th>Total Daily Smokers 2013 (n=709)</th>
<th>Total Daily Smokers 2015 (n=716)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or less</td>
<td>10 or less</td>
</tr>
<tr>
<td>11 to 20</td>
<td>11 to 20</td>
</tr>
<tr>
<td>21 to 30</td>
<td>21 to 30</td>
</tr>
<tr>
<td>31 or more</td>
<td>31 or more</td>
</tr>
<tr>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Mean 15.2</td>
<td>Mean 15.1</td>
</tr>
</tbody>
</table>

Weekly smokers reported smoking an average of 14.7 cigarettes, pipes or cigars per week, which represents no change from 2013.

Ex-smokers were asked how many cigarettes per day they used to smoke on average, regardless of whether they had been regular or occasional smokers. The mean amount smoked was 10.7, which represents no change from the 2013 mean of 10.6. Approximately one-fifth of ex-smokers (20%) reported having smoked more than 20 cigarettes per day.

**5.4 Tobacco products used**

Current smokers were read out a list of tobacco products and asked to indicate which of these they used either regularly or occasionally.

Overall, current smokers’ reported use of products shows a similar profile in 2015 as 2013 (see Figure 4). Nearly nine out of ten current smokers report using tailor-made or manufactured cigarettes (2015: 86%; 2013: 88%). The next most popular product was roll-your-own (RYO) cigarettes with 23% of smokers in 2013 and 30% of smokers in 2015 having used these either regularly or occasionally. Nearly one in twelve (8%) current smokers has used e-cigarettes either regularly or occasionally, a similar proportion to those using cigars (7%).
There are some notable changes from 2013 to 2015. Daily smokers make up the vast majority of current smokers and their use of RYO and e-cigarettes has increased since 2013. Over a third (35%) of current smokers in 2015 reported using roll-your-own (RYO), up from a quarter (26%) of smokers in 2013.

Also, nearly one in ten (9.4%) of current smokers in 2015 reported using e-cigarettes, up from one in twenty-five (4.2%) of smokers in 2013.

A minority of current smokers (6.5%) reported using waterpipe tobacco or sheesha either regularly or occasionally. A further question on waterpipe tobacco was presented to non-smokers. The data indicate current usage is 0.8% of ex-smokers and 1.7% of never-smokers. Together with the data from current smokers, an estimate of regular or occasional waterpipe use by NSW adults is 2.3% of the population.
5.5 Nicotine dependence

The short version of the Fagerstrom test for nicotine dependence takes into account the daily amount smoked and the length of time from waking until the first cigarette. The results show no change from 2013. Just under half (45%) of all daily smokers have very low dependence, while just under one in ten (8%) has high to very high dependence (see Figure 5).

Older smokers were more likely than younger smokers to have a higher dependence: 17% of the 60 years and over group has high (15%) to very high dependence (2%), compared with just 7% and 5% for the 40–59 years and 18–39 years age groups respectively.

Figure 4: Nicotine dependence, by survey year and age group

2.10 How many cigarettes, pipes or cigars per day would you smoke on average?

2.11.1 How soon after waking up do you smoke your first cigarette?

5.6 Place of last purchase

Current smokers were asked where they bought their last pack of cigarettes or other tobacco products. Nine in ten (92%) bought their last cigarettes or tobacco products themselves. This proportion includes nearly three-quarters (73%) who made their last purchase at either a supermarket (48%) or a tobacconist (24%) (see Figure 6).

Question 2.11.1 asks about the time after waking that smokers smoked their first cigarette. Responses are scored in the following manner: Within 5 minutes = 3, 5-30 minutes = 2, 31-60 min = 1, >60 min = 0. Question 2.10 asks about the number of cigarettes smoked per day. Responses are scored in the following manner: 10 or less = 0, 11-20 = 1, 21-30 = 2, 31 or more = 3. Their combined score gives the level of dependence, such that 0-2 = very low dependence, 3 = low, 4 = moderate, 5 = high, 6 = very high.
Figure 5: Place of last purchase of tobacco product by survey year

2.13 Where did you buy your last pack of cigarettes or other tobacco products?

Geographic location affected the share between these two places of purchase: those in the Rest of NSW were more likely to buy from a supermarket (62%) than were those in Sydney (42%). Conversely, those in the Rest of NSW were less likely to buy from a tobacconist (14%) than were those in Sydney (29%).

The remaining purchases were chiefly made at petrol stations (9%) or convenience stores (7%). The profile of place of purchase is similar to that of 2013.

The minority who themselves ‘didn’t buy it’ is greater in 2015 (6%) than in 2013 (2%). Interestingly, in 2015 those who reported embarrassment at being a smoker were less likely to have bought their last cigarette or tobacco product themselves (14% indicate ‘I didn’t buy it’) than were those who reported no embarrassment (1% indicate ‘I didn’t buy it’).

5.7 Quitting thoughts and intentions

Respondents were asked about their quitting thoughts and intentions. Current smokers were asked how often in the past two weeks they have thought about quitting.
**Daily thoughts**: Just over a quarter (27%) had thought about quitting daily, either several times a day (15%) or once a day (12%) (see Figure 7).

**Occasional thoughts**: Approximately one third (34%) had occasionally thought about quitting, either once every few days (12%) or once or twice in the past fortnight (24%).

**Not at all**: Nearly two in five (39%) reported not having thought about it at all in the past two weeks.

**Figure 6: Frequency of quitting thoughts by survey year**

3.0  During the past two weeks, how often have you thought about quitting?

These results represent a change from 2013. Quitting salience, the proportion thinking about quitting at least once a day, has fallen 12 per cent from 39% in 2013 to the 27% reported above for 2015. This seems mainly due to a fall in the proportion thinking about quitting several times a day, down from 26% in 2013 to 15% in 2015.

In 2015, those more likely to think about quitting on at least a daily basis were:

- daily smokers (33%; weekly smokers: 14%; occasional smokers: 5%)
- those seriously considering quitting (53%; ‘just a possibility’: 19%; not at all considering’: 3%)
- those embarrassed to be a smoker (34%; not embarrassed to be a smoker: 23%).

In 2015, those less likely to think about quitting on at least a daily basis were in the 18–29 years age group (14%; all other age groups greater than: 30%).

**5.8 Future quitting intentions**

Current smokers were asked if they were considering quitting in the next six months. The results are similar to those for 2013. Three in five (61%) reported they were considering **quitting in the next six months**, while nearly a third (31%) was not. A minority (8%) reported either ‘Don’t know’ (6%) or refused to answer (3%). Two in five (42%) were **seriously thinking of quitting**, while almost one in five (18%) reported it was just a possibility (see Figure 8).
The proportion planning to quit in the next 30 days has decreased from a quarter (25%) in 2013 to just under one fifth (18%) in 2015.

**Figure 7: Quitting intentions**

3.1 Are you considering quitting smoking in the next 6 months?
3.2 Are you seriously thinking of quitting, or do you just think it is a possibility?
3.4 And are you planning to quit smoking in the next 30 days?

### Daily smokers

Daily smokers make up the bulk of current smokers. While overall the proportion of current smokers considering quitting in the next six months has not changed from 2013 to 2015, the proportion of daily smokers considering quitting in this period is down nine per cent from 71% in 2013 to 62% in 2015.

However, the proportion of daily smokers seriously considering quitting (44%) is no different than in 2013 (49%). Furthermore, the proportion of daily smokers considering quitting in the next 30 days (20%) is no different than in 2013 (25%).

### Planning to quit in the next 30 days

The proportion planning to quit in the next 30 days was greater for:

- those in the Rest of NSW (26%) than for those in Sydney (14%)
- those who correctly or under-estimated the smoking rate (27%) than for those who over-estimated it (14%)
- those who were embarrassed to be a smoker (25%) than for those who were not (14%).

### 5.9 The reasons for considering quitting

Those considering quitting in the next six months were asked for their reasons. The top three reasons in 2015 were:

1. Health or fitness reasons 75% (2013: 79%)
2. Cost of cigarettes or tobacco 46% (2013: 43%)
3. I don't enjoy it anymore 9%  (2013: 8%)

There is no change from 2013 (see Figure 9).

Those with low socioeconomic disadvantage were more likely (85%) than those with medium to high socioeconomic disadvantage (67%) to cite health/fitness reasons, but no more or less likely to cite the cost of cigarettes or tobacco, or a lack of enjoyment.

**Figure 8: Reasons for thinking about quitting by survey year**

**3.3b What are your reasons for thinking about quitting at this stage?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>2015 (n=499)</th>
<th>2013 (n=562)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health or fitness reasons</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Cost of cigarettes or tobacco</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>I don't enjoy it anymore</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Anti-social/feels ostracised</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Encouragement from my partner, family, or friends</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>I want to see my kids grow up</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>The effect of my smoking on my family’s health</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

5.10 Number of quit attempts

Current smokers and ex-smokers were asked about any quitting attempts.

**Current smokers**

Just over a quarter (26%) of current smokers have *never tried to quit*, and this is significantly more than the corresponding proportion in 2013 of one in ten (10%).

In 2015, those more likely to report never having made a quit attempt were:

- 18–29 years old (41%; all other age groups: 26% or less);
- Sydney residents (34%; Rest of NSW: 11%).
Three-quarters (74%) of current smokers have made at least one quit attempt. The median number of quit attempts was 3.3 which shows no change from the 2013 median of 3.1. Approximately a quarter (27%) have made one (13%) or two (14%) attempts (see Table 2).

Table 2: Number of quit attempts by smoking status

3.6 Around how many times have you tried to quit smoking, if at all?
3.6b Before you stopped smoking, around how many times did you try to quit?

<table>
<thead>
<tr>
<th>Attempts</th>
<th>Current Smoker</th>
<th>Ex-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>No attempt</td>
<td>26%</td>
<td>NA</td>
</tr>
<tr>
<td>One</td>
<td>13%</td>
<td>36%</td>
</tr>
<tr>
<td>Two</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Three</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Four</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Five</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Six or more</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Median</td>
<td>3.3 attempts</td>
<td>3.0 attempts</td>
</tr>
</tbody>
</table>

Current smoker base=812; Ex-smoker base=339

Ex-smokers

Over one third (36%) of ex-smokers successfully quit on their first attempt. The median number of quit attempts prior to successful quitting is 3.0 which shows no change from the 2013 median of 2.0.

Females were more likely to successfully quit on their first attempt (46%) than were males (27%).

5.11 Duration of most recent quit attempt

Current smokers who had made at least one quit attempt were asked for how long they were able to stop smoking on their most recent attempt.

Over a third (36%) were able to stay quit for up to one month, including 16% who stayed quit for up to one week (see Figure 10). Almost one in five (18%) current smokers had quit for at least a year on their most recent quit attempt. These results are no different to those for 2013.
Figure 9: Duration of last quit attempt

3.6.1a  When you last tried to quit smoking, for how long were able to stop smoking?

5.12 Quitting confidence

Current smokers

Approximately four in five (79%) indicate a medium (38%) or high (41%) level of confidence. Just under one fifth (19%) indicates low confidence. The mean level of confidence is 6.2.

These results do not differ from those in 2013 (low: 19%; medium: 41%; high: 39%; mean: 6.2).

Those reporting low quitting confidence were more likely to:

- be aged 60 years and over (33%; 18–39 years: 12%; 40–59 years: 20%)
- have medium to high socioeconomic disadvantage (26%; low socioeconomic disadvantage: 10%)
- not be considering quitting (30%; seriously considering quitting: 10%; with those considering quitting a possibility falling between these two: 16%)
- disagree with the statement that 'if I quit, all the damage smoking has done to my body will be reversed' (23%; relative to those that agree to some extent: 13%).

Those reporting high quitting confidence were more likely to:

- live in Sydney (46%) than in the rest of NSW (31%)
- have low socioeconomic disadvantage (50%; medium to high socio-economic disadvantage: 34%)
- be seriously considering quitting (49%; relative to those not considering quitting: 33.6%. Those reporting quitting is ‘just a possibility’ fall between these two at 42%)
- agree to some extent with the statement ‘the medical evidence that smoking is harmful is exaggerated’ (47%; relative to those that disagree with the statement to some extent; 29%).

**Ex-smokers**

Ex-smokers were asked to rate their confidence to stay quit, using the same scale from 0 to 10. Responses were grouped in the same three categories of low, medium and high confidence.

Nearly all ex-smokers indicated a high (98%) level of confidence to stay quit. The mean level of confidence was 9.8, which is higher than the 2013 level of 8.4.

**5.13 Importance of support**

Approximately three-quarters (74%) of current smokers either agreed (59%) or strongly agreed (15%) with the statement *Feeling supported when I quit is important to me*. These results show no change from 2013. However, daily smokers in 2015 were less likely to agree than were those in 2013 (2015: 70%; 2013: 81%). Similarly, male smokers in 2015 were less likely to agree than were those in 2013 (2015: 70%; 2013: 80%).

**5.14 Awareness and use of cessation supports**

**Unprompted**

Current and ex-smokers were asked if they could name any particular support services, assistance or methods that were available to help smokers to quit. The last time this question was asked was in the 2011 NSW Smoking and Health Survey.

In 2015, a large majority (85%) was able to name at least one cessation support. A minority (15%) either indicated they recalled none (11%) or ‘Don’t know’ (4%) (see Table 3).

The top three named supports in 2015 (as for 2011) were:
1. Nicotine replacement therapy (NRT): 46%
2. Quitline/Quitline number: 42%
3. General practitioner (GP)/other health professional: 24%

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*While comparison of the results of the 2011 and 2015 surveys is complicated by the different methodologies employed (and consequently different sources of non-sampling error), an estimate of the 2011 weighting effect has been made to enable assessment of differences for measures for which 2011 is the only prior survey data (see Section 4.10 for further details).*
Table 3: Unprompted awareness of cessation supports by survey year

3.7.3 Can you name any particular support services, assistance or methods that are available to help smokers quit?

<table>
<thead>
<tr>
<th>Support</th>
<th>2015</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRT</td>
<td>46%</td>
<td>42%</td>
</tr>
<tr>
<td>Quitline name/number</td>
<td>44%</td>
<td>47%</td>
</tr>
<tr>
<td>GP/ health prof</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>Natural therapies</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Online information/program</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Base 2015 = 1151 Current and ex-smokers; Base 2011 = 803 Current and ex-smokers

A minority (6%) named e-cigarettes as a cessation support. A similar proportion (7%) named either online smoking information (3%) or online quit smoking programs (4%) as a support.

Those more likely to mention the Quitline either by name or number were:

- under 60 years (18–39 years: 52%; 40–59 years: 46%; 60 years and over: 31%)
- female (54%; male: 36%)
- have low socioeconomic disadvantage (55%; medium to high socioeconomic disadvantage: 36%)

Those more likely to mention online information or programs were under 60 years (18–39 years: 12%; 40–59 years: 7%; 60 years and over: 0.5%)

Those who mentioned online information or programs were asked to name the website. The responding base is n=23. While thirteen respondents could not recall the name of the website, there were four mentions of iCanQuit, and five mentions of My QuitBuddy.

Prompted

A list of cessation supports not mentioned previously was read out to current and ex-smokers to assess prompted awareness. This was a new question in 2015.

There was very high prompted awareness of the Quitline (either by name or number) (94%) and NRT (including gum, patches, lozenges or inhalers) (95%).

Approximately half (52%) were aware of prescribed medication (such as Zyban, Champix).

Nearly two in five (38%) reported that they have heard of iCanQuit. One quarter (25%) were aware of Quitnow.info.au and almost one in seven (15%) were aware of My QuitBuddy.

Prompted awareness of some supports was affected by age. Those 60 years and over were less likely (38%) to be aware of prescribed medication than were those under 60.
years (18–39: 54%; 40–59: 61%). Those over 60 years were more likely to be aware of iCanQuit (46%) than were those 18(46%) 39 (30%; those 40–59 fell between these two at 38%).

**Use of supports**

Ex-smokers and current smokers who had had at least one quit attempt were asked to indicate if they had ever used any of the supports they were aware of (unprompted or prompted).

Over half (51.7%) had not used any of the supports. Ex-smokers were more likely (62%) than were current smokers with at least one quit attempt (38%) to have used no supports.

Just under a half (48.1%) indicated at least one support had been used. The top three cessation aids ever used were NRT (38%), prescribed medication (22%) and the Quitline (10%).

Ex-smokers were less likely than current smokers with at least one quit attempt to have used:

- NRT (27%; current smokers: 54%)
- Quitline (4%; current smokers: 18%).
Key findings: E-cigarettes

6.1 Awareness of e-cigarettes

The proportion of the NSW adult population that has tried an e-cigarette is reported annually by the NSW PHS. In 2014, an estimated 8.4% of the population had tried an e-cigarette, which means they reported using e-cigarettes either daily, occasionally, previously or reported they had tried them a few times.

The present survey used the same definition of electronic cigarettes or e-cigarettes as for the 2014 PHS: Electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices, such as pens.

Respondents were read the definition and then asked if they had heard of e-cigarettes ‘before today’. Nearly nine in ten (87%) reported they had heard of e-cigarettes. The size of this majority is greater for:

- current smokers (94%) and ex-smokers (91%) relative to never-smokers (81%)
- males (91%) relative to females (82%)
- those under 60 years (18–39 years: 89%; 40–59 years: 89%) relative to those 60 years and over (80%).

Main reasons for use

Those smokers and non-smokers who have ever used e-cigarettes were asked for the main reasons they used/use them. The top reasons (shown in Figure 12) were:

- ‘Curiosity’ (54%)
- ‘To help me quit smoking’ (31%)
- ‘So I can smoke in places where smoking cigarettes is not allowed’ (7%)
- ‘Not as bad for your health as cigarettes’ (7%).

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7 The question used to define the indicator was: Which of the following best describes how often you use electronic cigarettes? IF ASKED: [Electronic cigarettes are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens]

[READ OUT] 1: I've never used electronic cigarettes 2: I've tried electronic cigarettes a few times but never used them regularly 3: I don't use electronic cigarettes now, but I used to 4: I use electronic cigarettes occasionally 5: I use electronic cigarettes daily X: Don't know R: Refused
Current smokers over 40 years were more likely to indicate ‘To help me quit smoking’ (41%) than were those under 40 years (15%).

For smokers and non-smokers who had ever used e-cigarettes, those most likely to cite curiosity as a reason were:

- younger: This reason was cited by nearly two-thirds (65%) of 18 to 39-year-olds, one-third (33%) of 40 to 59-year-olds and only one in ten (11%) of those over 60 years

- male: Just under two-thirds (63%) of males and over one third (37%) of females cited curiosity

- from areas with lower socioeconomic disadvantage: This reason was cited by 71% of those with low disadvantage, but only 37% of those with high disadvantage. This may be related to the size of the initial financial outlay for equipment.

**Nicotine content**

Those who had ever used e-cigarettes were asked to think about whether the last e-cigarette they used contained nicotine. There was a lack of certainty regarding nicotine content: approximately one third (35%) did not know whether their last e-cigarette contained nicotine. Nearly two-thirds (65%) reported knowing whether the last e-
cigarette contained nicotine, with 43% indicating it did contain nicotine and 22% indicating it did not.

**Place of last purchase**

Those who had ever used e-cigarettes were asked to think about where they bought or obtained their last e-cigarette product, whether that was the e-cigarette itself, the cartridge or the e-cigarette liquid.

Just over half (55%) of those who had ever tried or used e-cigarettes reported they did not themselves obtain their last e-cigarette product: it was most likely a gift or from a friend (53%) (see Figure 13).

**Figure 11: Place of last purchase of an e-cigarette product**

And from where did you buy or obtain your last e-cigarette product, whether that was the e-cigarette itself, the cartridge or the e-cigarette liquid?

<table>
<thead>
<tr>
<th>Place</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend/It was a gift</td>
<td>53%</td>
</tr>
<tr>
<td>Internet</td>
<td>17%</td>
</tr>
<tr>
<td>Tobacconist</td>
<td>13%</td>
</tr>
<tr>
<td>Stall at a market or fair</td>
<td>4%</td>
</tr>
<tr>
<td>Petrol station</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>I didn't buy it</td>
<td>2%</td>
</tr>
<tr>
<td>Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

The main places of last purchase were the internet (17%), a tobacconist (13%), a market/stall (4%), petrol station (3%) and supermarket (2%).

While the internet was the most popular source, the proportion varies greatly by geography. For those in Sydney where there is greater availability of e-cigarette products, only 6% of respondents mentioned the internet, while for those in the Rest of NSW, where availability of such products is more limited, this proportion was 43%.

**6.2 Attitudes to e-cigarettes**

Several statements regarding e-cigarettes were presented to respondents who were aware of e-cigarettes and they were asked to indicate the extent to which they agreed or disagreed with each. Responses indicate a level of concern with e-cigarettes that varies in particular with smoking status.
'E-cigarettes are unsafe to use'

More people agreed (46%) than disagreed (33%) that e-cigarettes are unsafe to use. A further one in five (21%) either ‘Don’t know’ (18%) or reported they ‘Neither agree nor disagree’ (4%) with the statement (see Figure 14).

**Figure 12: E-cigarettes are unsafe to use**

_E7.a_ I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: e-cigarettes are unsafe to use. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree strongly</th>
<th>Agree just a little</th>
<th>Neither agree nor disagree</th>
<th>Disagree just a little</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL n=1,374</td>
<td>27%</td>
<td>20%</td>
<td>19%</td>
<td>4%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Current Smokers n=752</td>
<td>29%</td>
<td>23%</td>
<td>22%</td>
<td>5%</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>Ex-smokers n=284</td>
<td>29%</td>
<td>19%</td>
<td>22%</td>
<td>10%</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Never Smoked n=338</td>
<td>31%</td>
<td>18%</td>
<td>25%</td>
<td>5%</td>
<td>23%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Several variables affect the response to the statement regarding the safety of e-cigarette use.

**Smoker status**

Being a current or ex-smoker created a more favourable view of e-cigarettes. Never-smokers were much more likely to agree (55%) that e-cigarettes are unsafe to use than were current (36%) and ex-smokers (40%). Conversely, ex-smokers (30%) and never-smokers (31%) were less likely to disagree than were current smokers (42%). Ex-smokers were the most likely (25%) to indicate ‘Don’t know’ relative to current smokers (17%) and never smokers (12%).

**Age**

Respondent age was unrelated to the net agreement with the statement. Rather, age affects the proportions disagreeing or indicating ‘Don’t know’—younger people were more likely to have an opinion and that opinion was more likely to be that e-cigarettes are safe. Those 18–39 years were more likely to disagree (43%) e-cigarettes are unsafe than were those in the older age groups (40–59 years: 29%; 60 years and over: 21%) while they were less likely to report ‘Don’t know’ than were those 60 years and over (18–39: 10%; 40–59 years: 20%; 60 years and over: 27%).
**E-cigarette use**

Unsurprisingly, those who have tried e-cigarettes were more likely to disagree that e-cigarettes are unsafe (54%) than were those who have not tried them (29%). This effect may be related to the age effect described above.

**'E-cigarettes are healthier than smoking tobacco cigarettes’**

More people agreed (56%) than disagreed (31%) with the statement ‘e-cigarettes are healthier than smoking tobacco cigarettes’ (Figure 15).

**Figure 13: E-cigarettes are healthier than smoking tobacco cigarettes**

I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: e-cigarettes are healthier than smoking tobacco cigarettes. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

Just over half (56%) agreed either strongly (24%) or just a little (31%) with the statement. Almost a third (31%) disagreed with most indicating strong disagreement (22%) rather than just a little disagreement (9%). Nearly one in seven (14%) reported they ‘Don’t know’ (11%) or ‘Neither agree nor disagree’ (2%).

**Smoker status**

Never smokers were more likely to strongly disagree (27%) with the statement than were current (16%) or ex-smokers (19%).

**Age**

Those in the 18–39 years age group were more likely to agree (65%) that e-cigarettes are healthier than smoking tobacco cigarettes compared with those over 60 years (46%), and those 40 to 59 years falling between the two (53%). Disagreement with the statement was unaffected by age. However, those 60 years and over were more likely to indicate ‘Don’t know’ (21%) than were those under 60 years (18–39 years: 6%; 40–59 years: 11%).
**E-cigarette use**

Those who have tried e-cigarettes were more likely to agree with the statement (69%) than were those who have not (54%). Those who have not tried them were more likely to indicate 'Don’t know’ (12%) than were those who have tried them (5%).

**Other**

Of current smokers, those who were embarrassed to be a smoker were more likely to agree that e-cigarettes are healthier than smoking tobacco cigarettes (73%) than were those who were not embarrassed to be a smoker (48%). Conversely, those embarrassed to be a smoker were less likely to disagree with the statement (16%) than were those who were not embarrassed (37%).

**'E-cigarettes help smokers to quit’**

More people disagreed (46%) than agreed (39%) with the statement ‘E-cigarettes help smokers to quit’. This pattern holds for ex-smokers and never smokers. However, current smokers were more likely (44%) to agree with the statement than were ex-smokers (32%), with never smokers (41%) falling between the two (see Figure 16). It may be that current smokers in particular are hopeful that e-cigarettes will be a cessation aid.

**Figure 14: e-cigarettes help smokers to quit**

E7.c  I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: e-cigarettes help smokers to quit. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

There are no variations due to age or prior e-cigarette usage.

However, of current smokers, those who were *embarrassed to be a smoker* were more likely to agree that e-cigarettes help smokers to quit (56%) than were those who were not embarrassed to be a smoker (47%).
‘It is unsafe to use e-cigarettes around others’

Approximately as many people agreed (41%) as disagreed (37%) with the statement ‘it is unsafe to use e-cigarettes around others’, while one in five (19%) ‘Don’t’ know’ (see Figure 17).

Figure 15: It is unsafe to use e-cigarettes around others

E7.d I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: d) It is unsafe to use e-cigarettes around others. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

Smoker status

Over half of all never smokers (54%) agreed ‘it is unsafe to use e-cigarettes around others’, which is significantly greater than the one quarter of current smokers (25%) and one third of ex-smokers (33%) that agreed. Conversely, over half of all current smokers (55%) disagreed with the statement, which is significantly greater than the corresponding proportion of ex-smokers (35%) and never smokers (30%). Ex-smokers were the most likely to indicate ‘Don’t know’ (30%) compared with current smokers (16%) and never smokers (13%).

Age

Age does not affect the level of agreement with the statement, only the level of disagreement. Those in the 18–39 years age group were more likely to disagree (49%) that ‘it is unsafe to use e-cigarettes around others’ than were those 40 to 59 years (30%) or those over 60 years (25%).

E-cigarette use

Those who have tried e-cigarettes were more likely to disagree with the statement (72%) than were those who were aware of e-cigarettes but have not tried them (31%). This may be related to the age effect described above.
6.3 Knowledge of e-cigarette bans

All respondents, whether they were aware or not aware of e-cigarettes, were presented with four bans, and asked for each whether the ban was currently in place (April to May 2015). At the time of the survey there were bans in place for the sale of e-cigarettes containing nicotine and the marketing of e-cigarettes as aids for quitting smoking. Two further bans were not in place: a ban on the sale of e-cigarettes to minors and the use of e-cigarettes in public places.

The results show there is a great deal of uncertainty about the regulation of e-cigarettes in NSW and for each of the bans presented, at least a quarter of all respondents indicated ‘Don’t know’ (see Figure 18).

The sale of e-cigarettes to minors under 18 years of age

A majority (62%) incorrectly believed that at the time of the survey there was a ban on the sale of e-cigarettes to minors under 18 years of age, or indicated ‘Don’t know’ (28%). Only one in ten (9%) correctly believed there was no such ban.

Figure 16: Knowledge of bans on e-cigarettes

To the best of your knowledge, in NSW is there currently a ban on:

(i) The sale of e-cigarettes to minors under 18 years of age
(ii) The use of e-cigarettes in public places.
(iii) The sale of e-cigarettes containing nicotine.
(iv) The marketing of e-cigarettes as aids for quitting smoking.

Age affects knowledge of this ban. The younger age groups (that were more likely to use e-cigarettes) were those more likely to incorrectly believe there was a ban on the sale of e-cigarettes to minors (18–39 years: 72%; 40–59 years: 62%; 60 years and over: 47%).

The use of e-cigarettes in public places

Approximately one third (35%) of respondents did not know whether there is a ban on the use of e-cigarettes in public places. One quarter (23%) incorrectly believed there is such a ban, while only two in five (42%) correctly understood that at the time of the survey there was no ban on the use of e-cigarettes in public places.
The sale of e-cigarettes containing nicotine
More than three-quarters (77%) either incorrectly believed there was no such ban (29%) or indicated ‘Don’t know’ (49%). Under a quarter (23%) correctly believed there was a ban on the sale of e-cigarettes containing nicotine.

Those who had tried e-cigarettes were more likely to believe there was no ban (41%) than were those aware of e-cigarettes who had not tried them (26%).

The 18–39 year age group (more likely to have used e-cigarettes) was more likely to incorrectly believe there was no such ban (34%; 60 years and over: 22%; with 40–59 years falling between the two at 28%).

The marketing of e-cigarettes as aids for quitting smoking
Approximately three-quarters (76%) either incorrectly believed there was no such ban (31%) or indicated ‘Don’t know’ (45%). Just under a quarter (24%) correctly believed there was a ban on the marketing of e-cigarettes as aids for quitting smoking.

Never smokers were more likely to indicate there was such a ban (32%) than current (17%) or ex-smokers (18%).
6.4 Support for legislation on e-cigarettes

NSW legislation

All respondents were asked to indicate the extent to which they support or oppose the NSW government’s plan to pass legislation to ban the sale of e-cigarettes and related products, such as e-liquids to minors under 18 years of age.

Almost nine in ten (88%) supported the planned NSW legislation, with a large majority strongly supporting it (79%) rather than supporting it ‘Just a little’ (9%) (see Figure 19).

Figure 17: Support for proposed NSW legislation to ban sales to minors

The NSW Government has announced that it plans to pass legislation to ban the sale of e-cigarettes and related products, such as e-liquids to minors under 18 years of age. Do you support or oppose this? And is that strongly or just a little?

Smoking status affects the strength of the support, not the net level of support: 70% of current smokers strongly supported the planned legislation, which is a smaller majority than that for ex-smokers (85%) and never smokers (79%).

Those aware of e-cigarettes were more likely to support the planned legislation (90%) than were those who had not heard of e-cigarettes prior to the interview (77%).
Queensland legislation

All respondents were given a description of recently passed Queensland legislation that ‘regulates e-cigarettes in the same way as conventional tobacco cigarettes, including banning the use of e-cigarettes in public places where smoking is banned’. They were then asked to indicate the extent to which they support or oppose similar legislation being applied in NSW.

Four in five (80%) supported the application of similar legislation in NSW, with a majority (60%) strongly supporting it rather than supporting it ‘Just a little (20%)’ (see Figure 20).

**Figure 18: Support for applying Queensland legislation on e-cigarettes in NSW**

In 2014 the Queensland Parliament passed legislation that regulates e-cigarettes in the same way as conventional tobacco cigarettes, including banning the use of e-cigarettes in public places where smoking is banned. Do you support or oppose similar legislation being applied in NSW? And is that strongly or just a little?

Smoking status affects support. Ex-smokers (80%) and never smokers (88%) were more likely to support the legislation than current smokers (60%). Conversely current smokers were more likely to oppose the legislation than ex-smokers (33%) and never smokers (10%).
7 Key findings: Knowledge of the health effects of smoking

This section of the report describes the perceived health effects of smoking.

7.1 Perceptions of smoking-related harm done

Smokers and ex-smokers were firstly asked about whether they believed smoking had already done harm to their body.

Overall, two-thirds (68%) of smokers and ex-smokers believe they have ‘definitely’ (31%) or ‘probably’ (38%) caused harm to their bodies by smoking (Figure 21). Current smokers were more likely than ex-smokers to feel that smoking has done at least some harm to their body (82% and 60% respectively).

Figure 19: Recognition of smoking doing harm to the body – by smoking status and age

4.0 Do you think your smoking has already done harm to your body? Would you say it.....

[READ OUT. ACCEPT SINGLE ANSWERS ONLY]

Those under 40 years (18–39 year age group) were more likely to believe smoking has already (‘definitely’ or ‘probably’) done harm to their body than were those 60 years and over (76% and 59%, respectively). Further, 18 to 39-year-olds were more likely to believe that smoking has ‘definitely’ already done harm (42%) than were those in the older age groups (40 to 59-year-olds: 26%; 60 years and over: 24%).

Interestingly, the younger age group shows an increase from 2013 in the proportion believing smoking has already ‘definitely’ done harm to their body (from 23% to 42% in 2015).
The data also suggest an age by gender interaction, with males aged 18–29 more likely to believe that smoking has already ‘definitely’ done harm to their body (61%) than any other age by gender combination (each less than 33%).

Current smokers were then asked about the perceived likelihood of becoming seriously ill if they continued to smoke. Three-quarters (76%) of current smokers believed that they will become seriously ill if they continue to smoke (‘definitely’ plus ‘probably’; see Figure 22). Interestingly, as age increases, the size of the majority decreases—those aged 18–39 years (82%) and 40–59 years (78%) were more likely than those aged 60 years and over (59%) to believe they will ‘probably’ or ‘definitely’ become seriously ill if they continue to smoke.

Figure 20: Likelihood of becoming seriously ill from continuing to smoke – current smokers

4.1 What do you think is the likelihood of becoming seriously ill from your smoking if you continue to smoke? Would you say you……….. [READ OUT. ACCEPT SINGLE ANSWERS ONLY]
7.2 Attitudes towards the risk of smoking-related harm

Four new statements were included in the 2015 survey to gauge the NSW adult population’s attitudes towards the health effects of smoking. Two of these statements were asked of all respondents:

- The medical evidence that smoking is harmful is exaggerated
- Smoking is no more risky than lots of other things that people do

‘The medical evidence that smoking is harmful is exaggerated’

The vast majority disagreed with the statement that the medical evidence that smoking is harmful is exaggerated: 83% disagreed either ‘strongly’ (73%) or ‘just a little’ (10%) with the statement.

Current smokers (31%) were more likely to believe medical evidence is exaggerated than were non-smokers (12%).

‘Smoking is no more risky than lots of other things that people do’

Approximately seven in 10 (69%) disagreed strongly (57%) or ‘just a little’ (12%) with the statement that smoking is no more risky than lots of other things people do. That is, a majority considered smoking to be more risky than other things people do.

Unsurprisingly, current smokers were less likely to consider smoking to be more risky than other things people do (42%) than non-smokers (75%).

‘You’ve got to die of something, so why not enjoy yourself and smoke’

Over three quarters (77%) of all current and ex-smokers disagreed strongly (65%) or ‘just a little’ (13%) with the statement you’ve got to die of something, so why not enjoy yourself and smoke. However, current smokers were more likely to agree (44%) than ex-smokers (7%).

‘If I quit, all the damage smoking has done to my body will be reversed’

Just under two-thirds (62%) of current and ex-smokers believed that all the damage cannot be reversed once a smoker quits—disagreeing either strongly (40%) or ‘just a little’ (22%) with the statement if I quit, all the damage smoking has done to my body will be reversed.

Age and location were factors in perceptions of damage reversal. Those more likely to believe all damage can be reversed were:

- under 60 years of age (18–39 years: 38%; 40–59 years: 37%; 60 plus years: 25%)
- those living in Sydney (39%; Rest of NSW: 26%).

7.3 Knowledge of smoking-related diseases and illnesses

All respondents were asked about their knowledge of smoking-related diseases and illnesses. They were first asked in an unprompted manner and then in a prompted manner.
**Unprompted**

Unprompted, lung cancer continues to be the main illness associated with smoking (67%) (Figure 23). Other illnesses linked to smoking include emphysema (45%), cancer in general (40%), heart disease (35%) and throat cancer (22%). To a lesser degree, mouth/oral cancer (17%), lung/breathing disease/problems (13%) and gangrene (12%) were top of mind smoking-related illnesses.

Only 28% of the population named two or more cancers associated with smoking. Interestingly, people under the age of 60 were more likely to mention two or more cancers (unprompted) compared with the older 60 plus age group (18–39 years: 30%; 40–59 years: 33%; 60 years and over: 19%). This suggests that information on smoking-related illnesses and diseases is reaching the younger audience.
Figure 21: Knowledge of the health effects of smoking

4.1i To the best of your knowledge, what illnesses or diseases do you think are caused by smoking? [Unprompted]

4.1ii I am going to read you a list of illnesses and diseases that may or may not be caused by smoking. Based on what you know or believe, does smoking cause... [Prompted, randomised listing]
Comparisons between current smokers and non-smokers reveal several differences in (unprompted) knowledge of smoking-related diseases and illnesses:

- Non-smokers were more likely than smokers to recall:
  - lung cancer (69% and 57%, respectively)
  - a type of cancer in general (92% and 85%, respectively)
  - asthma (9% and 3%, respectively)

- Current smokers were more likely than non-smokers to recall gangrene (18% and 11%, respectively). This is most likely due to smokers’ exposure to graphic warnings about gangrene on plain packs.

Current smokers in 2015 were less likely than current smokers in 2013 to indicate blindness as a health effect of smoking (62% and 72%, respectively). This is most likely to be because risking blindness was a new warning in 2013, and was transitioned out by 2015 with a new set of warnings.

**Prompted**

When prompted, virtually all people were aware that smoking causes lung cancer (99%) (see Figure 23). More than nine in 10 people also believed that smoking causes throat cancer (96%), mouth/oral cancer (95%) and emphysema (93%). Other diseases strongly associated with smoking include gum disease (89%), heart disease (88%), stroke (86%), cancer in general (83%) and gangrene (77%).

There has been a reduction in knowledge across survey periods (2013 to 2015) for three smoking-related harms:

- Heart disease: 93% in 2013, down to 88% in 2015
- Blindness: 62% in 2013, down to 54% in 2015
- Sudden infant death syndrome (SIDS): 55% in 2013, down to 49% in 2015

Smokers were more likely than non-smokers to believe smoking causes blindness (62% and 52%, respectively). This is likely due to smokers’ exposure to graphic warnings about blindness on cigarette packs.

Interestingly, knowledge of smoking-related illnesses and diseases differs by age. Those under 60 years were aware of a greater number of illnesses associated with smoking than were those 60 and over. Emphysema is the only disease older people (60 years plus) were more likely to associate with smoking than were people aged 18–39 years (96% and 89%, respectively).
Gender also affects prompted knowledge of smoking-related illnesses and diseases:

- Females were more likely than males to associate heart disease (91% and 84%, respectively) and asthma (11% and 5%, respectively) with smoking.
- Males were more likely than females to associate cervical cancer with smoking (33% and 22% respectively).

Location also affects prompted knowledge of smoking-related illnesses and diseases:

- Relative to those living in the rest of NSW, people living in Sydney were more likely to report infertility (54% and 42%, respectively) and male impotence (43% and 31%, respectively) as illnesses associated with smoking.
- Those living in the Rest of NSW were more likely than those living in Sydney to report emphysema (98% and 90%, respectively) and stomach cancer (68% and 55%, respectively) as associated with smoking.
8 Key findings: Support for policy and legislative changes

This section of the report describes the findings in relation to support for government policy and legislative changes regarding:

- second-hand smoke
- strategies to reduce uptake and encourage quitting
- new legislative changes in relation to smoking.

Firstly, however, smokers’ attitudes to their own smoking are described.

8.1 Smokers’ attitudes towards their own smoking

Current smokers’ attitudes towards their own smoking were explored by asking them the extent to which they agreed or not with the following statements:

- My smoking affects the health of others around me, including children.
- There are so few places to smoke these days, that I smoke when I can, rather than when I want to.
- I feel uncomfortable smoking in public places.
- I feel embarrassed to be a smoker.

A high proportion of NSW smokers aged 18 years or older were conscious of both the impact their smoking has on other people and where they can smoke.

Nearly four in five (78%) agreed to some extent with the statement my smoking affects the health of others around me, including children (see Figure 24).

Half (50%) agreed to some extent that they feel uncomfortable smoking in public places.

Nearly half (49%) agreed to some extent that there are so few places to smoke these days, that I smoke when I can rather than when I want to.

Further, just over one third of smokers (36%) agreed to some extent that they feel embarrassed to be a smoker.
Figure 22: Smokers’ attitudes towards their own smoking

4.21, 6.7 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [STATEMENT]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

Responses differ by age and gender:

- **My smoking affects the health of others around me, including children:**
  - 18 to 39-year-olds were more likely to agree (84%) than were those aged 60 years and over (70%).

- **I feel uncomfortable smoking in public places:**
  - Females were more likely to agree (67%) than were males (39%).

- **There are so few places to smoke these days, that I smoke when I can rather than when I want to:**
  - 40 to 59-year-olds were more likely to agree (57%) than those aged 60 years and older (43%).

- **I feel embarrassed to be a smoker:**
  - Females were more likely to agree (49%) than males (28%).
8.2 Attitudes towards second-hand smoke

All respondents were asked about their perceptions of passive smoking and being exposed to other people’s smoke. Overall, there continues to be widespread belief that passive smoking does cause harm: 83% disagreed strongly (76%) or ‘just a little’ (7%) with the statement I believe passive smoking is harmless (Figure 25). Unsurprisingly, non-smokers were more likely to disagree that passive smoking is harmless (88%) than were current smokers (61%).

Figure 23: I believe that passive smoking is fairly harmless

6.7 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I believe that passive smoking is fairly harmless]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?] 8

Of concern is a negative shift in the views of current smokers across survey periods, with an increase in the proportion agreeing that passive smoking is harmless (2013: 20%; 2015: 32%). That is, since 2013, smokers seem to have become less aware of, or less sensitive to, the harm passive smoking can cause.

There was also an age effect with a greater proportion of 18 to 39-year-olds (21%) than 40 to 59-year-olds (10%) agreeing that passive smoking is harmless.

Respondents were also asked how bothered they felt about being exposed to other people’s smoke when in public places. Since 2013, there has been an increase with a greater proportion in 2015 (84%) bothered to some extent by exposure to other people’s smoke in public places, than in 2013 (78%) (Figure 26). This proportion has also increased for non-smokers over time, with 87% bothered to some degree in 2013

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8 A split sample was employed for several statements at question 6.7, as described in section 4.10 above.
compared with 94% in 2015. Unsurprisingly, current smokers were less bothered by second-hand smoke (41%) than were non-smokers (94%).

**Figure 24: Bothered by exposure to other people’s smoke in public places**

6.1 In general, how do you feel when you are exposed to other people’s smoke in public places? Would you say you are... [READ OUT. ACCEPT SINGLE ANSWERS ONLY]

In 2015, those more likely to be bothered to some extent by exposure to other people’s smoke in public places were:

- non-smokers (72%; smokers: 16%)
- females (71%; males: 51%)
- aged over 40 (40 to 59-year-olds: 68%; 60+ years: 67%; compared with 51% of 18 to 39-year-olds).
8.3 Support for further increasing the price of cigarettes

There continues to be majority support for further increasing the price of cigarettes to *discourage young people from smoking* (2013: 69%; 2015: 71% agree; see Figure 27). This support was much more likely to come from non-smokers (79%) than current smokers (37%).

**Figure 25: Support for price increase to discourage young people from smoking**

4.27b I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I support further increasing the price of cigarettes to discourage young people from smoking]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

There was also majority support (67% total agree; see Figure 28) to *further increases in the price of cigarettes to encourage people to quit smoking*. Those more likely to agree were:

- females (72%; males: 59%)
- non-smokers (74%; current smokers: 35%)
- living in Sydney (70%; Rest of NSW: 58%)
Figure 26: Support for price increase to encourage quitting

4.27e I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I support further increasing the price of cigarettes to encourage people to quit smoking]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]
8.4 Regulation of the retail environment

All respondents were asked if they supported two potential changes to the retail environment:

1. Stricter penalties for the sale of tobacco products to under 18s.
2. A ban on cigarette vending machines in licensed premises.

There continues to be a high level of support for *stricter penalties for the sale of tobacco products to people under 18 years of age* (92% agreed to some extent; see Figure 29), providing further evidence that NSW adults feel it is important to reduce smoking-related harm to children.

**Figure 27: Support for stricter penalties for the sale of tobacco products to people under 18 years**

6.721 Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following [I support stricter penalties for the sale of tobacco products to people under 18 years of age]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]
**Figure 28: Support for a ban on cigarette vending machines in licensed premises**

6.720 Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following [I support banning cigarette vending machines in licensed premises, such as pubs and clubs]. Do you agree or disagree? [If necessary: Is that strongly or just a little?]

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**8.5 Awareness and approval of new laws banning smoking for some outdoor public places**

In January 2013, new laws were introduced in NSW banning smoking in some outdoor public places. Respondents in the 2013 survey and the 2015 survey were asked whether they:

- were aware of the new laws
- approved or disapproved of the new laws.

Awareness of the new laws has increased by 12 per cent since 2013, from 81% in 2013 to 93% in 2015 (Figure 31). The change was greatest for the 18 to 39-year-olds, increasing from 69% in 2013 to 93% in 2015.
Figure 29: Awareness of NSW laws banning smoking in some outdoor public places

6.22 Are you aware of the NSW laws banning smoking in some outdoor public places?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Aware</th>
<th>Not Aware</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL 2015 (n=1,606)</td>
<td>93%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>TOTAL 2013 (n=1,619)</td>
<td>81%</td>
<td>19%</td>
<td>1%</td>
</tr>
<tr>
<td>18-39 years (n=288)</td>
<td>93%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>40-59 years (n=560)</td>
<td>93%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>60+ years (n=758)</td>
<td>95%</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: NSW adults aged 18+ and above

Approval for the new laws banning smoking in some outdoor public places has also increased substantially across survey periods, from 68% in 2013 to 83% in 2015 (Figure 32). Of those aware of the new NSW laws banning smoking in some outdoor public places, 89% approved of the laws to some extent.

Females were more likely (89%) than were males (77%) to approve of these bans.

Figure 30: Approval of NSW laws banning smoking in some outdoor public places

6.22a And do you personally approve or disapprove of these laws? Is that strongly or just a little?

<table>
<thead>
<tr>
<th>Approval</th>
<th>Total Approve</th>
<th>Total Disapprove</th>
<th>Total Not Aware</th>
<th>Total Approve / Aware Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve strongly</td>
<td>72%</td>
<td>8%</td>
<td>7%</td>
<td>89%</td>
</tr>
<tr>
<td>Approve just a little</td>
<td>11%</td>
<td>5%</td>
<td>8%</td>
<td>72%</td>
</tr>
<tr>
<td>Neither approve nor disapprove</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Disapprove just a little</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Disapprove strongly</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ (n=1,606)
Although non-smokers continued to have a higher level of approval for these bans than do smokers (89% and 59%, respectively; see Figure 33), approval by current smokers has increased from 50% in 2013 to 59% in 2015.

**Figure 31: Approval of NSW laws banning smoking in some outdoor public places – by smoker status**

6.22a And do you personally approve or disapprove of these laws? Is that strongly or just a little?

![Graph showing approval by smoker status](image)

8.6 **Support for specific outdoor locations included in ban**

Respondents were also asked whether they supported the new laws which ban smoking in *specific outdoor locations*. As shown in Figure 43, there was a great deal of support for the ban for smoking within 10 metres of children’s play equipment (98% support), indicating that adults in NSW are concerned about the effects of adult smoking on children’s health. Around nine in 10 people also supported bans in the other four outdoor locations (Figure 34).

Support has increased significantly from 2013 to 2015 for banning smoking in the following outdoor locations:

- Within four metres of a pedestrian entrance or exit to a public building (9 percentage points).
- In spectator areas of sports grounds (up 7 percentage points).
- At public transport stops and stations (up 5 percentage points).
Figure 32: Support for laws banning smoking in specific locations

6.22b The tobacco laws in NSW include smoking bans in a number of outdoor public places. Do you support the banning of smoking.....?

As shown in Figure 35, support for each of the three bans was generally higher amongst non-smokers than current smokers:

- In spectator areas of sports grounds: Non-smokers: 95%; smokers: 81%.
- At public transport stops and stations: Non-smokers: 95%; smokers: 73%.
- Within four metres of a pedestrian entrance or exit to a public building: Non-smokers: 90%; current smokers: 72%.

Although support in general was lower amongst current smokers for smoking bans in these outdoor locations, it has increased significantly across survey periods for the following locations:

- In spectator areas of sports grounds: 2013: 73%; 2015: 81%.
- In public swimming pool complexes: 2013: 86%; 2015: 92%.
- Within four metres of a pedestrian entrance or exit to a public building: 2013: 63%; 2015: 72%.
Figure 33: Support for laws banning smoking in specific locations, by smoker status

6.22b The tobacco laws in NSW include smoking bans in a number of outdoor public places. Do you support the banning of smoking…..?

8.7 Support for new law banning smoking in outdoor dining areas

On 6 July 2015, a new law came into effect which banned smoking in outdoor dining areas of pubs, clubs, cafes and restaurants. All respondents were asked whether they were aware of this new law and, if so, the extent to which they approved or disapproved of the law.

Just under half (46%) of NSW adults were aware of the new law.

People aged 60 years or over were more likely to be aware of the new law (56%) (18 to 39-year-olds: 39%; 40 to 59-year-olds: 45%).

Interestingly, the group most likely to be smokers, males aged 18–29, were the group least likely to be aware of the new law banning smoking in outdoor dining areas (only 31% aware).

Those aware of the new law were also asked whether they approved or disapproved of the law banning smoking from outdoor dining areas.

Of the total population, 39% approved to some extent of the new laws banning smoking from outdoor dining areas, while 6% disapproved. Expressed as a percentage of those aware of the new law, 85% approved (‘strongly’ or ‘just a little’).

Non-smokers were more likely to approve of the ban than smokers (41% and 27%, respectively; see Figure 36). Those aged 60 years and older were also more likely to approve of the new law (48%) compared with those aged under 60 (18–39 years: 33%; 40–59 years: 38%).
Figure 34: Support for new law banning smoking in outdoor dining areas – by smoker status

6.31 [ASKED IF AWARE OF NEW LAW] And do you personally approve or disapprove of this new law? Is that strongly or just a little?

All respondents were then asked about their likelihood of visiting a pub, club, restaurant or café once the law banning smoking in outdoor dining areas was introduced. More than half (53%) stated they would be ‘more likely’ to visit a pub, club, restaurant or café once the law was introduced, with another 37% stating the law would make no difference as to whether they visited. Only 9% felt the new law would make them ‘less likely’ to visit a pub, club, restaurant or café.

The groups of people more likely to visit a pub, club, restaurant or café once the law is in effect include:

- non-smokers (63%, current smokers: 14%)
- those aged 60 years and over (62%; 18–39 years: 45%)
- females (59%, males: 47%)

Unsurprisingly, current smokers would be ‘less likely’ to visit a pub, club, restaurant or café once the new law is introduced (35% compared with 3% for non-smokers).

8.8 Support for other potential locations to be made smoke-free by law

Seven further potential locations to be made smoke-free by law were presented to respondents. The level of support was high for six of the locations.

Around eight in 10 people supported making the following locations smoke-free by law:

- Open or outdoor public shopping malls (83%)
- Gaming areas (including indoor poker machines areas) in pubs, clubs and bars (80%)
- Beaches (79%)
- Outdoor community events and festivals (77%)
Around seven in 10 people supported making the following locations smoke-free by law:

- Workplaces (including outdoor workplaces) (74%)
- Private gaming areas (high roller rooms) at casinos (71%)

Support amongst NSW adults continues to be divided as to whether *all balconies of apartment blocks and multi-dwelling residential buildings* should be made smoke-free by law: 56% agreed and 42% disagreed with the statement.

There are interesting differences for each of the locations where smoking bans may be introduced.

**Making all open or outdoor public shopping malls smoke-free by law:**

- Current smoker support has increased by 10 percentage points for this ban across survey periods (2013: 51%; 2015: 61%).

**Making all gaming areas (including poker machines areas) in pubs, clubs and bars smoke-free:**

- 18 to 29-year-old males were less likely than males and females aged 30 years or older to support this ban (50% total disagree compared with less than 21% for people aged 30 years and older).
- Increased overall support across survey periods (2013: 73%; 2015: 80%).
- Increased support from females across survey periods (2013: 75%; 2015: 85%).
- Increased support from people living in Sydney across survey periods (2013: 70%; 2015: 78%).
Figure 35: Support for other potential locations to be smoke-free by law, by smoker status

6.7  Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

Making all beaches smoke-free
- 18 to 39-year-olds were more likely (85%) than those aged 60 years plus (72%) to support the ban.
- Increased support across survey periods (2013: 67%; 2015: 79%).

Making all workplaces (including outdoor workplaces) smoke-free:
- Females were more likely than males to support this ban (81% and 66%, respectively).

Making private gaming areas (high roller rooms) at casinos smoke-free:
- Increased support across survey periods (2013: 62%; 2015: 71%).
- Females were more likely than males to support this ban (79% and 62%, respectively).
- Increased support from females across survey periods (2013: 67%; 2015: 79%).

Making all balconies of apartment blocks and multi-dwelling residential buildings smoke-free:
Although receiving the lowest level of overall support, there are some interesting differences to note:
- Overall support has increased across survey periods (2013: 47%; 2015: 56%).
Increased support from people living in Sydney across survey periods (2013: 43%; 2015: 54%). This is a positive result given the housing density in Sydney relative to other parts of the state.

Non-smokers were significantly more supportive than current smokers to ban smoking across all seven potential locations (Figure 37). Non-smoker support has increased significantly across survey periods, 2013 to 2015, for three of these potential bans:

- Making beaches smoke-free (2013: 72%; 2015: 85%).
- Making private gaming areas (high roller rooms) at casinos smoke-free (2013: 66%; 2015: 77%).
- Making all balconies of apartment blocks and multi-dwelling residential buildings smoke-free (2013: 54%; 2015: 65%).

8.9 Support for fines for failure to comply with new laws
A random selection of respondents was allocated one of two statements to rate their level of support for a non-compliance fine:

1. A general fine
2. A fine with the amount of $300 (in 2013 the amount tested was $550).

There was a high level of support to fine those not complying with new smoking laws. More than eight in 10 people supported issuing a fine to people who fail to comply with new laws banning smoking in outdoor public places (81%). Smokers were less likely to support non-compliance fines in general compared with non-smokers (52% and 89% agree, respectively).

Over three quarters (77%) supported issuing a $300 fine for non-compliance with the new smoking laws. Once again, smokers were less likely to support a specific $300 non-compliance fine compared with non-smokers (42% and 86% agree, respectively).

Although overall support for a specific fine ($550 in 2013 and $300 in 2015) has not changed significantly since 2013, current smoker support did increase (2013: 25%; 2015: 42%). However, the extent to which this is due to a change in attitudes over time, or by a decrease in the fine amount tested, cannot be determined.

9 Key findings: Response to plain packaging
This section of the report describes the findings on:

- perceptions of plain packaging on cigarette packets
- the impact of plain packaging on smoking behaviour.

9.1 Support for plain packaging
Approximately three quarters (74%) of adults in NSW supported the regulation that tobacco products are sold in plain packaging and the majority strongly agreed (60%) (Figure 38).
This represents a significant increase from the level of support in 2013 (65%). This increase in support over time is seen especially for females (2013: 66%; 2015: 76%), those aged 60 years and over (2013: 66%; 2015: 76%) and those living in Sydney (2013: 63%; 2015: 73%).

**Figure 36: Support for plain packaging regulation**

4.2 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I support the regulation that ensures all tobacco products are sold in plain packaging [IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos has been removed. All cigarette packs now look the same, with the only difference being brand name.] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

Non-smokers were much more likely to support plain packaging (79%) than were current smokers (50%). Nonetheless, current smoker support for plain packaging increased by 12 percentage points from 38% in 2013 to 50% in 2015.

**9.2 Impact of plain packaging on behaviour**

All current smokers were asked whether plain packaging had any impact on their smoking behaviour. Two in five (42%) current smokers reported a positive behavioural impact of plain packaging (Figure 39).

Overall, plain packaging has had a greater impact on younger smokers—the younger 18 to 39-year-old smokers were more likely to feel plain packaging has had an impact on their smoking behaviour (50%), compared with the smokers 60 years and over (30%).
4.10 It is a requirement that tobacco products be sold in plain packaging. As a result of plain packaging have you...

Plain packaging seems to have a greater impact on behaviour since the 2013 survey, with each of the top three changes reported by a greater proportion of current smokers in 2015 than in 2013:

- Have *actually tried to quit* (3% in 2013, up to 15% in 2015).
- *Thoughts about quitting* (13% in 2013, up to 20% 2015).
- *Smoking less* (9% in 2013, up to 18% 2015).

There are further interesting differences:

- Those under 40 years were more likely to feel that plain packaging has made them *smoke less* (25% of 18 to 39-year-olds compared with only 10% for the 40-plus age groups).
- Those in the 60 years and over age group were more likely to have had *thoughts about quitting* across survey periods (2013: 6%; 2015: 15%).
- Females were more likely than males to use something to cover up their pack (16% and 7%, respectively). This is in accord with the findings that females were more likely to feel embarrassed to be a smoker and more likely to feel uncomfortable smoking in public places.
10 Appendix A: Methodology - Age and gender profile of fixed landline and mobile phone interviews

10.1 Age and gender profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Gender</th>
<th>Landline (n=1282)</th>
<th>Mobile (n=324)</th>
<th>TOTAL (n=1606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>58%</td>
<td>43%</td>
<td>55%</td>
</tr>
<tr>
<td>Male</td>
<td>42%</td>
<td>57%</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=1282)</th>
<th>Mobile (n=324)</th>
<th>TOTAL (n=1606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24</td>
<td>2%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>25–29</td>
<td>2%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>30–39</td>
<td>6%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>40–49</td>
<td>13%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>50–59</td>
<td>23%</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>60–69</td>
<td>25%</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td>70–79</td>
<td>20%</td>
<td>4%</td>
<td>17%</td>
</tr>
<tr>
<td>80+</td>
<td>9%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

10.2 Age by gender profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=1282)</th>
<th>Mobile (n=324)</th>
<th>TOTAL (n=1606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>1%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>30–39</td>
<td>3%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>40–49</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>50–59</td>
<td>13%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>60–69</td>
<td>15%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>70–79</td>
<td>13%</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td>80+</td>
<td>6%</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Appendix B: Methodology - Weighting calculations

#### 11.1 Population-level datasets used in the weighting

Table 4 of ABS publication 3235.0 Population by Age and Sex, Regions of Australia (Released at 11.30am, 18 August 2015) was used to obtain Estimated Resident Population (ERP) by Age by Gender by Greater Capital City Statistical Area (Sydney/Rest of NSW) for June 2014. The age ranges provided in that publication were 15-19, 20-24, continuing in 5 year ranges up to 85+. The age ranges required for weighting, however, were: 18-29, 30-39, 40-49, 50-59 and 60 years and over. The required ERP values by age x gender x Sydney/Rest of NSW were thus available from ABS publication 3235.0 with the exception of the 18-29 year age range.

An additional calculation was required to obtain the 18-19 ERP values by gender by Sydney/Rest of NSW. This calculation required the use of Table 8 Estimated Resident Population–at 30 June 2014 from ABS publication 3101, Australian Demographic Statistics, Jun 2014 (Released at 11:30 am, Thurs 18 Dec 2014). This table provided the NSW population by gender in single year ranges from 0 to 84, 85-89, 90-94, 95-00 and 100+. From this data the ratio of persons aged 18-19 from the count of persons aged 15-19 (around 40%) was computed for both males and females. These conversion factors for males and females enabled the ERP values for males and females aged 15-18 by Sydney/Rest of NSW to be estimated from the ERP values of males and females 15-19 by Sydney/Rest of NSW. There was a (negligible) degree of approximation in this calculation as this conversion factor was only available at the state (NSW) level and not by Sydney and Rest of NSW.

Phone ownership data (landline only, mobile only, both landline and mobile) for the 12 months to March 2015 by age by gender by Sydney/Rest of NSW was obtained from the Roy Morgan Research Company. This data was used to estimate phone ownership rates by age by gender by Sydney/Rest of NSW. These rates were then applied to the ABS ERP values described above to provide the final population-level data set required for weighting: Phone ownership x Age x Gender x Sydney/Rest of NSW (for June 2014). This dataset will be called the Weighting Dataset in the following description.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Landline (n=1282)</th>
<th>Mobile (n=324)</th>
<th>TOTAL (n=1606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24</td>
<td>2%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>30–39</td>
<td>4%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>40–49</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>50–59</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>60–69</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>70–79</td>
<td>6%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>80+</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
11.2 Weighting calculations

The use of a dual frame overlapping design, with sample representing the overlapping populations of people with access to landline and people with access to mobile phones, requires some special weighting approaches to avoid bias potential arising from the duplicate coverage of people with both a landline and mobile phone. The first part of the weighting calculations is based on the respondents from the random landline and random mobile samples. This is described below.

Weighting the random sample

Step 1: Initial weights were derived to project the random landline sample up to the Landline population and the random mobile sample up to the Mobile population. For both of these weightings the weighting cells were defined as Gender x Age (18-29, 30-39, 40-49, 50-59 and 60 years and over) x Sydney/Rest of NSW, filtered to the landline population and the mobile population, respectively. These weights took account of the probabilities of selection for the random sample which were: inversely proportional to the household size (persons 18+) for the random landline sample; and proportional to the number of active mobile phones for the random mobile sample.

Step 2: At this stage of the calculation the weighted estimates for both the random landline sample who have a mobile phone and the random mobile sample who have a landline cover the population who have a landline and a mobile phone (the dual population). If these two samples were combined without any weight adjustment the values for the dual population would be duplicated. To address this issue the weights of the random landline sample with a mobile phone were multiplied by a factor of 0.8 and the weights of the random landline sample with a mobile phone were multiplied by a factor 0.2. These factors were based on the fact that the landline sample made up 80% of the random sample and the mobile sample 20% of the random sample. The combined random sample with these weights were able to project to the full population.

Step 3: Using the weights derived in step 2, a rim-weighting process (with 3 cycles) was applied using the following two rims: (1) NSW phone ownership values (Landline only, Mobile only and Dual); and (2) the weighting strata (Gender x Age (18-29, 30-39, 40-49, 50-59 and 60 years and over) x Sydney/Rest of NSW).

Step 4: At the completion of the above process the weights for the non-smokers in the random sample were finalised. An additional process was required to account for the fact that the smoker sample was made up of both smokers from the random sample and smokers from the smoker boost sample. In order to calculate the smoker weights it was necessary to estimate the Smoker Population values from the random sample using final random weights derived in step 3 above. The following smoker population estimates were computed for Smokers: Landline smokers (Landline only or dual) x Gender x Age 18-29, 30-39, 40-49, 50-59 and 60 years and over, and Mobile phone smokers (Mobile only or dual) x Age 18-29, 30-39, 40-49, 50-59 and 60 years and over.

Weighting the booster sample of smokers

Step 5: Initial booster smoker weights were derived to project the booster smoker landline sample up to the landline smoker population and the booster smoker mobile sample up to the mobile smoker population. For both of these weightings the smoker population totals were as described in step 4 above. These weights took account of the probabilities of selection for the smoker booster sample which were inversely
proportional to the household smoker size (smokers 18+) for the smoker booster landline sample and proportional to the number of active mobile phones used for the smoker booster mobile sample.

Step 6: At this stage of the calculation the weighted estimates from both the smoker booster landline sample who have a mobile phone and the smoker booster mobile sample who have a landline cover the population of smokers who have a landline and a mobile phone (the dual smoker population). If these two samples were combined without any weight adjustment the values for the dual smoker population would be duplicated. To address this problem the weights of the smoker booster landline sample who have a mobile phone were multiplied by a factor of 0.8 and the weights of the smoker booster landline sample who have a mobile phone were multiplied by a factor 0.2 (1-0.80). These factors were based on the fact that the smoker booster landline sample made up 80% of the smoker booster sample and the smoker booster mobile sample 20% of the smoker booster sample. The combined smoker booster sample with these weights were then able to project to the full smoker population.

Step 7: Using the weights derived in step 6, a rim-weighting process (with 3 cycles) was applied using the following two smoker rims: (1) NSW Smokers phone ownership values (Landline only, Mobil only and Dual); and (2) the smoker weighting strata (Smokers x Gender x Age (18-29, 30-39, 40-49, 50-59 and 60 years and over).

Step 8: At this stage of the calculation the weighted estimates from both the smoker random and the smoker booster samples cover the smoker population. If these 2 samples were combined with no weight adjustment the smoker population values would be duplicated. To address this issue the weights of the smoker random sample were multiplied by a factor of 0.17 and the weights of the smoker booster sample were multiplied by a factor 0.83 (1-0.17). These factors were based on the fact that the smoker random sample made up close to 17% of the smoker sample and the smoker booster sample made up close to 83% of the total smoker sample. The combined smoker booster sample with these weights were then able to project to the full smoker population. These were the final weights for the smoker sample.
12 Appendix C: Methodology - Call outcomes and response rate calculations

12.1 Landline

<table>
<thead>
<tr>
<th>Final Call Outcomes - LANDLINE</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contact not made/Residential not established (Total)</td>
<td>25,083</td>
</tr>
<tr>
<td>No Answer</td>
<td>16,820</td>
</tr>
<tr>
<td>Engaged</td>
<td>531</td>
</tr>
<tr>
<td>Answering Machine</td>
<td>7684</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>48</td>
</tr>
<tr>
<td>B. Contact not made/Residential established/Not residential (Total)</td>
<td>6,309</td>
</tr>
<tr>
<td>Invalid Number - Telstra Recording/Continual Fax Tone</td>
<td>6,309</td>
</tr>
<tr>
<td>C. Contact made/Residential established/Not residential (Total)</td>
<td>6,098</td>
</tr>
<tr>
<td>Business Number</td>
<td>6,098</td>
</tr>
<tr>
<td>D. Contact made/Residential established/Residential/Eligibility not established (Total)</td>
<td>14,129</td>
</tr>
<tr>
<td>Refused - Eligibility Unknown</td>
<td>9,609</td>
</tr>
<tr>
<td>Language Barrier - Eligibility Unknown</td>
<td>2367</td>
</tr>
<tr>
<td>Incapable - Eligibility Unknown</td>
<td>505</td>
</tr>
<tr>
<td>Call Back - Not Definite</td>
<td>1445</td>
</tr>
<tr>
<td>Make Appointment - Definite</td>
<td>203</td>
</tr>
<tr>
<td>E. Contact made/Residential established/Residential/Eligibility established /Not eligible (Total)</td>
<td>25,391</td>
</tr>
<tr>
<td>Not Eligible - Quota fail (non-smokers, failed scoping question)</td>
<td>25,004</td>
</tr>
<tr>
<td>Not Eligible - No one in household aged 18+</td>
<td>261</td>
</tr>
<tr>
<td>Not Eligible - Not living in NSW</td>
<td>126</td>
</tr>
<tr>
<td>F. Contact made/Residential established/Residential/Eligibility established/Eligible/Not interviewed (Total)</td>
<td>1,617</td>
</tr>
<tr>
<td>Refused - Eligible</td>
<td>1,617</td>
</tr>
<tr>
<td>G. Contact made/Residential established/Residential/Eligibility established/Eligible/Interviewed (Total)</td>
<td>1,250</td>
</tr>
<tr>
<td>Completed interview</td>
<td>1,250</td>
</tr>
<tr>
<td>TOTAL NUMBERS ATTEMPTED</td>
<td>79,887</td>
</tr>
</tbody>
</table>

Calculating the residential rate

Contact made, Residential established, Not residential [C] | 6,098 |
Contact made, Residential established, Residential [D+E+F+G] | 44,035 |
Residential rate | 87.84% |
### Final Call Outcomes - LANDLINE

#### Calculating the eligibility rate given residential rate

<table>
<thead>
<tr>
<th>Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact made, Residential, Eligibility established, Not eligible [E]</td>
<td>25,391</td>
</tr>
<tr>
<td>Contact made, Residential, Eligible [F+G]</td>
<td>2,867</td>
</tr>
<tr>
<td>Eligibility rate</td>
<td>10.15%</td>
</tr>
</tbody>
</table>

#### Calculating the response rate

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. Known eligible [F+G]</td>
<td>2,867</td>
</tr>
<tr>
<td>J. Estimated eligible from Contact made, eligibility unknown [D] x eligibility rate</td>
<td>1,434</td>
</tr>
<tr>
<td>K. Estimated eligible from Contact not made, residency rate x eligibility rate</td>
<td>2,225</td>
</tr>
<tr>
<td>M. Estimated total eligible [H+J+K]</td>
<td>6,525</td>
</tr>
<tr>
<td>Response rate [G/M]</td>
<td>19.16%</td>
</tr>
<tr>
<td>Response rate - based on all known eligible [G/H]</td>
<td>43.60%</td>
</tr>
</tbody>
</table>
### 12.2 Mobile

<table>
<thead>
<tr>
<th>Final Call Outcomes - MOBILE</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contact not made/Residential not established (Total)</td>
<td>17,420</td>
</tr>
<tr>
<td>No Answer</td>
<td>9,138</td>
</tr>
<tr>
<td>Engaged</td>
<td>462</td>
</tr>
<tr>
<td>Answering Machine</td>
<td>7,200</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>620</td>
</tr>
<tr>
<td>B. Contact not made/Residential established/Not residential (Total)</td>
<td>5,483</td>
</tr>
<tr>
<td>Invalid Number - Telstra Recording/Continual Fax Tone</td>
<td>5,483</td>
</tr>
<tr>
<td>C. Contact made/Residential established/Not residential (Total)</td>
<td>356</td>
</tr>
<tr>
<td>Business Number</td>
<td>356</td>
</tr>
<tr>
<td>D. Contact made/Residential established/Residential/Eligibility not established (Total)</td>
<td>3,800</td>
</tr>
<tr>
<td>Refused - Eligibility Unknown</td>
<td>2,413</td>
</tr>
<tr>
<td>Language Barrier - Eligibility Unknown</td>
<td>618</td>
</tr>
<tr>
<td>Incapable - Eligibility Unknown</td>
<td>55</td>
</tr>
<tr>
<td>Call Back - Not Definite</td>
<td>710</td>
</tr>
<tr>
<td>Make Appointment - Definite</td>
<td>4</td>
</tr>
<tr>
<td>E. Contact made/Residential established/Residential/Eligibility established /Not eligible (Total)</td>
<td>15,401</td>
</tr>
<tr>
<td>Not Eligible - Quota fail (non-smokers, failed scoping question)</td>
<td>4,313</td>
</tr>
<tr>
<td>Not Eligible - Not aged 18+</td>
<td>391</td>
</tr>
<tr>
<td>Not Eligible - Not living in NSW</td>
<td>10,697</td>
</tr>
<tr>
<td>F. Contact made/Residential established/Residential/Eligibility established/Eligible/Not interviewed (Total)</td>
<td>288</td>
</tr>
<tr>
<td>Refused - Eligible</td>
<td>288</td>
</tr>
<tr>
<td>G. Contact made/Residential established/Residential/Eligibility established/Eligible/Interviewed (Total)</td>
<td>320</td>
</tr>
<tr>
<td>Completed interview</td>
<td>320</td>
</tr>
<tr>
<td><strong>TOTAL NUMBERS ATTEMPTED</strong></td>
<td><strong>43,068</strong></td>
</tr>
</tbody>
</table>

#### Calculating the residential rate

- Contact made, Residential established, Not residential [C] | 356
- Contact made, Residential established, Residential [D+E+F+G] | 19,809
- **Residential rate** | **98.23%**

#### Calculating the eligibility rate given residential rate

- Contact made, Residential, Eligibility established, Not eligible [E] | 15,401
- Contact made, Residential, Eligible [F+G] | 608
## Final Call Outcomes - MOBILE

<table>
<thead>
<tr>
<th>Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility rate</td>
<td>3.80%</td>
</tr>
<tr>
<td><strong>Calculating the response rate</strong></td>
<td></td>
</tr>
<tr>
<td>H. Known eligible [F+G]</td>
<td>608</td>
</tr>
<tr>
<td>J. Estimated eligible from Contact made, eligibility unknown [D] x eligibility rate</td>
<td>144</td>
</tr>
<tr>
<td>K. Estimated eligible from Contact not made, residentiality not established [A] x residentiality rate x eligibility rate</td>
<td>650</td>
</tr>
<tr>
<td>M. Estimated total eligible [H+J+K]</td>
<td>1,402</td>
</tr>
<tr>
<td>Response rate [G/M]</td>
<td>22.82%</td>
</tr>
<tr>
<td>Response rate - based on all known eligible [G/H]</td>
<td>52.63%</td>
</tr>
</tbody>
</table>
## 12.3 Total

<table>
<thead>
<tr>
<th>Final Call Outcomes - TOTAL</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contact not made/Residential not established (Total)</td>
<td>42,503</td>
</tr>
<tr>
<td>No Answer</td>
<td>25,958</td>
</tr>
<tr>
<td>Engaged</td>
<td>993</td>
</tr>
<tr>
<td>Answering Machine</td>
<td>14,884</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>668</td>
</tr>
<tr>
<td>B. Contact not made/Residential established/Not residential (Total)</td>
<td>11,792</td>
</tr>
<tr>
<td>Invalid Number - Telstra Recording/Continual Fax Tone</td>
<td>11,792</td>
</tr>
<tr>
<td>C. Contact made/Residential established/Not residential (Total)</td>
<td>6,454</td>
</tr>
<tr>
<td>Business Number</td>
<td>6,454</td>
</tr>
<tr>
<td>D. Contact made/Residential established/Residential/Eligibility not established (Total)</td>
<td>17,929</td>
</tr>
<tr>
<td>Refused - Eligibility Unknown</td>
<td>12,022</td>
</tr>
<tr>
<td>Language Barrier - Eligibility Unknown</td>
<td>2,985</td>
</tr>
<tr>
<td>Incapable - Eligibility Unknown</td>
<td>560</td>
</tr>
<tr>
<td>Call Back - Not Definite</td>
<td>2,155</td>
</tr>
<tr>
<td>Make Appointment - Definite</td>
<td>207</td>
</tr>
<tr>
<td>E. Contact made/Residential established/Residential/Eligibility established/Not eligible (Total)</td>
<td>40,792</td>
</tr>
<tr>
<td>Not Eligible - Quota fail (non-smokers, failed scoping question)</td>
<td>29,317</td>
</tr>
<tr>
<td>Not Eligible - Not Aged 18+/No one in household aged 18+</td>
<td>652</td>
</tr>
<tr>
<td>Not Eligible - Not living in NSW</td>
<td>10,823</td>
</tr>
<tr>
<td>F. Contact made/Residential established/Residential/Eligibility established/Eligible/Not interviewed (Total)</td>
<td>4,267</td>
</tr>
<tr>
<td>Refused - Eligible</td>
<td>1,905</td>
</tr>
<tr>
<td>Call Back - Not Definite</td>
<td>2,155</td>
</tr>
<tr>
<td>Make Appointment - Definite</td>
<td>207</td>
</tr>
<tr>
<td>G. Contact made/Residential established/Residential/Eligibility established/Eligible/Interviewed (Total)</td>
<td>1,570</td>
</tr>
<tr>
<td>Completed Interview</td>
<td>1,570</td>
</tr>
<tr>
<td>TOTAL NUMBERS ATTEMPTED</td>
<td>125,307</td>
</tr>
</tbody>
</table>

### Calculating the residential rate

- Contact made, Residential established, Not residential [C] | 6,454 |
- Contact made, Residential established, Residential [D+E+F+G] | 64,558 |
- Residential rate | 90.91%
## Final Call Outcomes - TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact made, Residential, Eligibility established, Not eligible [E]</td>
<td>40,792</td>
</tr>
<tr>
<td>Contact made, Residential, Eligible [F+G]</td>
<td>5,837</td>
</tr>
<tr>
<td>Eligibility rate</td>
<td>12.52%</td>
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</table>

### Calculating the response rate

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. Known eligible [F+G]</td>
<td>5,837</td>
</tr>
<tr>
<td>J. Estimated eligible from Contact made, eligibility unknown [D] x eligibility rate</td>
<td>2,244</td>
</tr>
<tr>
<td>K. Estimated eligible from Contact not made, residentiality not established [A] x residentiality rate x eligibility rate</td>
<td>4,837</td>
</tr>
<tr>
<td>M. Estimated total eligible [H+J+K]</td>
<td>12,918</td>
</tr>
<tr>
<td>Response rate [G/M]</td>
<td>12.15%</td>
</tr>
<tr>
<td>Response rate - based on all known eligible [G/H]</td>
<td>26.90%</td>
</tr>
</tbody>
</table>
13. Appendix D: Questionnaire
Cancer Institute NSW

NSW Smoking and Health Survey 2015

Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

INTRODUCTION

ALL LANDLINE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ORC International. We’re conducting an important survey on a range of health issues on behalf of the NSW government.

I’d like to speak to someone aged 18 or over would that be you?

IF NO ONE AGED 18 OR OVER LIVING IN HOUSEHOLD. TERMINATE & THANK. CODE IN CALL OUTCOME FILE AS “NO ONE IN HOUSEHOLD AGED 18+”

IF SOMEONE 18 YEARS OF AGE OR OLDER NOT AVAILABLE MAKE APPOINTMENT.

REINTRODUCE AS NECESSARY

For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis.

IF NECESSARY: (The results will be used by the State government to assist with policy and planning for the health industry.)

IF NECESSARY : (I can’t tell you right now what type of health survey as that may influence your answers, however it will become apparent after you answer the first couple of questions).

IF NECESSARY: (Your telephone number has been generated at random by computer from all possible numbers in your area).

ASK ALL

QA. WHEN SPEAKING TO SOMEONE AGED 18 OR OVER

Is it convenient to talk now or would you like to make an appointment?

1 Yes
2 Not available now [MAKE APPOINTMENT]
3 No-one living in household aged 18 years or older [TERMINATE & THANK]
98 Refused [TERMINATE & THANK]
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

IF NON-SMOKER QUOTA STILL OPEN:

We would like to randomly select one adult aged 18 years or over in your household to be interviewed.

H1 First of all, including yourself, what is the TOTAL number of people aged 18 or over who live in your household?
RECORD NUMBER: [ALLOWABLE RANGE 1 TO 16, DK AND REF ALLOWED]
INTERVIEWER NOTE: DO NOT INCLUDE VISITORS
IF NONE - THANK & TERMINATE.
IF DON'T KNOW OR REFUSED - THANK & TERMINATE.

[IF ONLY ONE PERSON IN HOUSEHOLD]
H2 Are you the adult in the household aged 18 or over?

1 Yes
2 No

[IF YES]: SKIP RANDOM SELECTION

For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

MAKE APPOINTMENT IF NECESSARY OR CONTINUE (I.E. GO TO S2)
TERMINATE IF REFUSED

[IF NO]: SKIP RANDOM SELECTION AND ASK TO SPEAK WITH THAT PERSON. ASK FOR NAME OF PERSON. MAKE APPOINTMENT IF NECESSARY. REINTRODUCE AS NECESSARY.

[IF MORE THAN ONE PERSON IN HOUSEHOLD]
H3 Now can you tell me if you are the [nth - PROGRAMMER: RANDOMLY GENERATE BASED ON ANSWER TO H1 E.G IF "4" AT H1 RANDOMLY GENERATE FROM 1-4] oldest adult in the household?

1 Yes
2 No

TRIM RECORD E14/57092

2
[IF YES at H3]
H4a. We have done the random selection and we would like to interview you? For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

MAKE APPOINTMENT IF NECESSARY OR CONTINUE (I.E. GO TO S2)
TERMINATE IF REFUSED.

[IF NO at H3]
H4a. We have done the random selection and we would like to interview the [NTH from H3] oldest adult.

ASK FOR NAME OF PERSON. MAKE APPOINTMENT IF NECESSARY. REINTRODUCE AS NECESSARY.
TERMINATE IF REFUSED/NOT CAPABLE ETC

IF NON-SMOKER QUOTA FULL:

We would like to randomly select one adult aged 18 years or over in your household to be interviewed.

H1s First of all, including yourself, what is the TOTAL number of people aged 18 or over who live in your household **who smokes at least once a month**?
RECORD NUMBER: [ALLOWABLE RANGE 0 TO 16, DK AND REF ALLOWED]

INTERVIEWER NOTE: DO NOT INCLUDE VISITORS

IF NONE – THANK & TERMINATE – Sorry but we need to speak with monthly smokers

IF DON'T KNOW OR REFUSED – THANK & TERMINATE.

[IF ONLY ONE SMOKER AGED 18+ IN HOUSEHOLD AT H1s]
H2s Are you the adult in the household aged 18 or over who smokes at least once a month?

1  Yes
2  No

[IF YES]: SKIP RANDOM SELECTION

TRIM RECORD E14/57092
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

MAKE APPOINTMENT/REINTRODUCE IF NECESSARY OR CONTINUE (I.E. GO TO S2) TERMINATE IF REFUSED.

[IF NO]: SKIP RANDOM SELECTION AND ASK TO SPEAK WITH THAT PERSON. ASK FOR NAME OF PERSON. MAKE APPOINTMENT IF NECESSARY. REINTRODUCE AS NECESSARY.

[IF MORE THAN ONE MONTHLY SMOKER AGED 18+ IN HOUSEHOLD AT H1s]

H3s. Now can you tell me if you are the [nth - PROGRAMMER: RANDOMLY GENERATOR BASED ON ANSWER TO H1s E.G IF "4" AT H1 RANDOMLY GENERATE FROM 1-4] oldest at least monthly smoker in the household?

1 Yes
2 No

[IF YES at H3s]

H4sa. We have done the random selection and we would like to interview you? For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

MAKE APPOINTMENT/REINTRODUCE IF NECESSARY OR CONTINUE (I.E. GO TO S2) TERMINATE IF REFUSED.

[IF NO at H3s]

H4sa. We have done the random selection and we would like to interview the [nth from H3s] oldest at least monthly smoker.

ASK FOR NAME OF PERSON. MAKE APPOINTMENT IF NECESSARY. REINTRODUCE AS NECESSARY.

TERMINATE IF REFUSED/NOT CAPABLE ETC.

TRIM RECORD E14/57092
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

INTRODUCTION

ALL MOBILE PHONE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ORC International. We're conducting an important survey on a range of health issues on behalf of the NSW government.

I’d like to speak to someone living in NSW, aged 18 or over [IF NON-SMOKER QUOTA FULL — who smokes at least once a month] would that be you?

INTERVIEWER: IF NOT. THANK & TERMINATE

For most people the survey takes about 15 to 20 minutes depending on your answers. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part?

IF NECESSARY: (The results will be used by the State government to assist with policy and planning for the health industry.)

IF NECESSARY: / (I can’t tell you right now what type of health survey as that may influence your answers, however it will become apparent after you answer the first couple of questions).

IF NECESSARY: (Your telephone number has been generated at random by computer from all possible mobile numbers in Australia).

X1. Firstly, may I just check whether or not it is safe for you to take this call at the moment? If not, I am happy to call you back when it is more convenient for you.

1. Yes, safe to take call
2. No, not safe to take call - but OK to call back
3. Refused [TERMINATE & THANK]

[ALL]

X2. And could I just <IF CODES 2-3 AT X1 – quickly> ask, do you live in NSW and are aged 18 years or over <IF NON-SMOKER QUOTA FULL - and smoke at least once a month>?

1. Yes [CONTINUE, MAKE APPOINTMENT OR THANK & CLOSE AS APPROPRIATE]
2. No [TERMINATE & THANK...Sorry that is the group we are interested in for this particular survey]
3. Refused [TERMINATE & THANK]

TRIM RECORD E14/57092
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[ALL i.e. ALL LANDLINE & MOBILE RESPONDENTS]

I just need to let you know that my supervisor may listen in on part of this call to check my work. Is that OK with you?

1. Yes (supervisor may monitor)
2. No (supervisor will not monitor)

[ALL]

To double-check whether you are eligible for this survey, we just have a few initial questions.

X2a. Firstly can I just confirm, <that -- IF LANDLINE><do -- IF MOBILE> you live in NSW?

1. Yes
2. No [TERMINATE & THANK...Sorry that is the group we are interested in for this particular survey]
3. Refused [TERMINATE & THANK]

[ALL]

S2 RECORD GENDER

1. Female
2. Male

[ALL]

S3a Could you please tell me how old you are today?

1. Response in years [TERMINATE IF <18]
98. Refused

[IF S3a = 998]

S3b Would you mind telling me into which of the following age brackets you fall?

1. Less than 18 years [TERMINATE]
2. 18-24 years
3. 25-29 years
4. In your thirties
5. In your forties
6. In your fifties
7. In your sixties
8. In your seventies
9. 80 years or over
98. Refused [TERMINATE]

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Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[ALL]
S6a  Have you ever smoked tobacco products? By this, I mean tailor-made or factory-made cigarettes, roll-your-own cigarettes, cigars, pipes, or any other tobacco products.

1  Yes
2  No [COUNTS TO NON-SMOKERS' QUOTA]
99  Don’t know
98  Refused [TERMINATE]

[IF S6a = 1 or 99]
S6  Which of the following best describes how often you currently smoke?
[INTERVIEWER NOTE: IF UNSURE PROMPT FOR BEST GUESS]
1  Daily [COUNTS TO SMOKERS' QUOTA]
2  At least once a week [COUNTS TO SMOKERS' QUOTA]
3  At least once a month [COUNTS TO SMOKERS' QUOTA]
4  Less often than once a month [COUNTS TO NON-SMOKERS' QUOTA]
5  Not at all [COUNTS TO NON-SMOKERS' QUOTA]
99  Don’t know [DO NOT READ OUT. TERMINATE]
98  Refused [DO NOT READ OUT. TERMINATE]

[PROGRAMMER NOTE: CREATE DUMMY VARIABLE]
S6DUM Smoking status
1  CURRENT SMOKER (S6 = 1 or 2 or 3 or 4)
2  EX-SMOKER (S6a=1 AND S6 =5)
3  NEVER SMOKED (S6a = 2 OR S6a=99 and S6=5)

PROGRAMMER: CHECK SMOKER/NON-SMOKER QUOTA BASED ON ANSWERS TO S6/S6a
(NOT S6DUM, WHICH IS USED FOR QUESTION FILTER DEFINITIONS!!). IF RELEVANT QUOTA CLOSED – TERMINATE & THANK.
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[ALL]
S7  How many people in your household [IF S6=1-2 – AT LEAST WEEKLY SMOKER: including yourself.] smoke at least once a week?
   [INTERVIEWER NOTE: THIS INCLUDES ALL AGES, IF UNSURE PROMPT FOR BEST GUESS]
   1  Record number [ALLOWABLE RANGE 0-20]
   99 Don’t know
   98 Refused

NORMATIVE PERCEPTIONS

[ALL]
NP1  Out of every 100 adults aged 18 years or older in NSW, how many do you think smoke tobacco products?
   1  Record number [ALLOWABLE RANGE 0-100]
   999 Don’t know
   998 Refused

S6DUM = 3, NEVER SMOKED, THEN GO TO S6b.

SMOKING BEHAVIOUR

[IF S6DUM = 1 OR 2, CURRENT SMOKER or EX-SMOKER] – And now some questions about your smoking behaviour

[IF S6DUM = 1 OR 2, CURRENT SMOKER or EX-SMOKER]
2.2.2 Would you describe yourself as a...
   1  Non-smoker
   2  Ex-smoker
   3  Occasional or social smoker
   4  A regular smoker
   99 Don’t know [DO NOT READ OUT]
   98 Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF S6DUM = 1, CURRENT SMOKER]
2.6 Which, if any, of the following do you currently smoke or use, either regularly or occasionally? [READ OUT, ACCEPT MULTIPLES]
1 Tailor-made or manufactured cigarettes
2 Roll-your-own cigarettes
3 Pipes
4 Cigars
5 Waterpipe tobacco or shisha tobacco
6 E-cigarettes
7 Chop-chop or illicit tobacco
96 Other tobacco products (Specify)
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[IF S6 = 1]
2.10 How many cigarettes, pipes or cigars per day would you smoke on average?
1 Record number [ALLOWABLE RANGE 0-200]
999 Don’t know
998 Refused

[IF S6 = 2]
2.11 How many cigarettes, pipes or cigars per week would you smoke on average?
1 Record number of cigarettes/pipes/cigars [ALLOWABLE RANGE 0-100]
2 Record number of packs [ALLOWABLE RANGE 0-10]
999 Don’t know
998 Refused

[IF S6DUM = 2, EX-SMOKER]
2.11a How many cigarettes per day did you used to smoke on average? Was it...

[READ OUT. ACCEPT SINGLE ANSWER ONLY]
1 Less than one [DO NOT READ OUT]
2 1 to 10 cigarettes per day
3 11 to 20 cigarettes per day
4 21 or more cigarettes per day
97 I never smoked cigarettes [DO NOT READ OUT]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF SS=1]

2.11.1 How soon after waking up do you smoke your first cigarette?

[READ OUT, ACCEPT SINGLE ANSWER ONLY]

1 Within 5 minutes
2 6-30 minutes
3 More than 30 minutes
4 I don’t smoke cigarettes [DO NOT READ OUT]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[IF SSDUM=1, CURRENT SMOKER]

2.13 Where did you buy your last pack of cigarettes or other tobacco products?

[DO NOT READ OUT, ACCEPT SINGLE ANSWER ONLY]

1 Cigarette vending machine
2 Supermarket
3 Tobacconist
4 Petrol station
5 Convenience store
6 Takeaway store or milkbar
7 Newsagency
8 Liquor outlet / bottleshop
9 Airport / duty-free store
10 Internet
96 Other (Specify)
97 I didn’t buy it
99 Don’t know
98 Refused

QUITTING SMOKING

[IF SSDUM = 1, CURRENT SMOKER]

3.0 During the past two weeks, how often have you thought about quitting?

[READ OUT, ACCEPT SINGLE ANSWER ONLY]

1 Several times a day
2 Once a day
3 Once every few days
4 Once or twice in the past 2 weeks
97 Not at all in the past 2 weeks
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
[IF S6DUM = 1, CURRENT SMOKER]
3.1 Are you considering quitting smoking in the next 6 months?
   1 Yes
   2 No
   9 Don’t know
   98 Refused

[IF 3.1=1]
3.2 Are you seriously thinking of quitting, or do you just think it is a possibility?
   1 Seriously thinking of quitting
   2 Just a possibility
   99 Don’t know
   98 Refused

[IF 3.2=1]
3.4 And are you planning to quit smoking in the next 30 days?
   1 Yes
   2 No
   3 Maybe
   99 Don’t know [DO NOT READ OUT]
   98 Refused [DO NOT READ OUT]

[IF 3.1=1]
3.3b What are your reasons for thinking about quitting at this stage?
[DO NOT READ OUT. ACCEPT MULTIPLES] No Code 1
   2 Encouragement or advice from a GP or health professional
   3 The effect of my smoking on my family’s health
   4 I don’t want my smoking to encourage my kids to smoke
   5 I want to see my kids grow up
   6 Anti-smoking advertising
   7 Health or fitness reasons
   9 Cost of cigarettes or tobacco
  10 Restrictions on smoking in public places
  11 I don’t enjoy it anymore
  12 Cigarette pack health warnings/plain packaging/changes to packaging
  14 Encouragement from my partner, family, or friends
  15 Nagging from my partner, family, or friends
  96 Other (Specify)
  99 Don’t know [DO NOT READ OUT]
  98 Refused [DO NOT READ OUT]
3.6 Around how many times have you tried to quit smoking, if at all?

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

<table>
<thead>
<tr>
<th></th>
<th>Record number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
</tr>
</tbody>
</table>

3.6b Before you stopped smoking, around how many times did you try to quit?

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS, IF THIS WAS THE FIRST ATTEMPT ENTER "0"

[PROGRAMMER: CREATE NEW VARIABLE IN DATAFILE FOR THIS ANSWER +1 TO GIVE "TOTAL QUIT ATTEMPTS"]

<table>
<thead>
<tr>
<th></th>
<th>Record number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
</tr>
</tbody>
</table>

3.6.1a When you last tried to quit smoking, for how long were able to stop smoking?

[PROGRAMMER NOTE: RECODE TO YEARS IN 3.6.1dUM – RETAIN BOTH ORIGINAL AND CONVERTED RESPONSES IN DATAFILE]

<table>
<thead>
<tr>
<th></th>
<th>Number of HOURS [ALLOWABLE RANGE 1-1000]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of DAYS [ALLOWABLE RANGE 1-2000]</td>
</tr>
<tr>
<td>3</td>
<td>Number of WEEKS [ALLOWABLE RANGE: 1-300]</td>
</tr>
<tr>
<td>4</td>
<td>Number of MONTHS [ALLOWABLE RANGE: 1-100]</td>
</tr>
<tr>
<td>5</td>
<td>Number of YEARS [ALLOWABLE RANGE: 1-120]</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
</tr>
</tbody>
</table>

3.6.6 How confident are you that you can quit smoking? Please answer on a scale from 0 to 10 where ’0’ indicates not at all confident and ’10’ indicates extremely confident.

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

<table>
<thead>
<tr>
<th></th>
<th>Record number (ALLOWABLE RANGE 0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF IS6DUM=2, EX-SMOKER]
3.6.7 How confident are you that you can continue to not smoke? Please answer on a scale from 0 to 10 where ‘0’ indicates not at all confident and ‘10’ indicates extremely confident.

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

1 Record number (ALLOWABLE RANGE 0-10)
99 Don’t know
98 Refused

[IF IS6DUM=1 OR 2 (CURRENT SMOKER OR EX-SMOKER)]
3.7.3 Can you name any particular support services, assistance or methods that are available to help smokers quit?

[DO NOT READ OUT. ACCEPT MULTIPLE ANSWERS]

1. “Quitline”
2. Recall of Quitline phone number: “13 7848”, “131 848” or “13 QUIT”
3. Unspecified telephone number, hotline or helpline
4. Nicotine replacement therapy/NRT, including gum, patches, lozenges or inhalers
5. Cold turkey
6. Cut down on amount smoked
7. Change to mild, light or low tar tobacco products
8. GP or other health professional / counsellor
9. Natural or alternative therapy (eg hypnotherapy, acupuncture, laser therapy)
10. Prescribed medication (eg Zyban, Champix)
11. Online quit smoking information
12. Online quit smoking program (eg register, sign-up, more interactive)
13. E-cigarettes
14. NineMSN Quit Smoking Centre
96. Other (specify__________________________)
97. None of these/ No
98. Refused
99. Don’t know

[IF 3.7.3=11 OR 12]
3.7.3a You just mentioned <<Online quit smoking information = IF 3.7.3 =11 AND NOT 12>> <<Online quit smoking program = IF 3.7.3=12 AND NOT 11>> <<Online quit smoking information and Online quit smoking programs = IF 3.7.3 = 11 AND 12>> What is the name of the website(s) you were referring to for these?

[DO NOT READ OUT. ACCEPT MULTIPLE ANSWERS]

1. ICanQuit.com.au
2. Quiknow.info.au
3. MyQuitBuddy
96. Other (Specify__________________________)
97. Don’t know

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Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF S6DUM=1 OR 2, CURRENT SMOKER OR EX-SMOKER]

3.7.4 And which of the following, if any, have you heard of?

[READ OUT. ACCEPT MULTIPLE ANSWERS]

[ONLY PRESENT CODES AT 3.7.4 THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED AT 3.7.3 OR 3.7.3a. NOTE: IF EITHER CODE 1 OR 2 MENTIONED AT 3.7.3 THEN DO NOT PRESENT CODE 1]

1. The “Quitline” or “13 QUIT” (IF NECESSARY: “13 7848”, “131 848”)
2. Nicotine replacement therapy/NRT, including gum, patches, lozenges or inhalers
3. Prescribed medication such as Zyban, Champix
4. iCanQuit.com.au
5. Quitnow.info.au
6. My QuitBuddy
97. None of the above (DO NOT READ OUT)
98. Refused (DO NOT READ OUT)
99. Don’t Know (DO NOT READ OUT)

[IF 3.6 OR 3.6b >0, EVER HAD QUIT ATTEMPT]

3.7.5 And which of these have you used, if at all?

[READ OUT. ACCEPT MULTIPLE ANSWERS]

[ONLY PRESENT THE CODES at 3.7.5 THAT HAVE BEEN MENTIONED AT 3.7.3, 3.7.3a OR 3.7.4 PROGRAMMER: IF NONE OF THE CODES BELOW WERE MENTIONED AT EITHER 3.7.3, 3.7.3a OR 3.7.4, THEN DO NOT ASK 3.7.5 BUT AUTOCODE AS “NONE OF THE ABOVE”]

1. The “Quitline” or “13 QUIT” (IF NECESSARY: “13 7848”, “131 848”)
2. Nicotine replacement therapy/NRT, including gum, patches, lozenges or inhalers
3. Prescribed medication such as Zyban, Champix
4. iCanQuit.com.au
5. Quitnow.info.au
6. My QuitBuddy
97. None of the above (DO NOT READ OUT)
98. Refused (DO NOT READ OUT)
99. Don’t Know (DO NOT READ OUT)

IF S6DUM=2 OR 3 (EX-SMOKER or NEVER SMOKED)

S6b Do you currently use water pipe or shisha tobacco, either regularly or occasionally?

1. Yes
2. No
99. Don’t know
98. Refused

TRIM RECORD E14/57092

14
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

E-CIGARETTES

The next few questions are about electronic cigarettes, or e-cigarettes.

IF 2.6=7
Electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens.

[ALL, EXCEPT THOSE AT 2.6=7]

E.1 Before today had you heard of e-cigarettes? (AUTO-CODE AS 1 BELOW IF 3.7.3 =13)

[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Yes
2. No
99. Don’t know
98. Refused

[IF E.1=1]

E.2 Have you ever used or tried e-cigarettes?

[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Yes
2. No
99. Don’t know
99. Refused

[IF 2.6=7 or E.2=1, HAVE USED E-CIGARETTES]

E.3 <<You mentioned earlier that you use e-cigarettes. How often do you use them? – IF 2.6=7>> How often do you use e-cigarettes? – IF E.2=1>>

[READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Daily
2. At least once a week
3. At least once a month
4. Less often than once a month
5. Not at all (DO NOT SHOW IF 2.6=7)
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.4  <<And what are the main reasons you use e-cigarettes? – IF E.3=1,2,3 OR 4>>  << And what were the main reasons you used e-cigarettes? – IF E.3= 5>>
[DO NOT READ OUT. ACCEPT MULTIPLE RESPONSES]
  1. So I don’t have to quit smoking
  2. To cut down on the number of cigarettes I smoke
  3. To help me quit cigarettes
  4. Taste better than cigarettes
  5. Not as bad for your health as cigarettes
  6. Cheaper than cigarettes
  7. I use them exclusively instead of smoking cigarettes
  8. So I can smoke in places where smoking cigarettes is not allowed
  96. Other (specify)
  97. No reason
  99. Don’t know
  98. Refused

[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.5  Thinking about the last e-cigarette you used, did it contain nicotine?
  1. Yes
  2. No
  99. Don’t know
  98. Refused
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.6 And from where did you buy or obtain your last e-cigarette product, whether that was the e-cigarette itself, the cartridge or the e-cigarette liquid?

[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]

1. Cigarette vending machine
2. Supermarket
3. Tobacconist
4. Petrol station
5. Convenience store
6. Takeaway store or milkbar
7. Newsagency
8. Liquor outlet / bottleshop
9. Airport / duty-free store
10. Internet
11. Other retail outlet
12. Stall at a market or fair
13. Friend/It was a gift
96. Other (Specify)
97. I didn’t buy it
99. Don’t know
98. Refused

E.1=1 OR 2.6=7 [ALL WHO ARE AWARE OF E-CIGARETTES]

E7. I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

a) e-cigarettes are unsafe to use
b) e-cigarettes are healthier than smoking tobacco cigarettes
c) e-cigarettes help smokers to quit
d) It is unsafe to use e-cigarettes around others

[RANDOMISE ORDER. READ OUT. ACCEPT SINGLE ANSWER ONLY]

[RESPONSES]
1. Agree strongly
2. Agree just a little
3. Neither agree nor disagree [DO NOT READ OUT]
4. Disagree just a little
5. Disagree strongly
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
E8 To the best of your knowledge, in NSW is there currently a ban on:
(RANDOMISE ORDER. READ OUT. ACCEPT SINGLE ANSWER ONLY)
(i) The sale of e-cigarettes to minors under 18 years of age
(ii) The use of e-cigarettes in public places.
(iii) The sale of e-cigarettes containing nicotine.
(iv) The marketing of e-cigarettes as aids for quitting smoking.

1. Yes
2. No
99. Don’t know
98. Refused

ALL

E9. The NSW Government has announced that it plans to pass legislation to ban the sale of e-cigarettes and related products, such as e-liquids to minors under 18 years of age. Do you support or oppose this? And is that strongly or just a little?

[ACCEPT SINGLE ANSWER ONLY]

[RESPONSES]
1 Support strongly
2 Support just a little
3 Neither support nor oppose [DO NOT READ OUT]
4 Oppose just a little
5 Oppose strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
ALL

E10. In 2014 the Queensland Parliament passed legislation that regulates e-cigarettes in the same way as conventional tobacco cigarettes, including banning the use of e-cigarettes in public places where smoking is banned. Do you support or oppose similar legislation being applied in NSW? And is that strongly or just a little?

[ACCEPT SINGLE ANSWER ONLY]

[RESPONSES]
1 Support strongly
2 Support just a little
3 Neither support nor oppose [DO NOT READ OUT]
4 Oppose just a little
5 Oppose strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
HEALTH EFFECTS OF SMOKING

[ALL] - Now some questions on beliefs about smoking.

[IF S6DUM=1 OR 2, CURRENT SMOKER OR EX-SMOKER]

4.0 Do you think your smoking has already done harm to your body? Would you say it...

[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1  Definitely has
2  Probably has
3  Probably not
4  Definitely not
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]

[IF S6DUM=1, CURRENT SMOKER]

4.1 What do you think is the likelihood of becoming seriously ill from your smoking if you continue to smoke? Would you say you...

[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1  Definitely will become seriously ill
2  Probably will
3  Probably won’t
4  Definitely won’t become seriously ill
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]
[ALL]
4.1A I’m going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

[STATEMENTS. RANDOMISE]

1. [ALL] The medical evidence that smoking is harmful is exaggerated
2. [ALL] Smoking is no more risky than lots of other things that people do
3. [IF S6DUM=1, CURRENT/EX-SMOKER] You’ve got to die of something, so why not enjoy yourself and smoke
4. [IF S6DUM=1, CURRENT/EX-SMOKER] If I quit, all the damage smoking has done to my body will be reversed

[RESPONSES]
1. Agree strongly
2. Agree just a little
3. Neither agree nor disagree [DO NOT READ OUT]
4. Disagree just a little
5. Disagree strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
To the best of your knowledge, what illnesses or diseases do you think are caused by smoking?

**[DO NOT READ OUT. ACCEPT MULTIPLES]**

<table>
<thead>
<tr>
<th></th>
<th>Illness/Disease</th>
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<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
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<tr>
<td>2</td>
<td>Stroke</td>
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<td>3</td>
<td>Emphysema</td>
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<td>4</td>
<td>Lung cancer</td>
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<td>5</td>
<td>Stomach cancer</td>
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<td>Pancreatic cancer</td>
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<td>Cervical cancer</td>
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<td>Ovarian cancer</td>
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<td>Throat cancer</td>
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<td>10</td>
<td>Mouth/oral cancer</td>
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<td>11</td>
<td>Gangrene (or peripheral vascular disease)</td>
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<td>12</td>
<td>Blindness</td>
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<td>13</td>
<td>Gum disease</td>
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<td>14</td>
<td>Sudden infant death syndrome (SIDS)</td>
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<td>15</td>
<td>Infertility</td>
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<tr>
<td>17</td>
<td>Cancer – NFI</td>
</tr>
<tr>
<td>18</td>
<td>Male impotence</td>
</tr>
<tr>
<td>96</td>
<td>Other (SPECIFY)</td>
</tr>
<tr>
<td>97</td>
<td>No Illness or disease</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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</tbody>
</table>
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

[ALL EXCEPT 4.1i=97]

4.1i I am going to read you a list of illnesses and diseases that may or may not be caused by smoking. Based on what you know or believe, does smoking cause...

[READ OUT ALL EXCEPT THOSE ITEMS SELECTED AT 4.1i. RANDOMISE. ACCEPT MULTIPLES]

1. Heart disease
2. Stroke
3. Emphysema
4. Lung cancer
5. Stomach cancer
6. Pancreatic cancer
7. Cervical cancer
8. Ovarian cancer
9. Throat cancer
10. Mouth/oral cancer
11. Gangrene (or peripheral vascular disease)
12. Blindness
13. Gum disease
14. Sudden infant death syndrome (SIDS)
15. Infertility
16. Hepatitis C
17. Male Impotence
99. (Don’t know/Can’t say)
98. (Refused)
4.2 I’m going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: is that strongly or just a little?]

[STATEMENTS. RANDOMISE]

1. [IF SG0UM=1, CURRENT SMOKER] There are so few places to smoke these days, that I smoke when I can, rather than when I want to
2. [IF SG0UM=1, CURRENT SMOKER] I feel embarrassed to be a smoker
3. [IF SG0UM=1, CURRENT SMOKER] I feel uncomfortable smoking in public places

[PROGRAMMER NOTE: RANDOMLY INCLUDE 7b IN HALF OF INTERVIEWS, AND 7e IN OTHER HALF OF INTERVIEWS]

7b. I support further increasing the price of cigarettes to discourage young people from smoking
7e. I support further increasing the price of cigarettes to encourage people to quit smoking

16. I support the regulation that ensures all tobacco products are sold in plain packaging [IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos, has been removed. All cigarette packs now look the same, with the only difference being the brand name.]
18. [IF SG0UM=1, CURRENT SMOKER] Feeling supported when I quit is important to me

[RESPONSES]

1. Agree strongly
2. Agree just a little
3. Neither agree nor disagree [DO NOT READ OUT]
4. Disagree just a little
5. Disagree strongly
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
4.10 It is a requirement that tobacco products be sold in plain packaging.

[IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos, has been removed. All cigarette packs now look the same, with the only difference being the brand name.]

As a result of plain packaging, have you...

[READ OUT. ACCEPT MULTIPLES]

1 Tried to quit
2 Thought about quitting
3 Smoked less
4 Hid your pack from view
5 Felt embarrassed to be a smoker
6 Used something to cover your pack
7 Changed brands
96 Or anything else [SPECIFY]
97 It’s had no impact [DO NOT READ OUT]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

SECOND-HAND SMOKE: BEHAVIOURS, ATTITUDES AND KNOWLEDGE

[ALL]- Now some questions about attitudes to smoking

[ALL]
6.1 In general, how do you feel when you are exposed to other people’s smoke in public places? Would you say you are...

[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1 Not bothered at all
2 Bothered a little
3 Bothered a fair amount
4 Bothered a great deal
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
6.22 Are you aware of NSW laws banning smoking in some outdoor public places?

[IF NECESSARY: “Public places included under this ban are swimming pool complexes, spectator areas at sports grounds, railway stations, bus stops, taxi ranks, and ferry wharves. Smoking is also banned within 10 metres of children’s play equipment and within 4 metres of an entrance or exit to a public building”].

1 Yes
2 No
99 Don’t know
98 Refused

6.22a And do you personally approve or disapprove of these laws? Is that strongly or just a little?

1 Approve strongly
2 Approve just a little
3 Neither approve nor disapprove [DO NOT READ OUT]
4 Disapprove just a little
5 Disapprove strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

6.22b The tobacco laws in NSW include smoking bans in a number of outdoor public places. Do you support the banning of smoking...

[STATEMENTS]
1 Within 10 metres of children’s play equipment
2 In public swimming pool complexes
3 In spectator areas of sports grounds
4 At public transport stops and stations [IF NECESSARY: This includes railway platforms, light rail stops, light rail stations, bus stops, taxi ranks, and ferry wharves]
5 Within 4 metres of a pedestrian entrance or exit to a public building

[RESPONSES]
1 Yes
2 No
99 Don’t know
98 Refused
6.30 On July 6 this year a new tobacco law in NSW will come into effect banning smoking in outdoor dining areas of pubs, clubs, cafes and restaurants. Before today, had you heard of this new law?

1 Yes
2 No
99 Don’t know
98 Refused

6.31 [If 6.30=1] And do you personally approve or disapprove of this new law? Is that strongly or just a little?

1 Approve strongly
2 Approve just a little
3 Neither approve nor disapprove [DO NOT READ OUT]
4 Disapprove just a little
5 Disapprove strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

ALL

6.32 Will you be more or less likely to visit a pub, club, restaurant or café once smoking is banned in outdoor dining areas?

1 More likely to visit a pub, club, restaurant or café
2 Less likely to visit a pub, club, restaurant or café
3 Neither more nor less likely to visit a pub, club, restaurant or café
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
6.7 Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

[STATEMENTS. RANDOMISE. PROGRAMMER NOTE: SMOKERS TO BE ASKED STATEMENT 5 PLUS 7 OTHER RANDOM STATEMENTS. EX-SMOKERS AND NON-SMOKERS TO BE ASKED 7 RANDOM STATEMENTS ONLY]

1. I believe that passive smoking is fairly harmless [IF NECESSARY: *Passive smoking is breathing second-hand smoke, or other people’s smoke]*
2. I support making all beaches smokefree by law
3. I support making all outdoor community events and festivals smokefree by law [IF NECESSARY: community events include markets, concerts e.g. the Big Day Out, festivals etc.]
4. I support making all outdoor public shopping malls smokefree by law
5. I support making all balconies of apartment blocks and multi-dwelling residential buildings smokefree by law
6. I support making all gaming areas (including poker machine areas) in pubs, clubs, and bars smokefree by law
7. I support making private gaming areas (high roller rooms) at casinos smokefree by law

[PROGRAMMER NOTE: 18 AND 19 NOT TO BE ASKED OF THE SAME PERSON]

18. I support issuing fines to people who fail to comply with new laws banning smoking in outdoor public places
19. I support the government issuing $300 fines to people who fail to comply with laws banning smoking in outdoor public places
20. I support banning cigarette vending machines in licensed premises, such as pubs and clubs
21. I support stricter penalties for the sale of tobacco products to people under 18 years of age

[RESPONSES]
1. Agree strongly
2. Agree just a little
3. Neither agree nor disagree [DO NOT READ OUT]
4. Disagree just a little
5. Disagree strongly
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

DEMOGRAPHICS

Thanks for that. We’re almost finished. Just a few final questions to make sure we’ve spoken to a
good cross-section of people.

[ALL]
8.5d How many children aged 17 years or under live in your household?

1 RECORD NUMBER [ALLOWABLE RANGE 0-20]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[ALL]
8.6 What is the highest level of education that you have attained?
[DO NOT READ OUT BUT PROMPT AS NECESSARY]

1 No formal schooling
2 Primary school
3 Years 7 to 10 or equivalent
4 Years 11 to 12 or equivalent
5 TAFE or technical college
6 University
7 Another tertiary institution
96 Other (Please specify)
99 Don’t know
98 Refused

[ALL]
8.7 Which of the following best describes your employment status?
[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1 Working full-time
2 Working part-time or as a casual
3 Retired
4 Student
5 Home duties
6 Unemployed or looking for work
96 Other [SPECIFY]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
### Cancer Institute - Smoking and health survey questionnaire 2015 (Final)

**8.9 Roughly speaking, is your annual household income (before tax) more or less than $60,000?**

[DO NOT READ OUT]

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<tr>
<td>1</td>
<td>$60,000 or less</td>
</tr>
<tr>
<td>2</td>
<td>More than $60,000</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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**8.9a And into which of the following ranges would your annual household income fall?**

[PROGRAMER NOTE: IF 8.9=1 ONLY DISPLAY 1 TO 4 AND 98 AND 99. IF 8.9=2 ONLY DISPLAY 5 TO 9 AND 98 AND 99. INTERVIEWER NOTE: ONLY READ WEEKLY RANGES IF NECESSARY]

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<tbody>
<tr>
<td>1</td>
<td>Up to $15,000 ($290 per week)</td>
</tr>
<tr>
<td>2</td>
<td>$15,001 to $30,000 ($291-$580 per week)</td>
</tr>
<tr>
<td>3</td>
<td>$30,001 to $45,000 ($581-$860 per week)</td>
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<tr>
<td>4</td>
<td>$45,001 to $60,000 ($861-$1,150 per week)</td>
</tr>
<tr>
<td>5</td>
<td>$60,001 to $75,000 ($1,151-$1,440 per week)</td>
</tr>
<tr>
<td>6</td>
<td>$75,001 to $90,000 ($1,441-$1,730 per week)</td>
</tr>
<tr>
<td>7</td>
<td>$90,001 to $105,000 ($1,731-$2,020 per week)</td>
</tr>
<tr>
<td>8</td>
<td>$105,001-$120,000 ($2,020-$2,300 per week)</td>
</tr>
<tr>
<td>9</td>
<td>Over $120,000 (Over $2,300 per week)</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know [DO NOT READ OUT]</td>
</tr>
<tr>
<td>98</td>
<td>Refused [DO NOT READ OUT]</td>
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**8.10 What is the main language spoken in your home? [DO NOT READ OUT]**

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<tbody>
<tr>
<td>1</td>
<td>English</td>
</tr>
<tr>
<td>96</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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**8.11 Do you identify as an Aboriginal and/or Torres Strait Islander?**

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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</table>
8.12

In the past week, on average, how much time have you spent on the internet per day?

RECORD HOURS (ALLOWABLE RANGE 1.0 TO 24.0)
RECORD MINUTES (ALLOWABLE RANGE 1 TO 1440)
None
(Don’t know) [DO NOT READ OUT]
(Refused) [DO NOT READ OUT]

8.13

What is the postcode for the town or suburb where you live?

IF NECESSARY: This is just so we can look at the statistical results by geographic area.

[MOBILE PHONE SAMPLE RESPONDENTS ONLY]

M1. Do you have a landline telephone at home, that is, at your usual place of residence?

1. Yes
2. No – mobile only
98. Refused - CONTINUE

[MOBILE PHONE SAMPLE RESPONDENTS ONLY]

M3. Including this one, how many mobile numbers do you have?

RECORD NUMBER [ALLOWABLE RANGE 1-20, D & R]

[LANDLINE SAMPLE RESPONDENTS ONLY]

L1. And, do you also have a working mobile phone?

1. Yes
2. No – landline only
98. Refused CONTINUE

TRIM RECORD E14/57092
[ALL]

OUTRO: That’s the end of our survey.

Thank you very much for your assistance. May I just confirm your name and telephone number? Sometimes my supervisor needs to ring back and check my work. We will remove your contact details when all research is completed [CONFIRM DETAILS]

Name <if applicable>:

Landline Phone <if applicable>:

Mobile Number <if applicable>:

CONSENT TO RE-CONTACT

[S6DUM = 1, CURRENT SMOKER]

9.1 As mentioned earlier, this is an important survey for the NSW government. They also conduct other surveys on health and smoking from time to time. Would you be willing to be re-contacted at some stage in the future for other such important surveys?

[IF NECESSARY: We never send advertising or try to sell anything. We only conduct genuine research.]

1 Yes
2 No
3 Unsure

[IF 3.1 = 1 “CONSIDERING QUITTING IN NEXT 6 MONTHS”]

Quit: You mentioned today that you were considering quitting smoking in the next few months. Would you like me to give you the Quitline number in case you’d like any help in planning your quit attempt?

1 Yes – “THE NUMBER IS 13 7848, OR ’13 QUIT’”
2 No: “OK, NO PROBLEM.”
[ALL]

THANK AND CLOSE

This research has been conducted in keeping with the Australian Privacy Principles, the industry Privacy Code and the market research industry’s Code of Professional Behaviour. Our privacy policy is available on our website (www.ORBinternational.com). This policy explains how you can access or correct your personal information, the process for making a privacy related complaint.

If you would like to check any of these details further, I can provide you with the Industry SurveyLine number (1300 364 830) or if you have any queries you can call ORC International on (03) 9935 5788.

Thank you, and just in case you missed it, I’m <INTERVIEWER NAME> calling from ORC International. Thanks again for your time.