

**SMS TURKEY PHASE THREE
RANDOMIZED CONTROLLED TRIAL (RCT): 12 WEEK FOLLOW-UP SURVEY**

ALL PARTICIPANTS:

1. Since your quit date, have you smoked, even just a puff?
No, not even a puff (go to question 12) 1
Since the day I quit, I smoked 1-5 cigarettes 2
Since the day I quit, I smoked more than 5 cigarettes 3

2. Have you smoked (even a puff) within the last 30 days? (Please choose one answer)
No, not even a puff (go to question 12) 1
1-5 cigarettes 2
More than 5 cigarettes 3

3. Have you smoked (even a puff) within the last week (7 days)? (Please choose one answer)
No, not even a puff 1
1-5 cigarettes 2
More than 5 cigarettes 3

4. Did you use any of the following methods to help you quit smoking while participating in our program?
Medication (such as Zyban, the patch) 1
Maras powder 2
Group therapy 3
Individual therapy 4
Electronic cigarette 5
Acupuncture/Hypnosis 6
Other 7
I do not plan to use any additional method 8

If you said 'other', please write in your answer here:

FOR PARTICIPANTS WHO STARTED SMOKING AGAIN:

4. How many cigarettes do you smoke on average per day? _____
5. Do you smoke more in mornings than during the rest of the day?
 No 1
 Yes 2
6. How soon after you wake up do you have your first cigarette?
 0-5 minutes 1
 6-30 minutes 2
 31-60 minutes 3
 60 minutes or more 4
7. Which cigarette of the day would you hate to give up most?
 First in the morning 1
 Any other 2
8. Do you find it difficult to refrain from smoking in a smoke-free zone such as a church, library, or movie theater?
 No 1
 Yes 2
9. Do you smoke even when you are sick in bed all day?
 No 1
 Yes 2

10. How do the following situations affect your smoking? (Questions are randomized)

| | It does not have any effect on my smoking. | It does not affect my smoking too much. | Neutral | It has some affects on my smoking. | It definitely affects me. I will smoke more. |
|---|--|---|--------------------------|------------------------------------|--|
| Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cravings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thinking that smoking will feel good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To be more comfortable in social situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other people offering me a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloomy/depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| See other people enjoying a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Goes well with alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Goes well with tea / coffee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family pressures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social pressures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To take time for myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Which one of the following factors caused you to start smoking again? (choose 1)
- Miss its taste1
 - Stress/Problems2
 - Cigarette cravings3
 - To feel more comfortable in social situations4
 - Boredom5
 - Anger6
 - Sadness/Depression7
 - To see those who enjoy cigrattes8
 - Alcohol/Drinks9
 - Social Pressure10
 - Other (Explain)11

FOR PARTICIPANTS WHO QUIT SMOKING:

12. Below are statements about quitting smoking. Please indicate how strongly you agree or disagree with each statement. (Questions are randomized)

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. I am proud of quitting smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am less sociable now | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I eat more now | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I miss the taste of a cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I get withdrawal symptoms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I got rid of the addiction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I miss the relaxing effect of cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I am bored more often now | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ALL PARTICIPANTS:

13. How much to you agree or disagree with the following statements? (Questions are randomized)

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. Smoking is normal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smoking is a waste of money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Smoking is bad for the health of people around the smoker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Smoking is annoying for people around the smoker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Smoking is bad for the smoker's health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Smokers have a higher chance of getting lung diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Smoking is cool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Smoking is not as bad for you as they make it sound. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Smokers have a higher chance of getting heart diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Smokers cough more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Smokers are not setting a good example for their children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. How difficult is it for you not to smoke (even just a puff) if... (Questions are randomized)

| | Extremely easy not to smoke | Somewhat easy not to smoke | Neither difficult nor easy not to smoke | Somewhat difficult not to smoke | Extremely difficult not to smoke |
|---|-----------------------------------|----------------------------------|--|---------------------------------------|--|
| a. You are together with respected people | [] | [] | [] | [] | [] |
| b. You are craving for a cigarette | [] | [] | [] | [] | [] |
| c. You are at home alone | [] | [] | [] | [] | [] |
| d. You are together with friends | [] | [] | [] | [] | [] |
| e. You are nervous | [] | [] | [] | [] | [] |
| f. You have problems | [] | [] | [] | [] | [] |
| g. You are gloomy/depressed | [] | [] | [] | [] | [] |
| h. You get offered a cigarette | [] | [] | [] | [] | [] |
| i. You see other people enjoy a cigarette | [] | [] | [] | [] | [] |

15. How often have you smoked Narghile within the last 30 days?
- Never (**SKIP TO QUESTION 17**) 1
 - Less than few times a month 2
 - Few times a month 3
 - Once a month 4
 - Once a week 5
 - Few times a week 6
 - Everyday/Almost everyday 7
16. Have you smoked (even a puff) of Narghile within the last week (7 days)?
- No, not even a puff..... 1
 - 1-5 cigarettes 2
 - More than 5 cigarettes..... 3
17. In the last 3 months, how often have you had more than a few sips of an alcoholic drink, such as beer, wine, vodka?
- Never (**SKIP TO QUESTION 22**) 1
 - Less often than once a month 2
 - Once or twice a month 3
 - Once or twice a week 4
 - Every day / Almost every day 5
18. Have you thought about cutting down on your drinking?
- No 1
 - Yes 2
19. Has anyone criticized you for your drinking?
- No 1
 - Yes 2
20. Have you ever felt bad or guilty about your drinking?
- No 1
 - Yes 2
21. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
- No 1
 - Yes 2

Please read each group of statements carefully and then pick out the one statement in each group that best describes the way you have been feeling in the past two weeks, including today. If several statements in the group seem to apply equally well, you can choose all that apply. The accuracy and honesty of your answers are crucial for the scientific quality of this program. We appreciate your participation.

22. Sadness

- I do not feel sad 1
- I feel sad most of the time 2
- I am sad all the time 3
- I am so sad or unhappy that I can't stand it. 4

23. Pessimism

- I am not pessimistic about my future 1
- I feel more pessimistic about my future than I used to be 2
- I do not expect things to work out for me. 3
- I feel my future is hopeless and will only get worse 4

24. Past failure

- I do not feel like a failure 1
- I have failed more than other people 2
- As I look back, I see a lot of failures 3
- I see myself as a total failure 4

25. Loss of pleasure

- I get as much pleasure as I ever did from the things I enjoy 1
- I don't enjoy things as much as I used to 2
- I get very little pleasure from the things I used to enjoy 3
- I can't get any pleasure from the things I used to enjoy 4

26. Guilty feelings

- I don't feel particularly guilty 1
- I feel guilty over many things I have done or should have done 2
- I feel guilty most of the time 3
- I feel guilty all the time 4

27. punishment feelings

- I don't feel I am being punished 1
- I feel I may be punished 2
- I expect to be punished 3
- I feel I am being punished 4

28. Self-esteem
- I feel the same about myself as ever1
 - I have lost confidence in myself2
 - I am disappointed in myself3
 - I dislike myself4
29. Self-criticism
- I do not think that I am worse than others1
 - I criticize myself for my weaknesses and failures2
 - I blame myself for all my failures3
 - I blame myself for everything bad that happens4
30. Suicidal thoughts or wishes
- I don't have any thoughts of killing myself1
 - I sometimes have thoughts of killing myself, but I would not carry them out.....2
 - I would like to kill myself3
 - I would kill myself if I had the chance4
31. Crying
- I do not feel like crying any more than I have used to do1
 - I feel like crying sometimes2
 - I cry often3
 - I feel like crying but I can't anymore4
32. Agitation
- I am no more restless or wound up than usual1
 - I get restless or wound up more easily than usual2
 - I am always agitated3
 - The things that used to agitate me does not do so anymore4
33. Loss of interest
- I have not lost interest in other people or activities1
 - I am less interested in other people or things than before2
 - I have lost most of my interest in other people or things3
 - I do not want to see anyone4
34. Indecisiveness
- I make decisions about as well as ever1
 - I find it more difficult to make decisions than usual2
 - I have much greater difficulty in making decisions than I used to3
 - I have trouble making any decisions4

| | |
|--|---|
| 35. Worthlessness | |
| I do not see changes when I look at myself in the mirror | 1 |
| I feel like I have gotten older and uglier | 2 |
| I feel like I have gotten very old and ugly | 3 |
| I feel utterly ugly | 4 |
| 36. Loss of energy | |
| I have as much energy as ever | 1 |
| I have less energy than I used to have | 2 |
| I don't have enough energy to do very much | 3 |
| I don't have enough energy to do anything | 4 |
| 37. Changes in sleeping pattern | |
| I have not experienced any change in my sleeping pattern | 1 |
| I sleep somewhat more than usual | 2 |
| I sleep somewhat less than usual | 3 |
| I sleep a lot more than usual | 4 |
| I sleep a lot less than usual | 5 |
| I sleep most of the day | 6 |
| I wake up 1-2 hours early and can't get back to sleep | 7 |
| 38. irritability | |
| I am no more irritable than usual | 1 |
| I am more irritable than usual | 2 |
| I am much more irritable than usual | 3 |
| I am irritable all the time | 4 |
| 39. Changes in appetite | |
| I have not experienced any change in my appetite. | 1 |
| My appetite is somewhat less than usual | 2 |
| My appetite is somewhat greater than usual | 3 |
| My appetite is much less than before | 4 |
| My appetite is much greater than usual | 5 |
| I have no appetite at all | 6 |
| I crave food all of the time | 7 |
| 40. Concentration difficulty | |
| I can concentrate as well as ever | 1 |
| I can't concentrate as well as usual | 2 |
| It's hard to keep my mind on anything for very long | 3 |
| I can't concentrate on anything | 4 |

- 41. Tiredness or fatigue
 - I am no more tired or fatigued than usual1
 - I get tired or fatigued more easily than usual2
 - I am too tired or fatigued to do a lot of the things I used to do3
 - I am too tired or fatigued to do almost anything4

- 42. Loss of interest in sex
 - I have not noticed any recent change in my interest in sex1
 - I am less interested in sex than I used to be2
 - I am much less interested in sex now3
 - I have lost interest in sex completely.4

43. Please read each statement carefully. Indicate how you feel about them. (Questions are randomized)

| | Strongly disagree | Somewhat disagree | Neither disagree or agree | Somewhat agree | Strongly agree | Decline to answer |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| a There is a special person who is around when I am in need. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b There is a special person with whom I can share my joys and sorrows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My family really tries to help me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I get the emotional help and support I need from my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have a special person who is a real source of comfort to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My friends really try to help me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I can count on my friends when things go wrong | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I can talk about my | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| problems with my family | | | | | | |
| i. I have friends with whom I can share my joys and sorrows. | [] | [] | [] | [] | [] | [] |
| j. There is a special person in my life who cares about my feelings | [] | [] | [] | [] | [] | [] |
| k. My family is willing to help me make decisions | [] | [] | [] | [] | [] | [] |
| l. I can talk about my problems with my friends. | [] | [] | [] | [] | [] | [] |

44. How much support did you receive from the people you live with when you were trying to quit?

- I live by myself1
- They did not support me at all2
- They did not support me all that much3
- They were neutral4
- They somewhat supported5
- They strongly supported me6

45. How much support did you get from your friends when you were trying to quit?

- I do not have any friends1
- They did not support me at all2
- They did not support me all that much3
- They were neutral4
- They somewhat supported5
- They strongly supported me6

46. In the last 3 months, how often have you sent and received emails? (Please circle one)

- I do not send or receive emails1
- Never2
- Once every few weeks3
- Once a week4
- Few times a week5
- Everyday/Almost everyday6

47. In the last 3 months, other than for email, how often did you use the Internet?

- I do not use the Internet1
- Never2
- Once a week3
- Few times a week4
- Once every few weeks5
- Everyday/Almost everyday6

48. In the last 3 months, how often have you sent and received text messages that are not from this study?

- I do not send or receive text messages1
- Never2
- Once every few weeks.....3
- Once a week.....4
- A few days per week.....5
- Every day / Almost every day.....6

49. In the last 3 months, how often did you send or receive multimedia messages (MMS) on your cell phone?

- I do not send or receive MMS1
- Never2
- Once every few weeks3
- Once a week4
- Few times a week5
- Everyday/Almost everyday6

Thank you for your participation.