First, a few questions to confirm you are eligible for the study:

1. What is your age? __________

2. Are you a...?
   - Male..........................................................1
   - Female.......................................................2
   - Decline to answer ......................................3

3. Do you own a cell phone?
   - I do not have/use a cell phone.............................1
   - I do not own a cell phone but I use my family member’s……2
   - I own a cell phone........................................3
   - Decline to answer ........................................4

4. Do you know how to send and receive text messages?
   - Yes.....................................................................1
   - No .......................................................................2
   - Decline to answer .............................................3

5. Are you currently enrolled or intending to enroll in an unlimited text messaging plan?
   - Yes .....................................................................1
   - No .......................................................................2
   - No, but planning to enroll in the next 30 days…..3
   - Decline to answer .............................................4

6. How many days have you smoked cigarettes at all, even just a puff, in the last 7 days?
   (Choose only one answer)
   - Have not smoked even a puff ................................1
   - 1 day....................................................................2
   - 2-3 days...............................................................3
   - 4-5 days...............................................................4
   - 6 or more days....................................................5
   - Decline to answer .............................................6
7. How many cigarettes do you smoke in an average day? ________

8. Are you seriously thinking of quitting smoking cigarettes?
   No, not thinking of quitting ......................................................... 1
   Sometime, but not within the next 6 months ................................ 2
   Yes, within the next 6 months ..................................................... 3
   Yes, within the next 30 days ......................................................... 4
   Decline to answer .......................................................................... 5

Now, we have some questions about your cell phone use.

9. How long have you had this cell phone number?
   Less than 1 month ........................................................................ 1
   1 month to 6 months ..................................................................... 2
   More than 6 months to 1 year ....................................................... 3
   More than 1 year to 2 years ........................................................... 4
   More than 2 years to 3 years .......................................................... 5
   More than 3 years to 4 years ........................................................... 6
   More than 5 years .......................................................................... 7
   Decline to answer .......................................................................... 8

10. On an average day, how many minutes do you spend talking on your cell phone?
    0 minutes .................................................................................. 1
    1 minute to 30 minutes ................................................................. 2
    31 minutes to 1 hour ................................................................... 3
    More than 1 hour to 2 hours ....................................................... 4
    More than 2 hours to 3 hours ....................................................... 5
    More than 3 hours ...................................................................... 6
    Decline to answer ...................................................................... 7

11. How often do you send and receive text messages?
    I do not send or receive text messages ........................................... 1
    Less than once a month ............................................................... 2
    Once a month ............................................................................ 3
    Once every few weeks ............................................................... 4
    Once a week ................................................................................ 5
    A few days per week .................................................................... 6
    Every day / Almost every day ...................................................... 7
    Decline to answer ...................................................................... 8

12. On an average day, how many text messages do you send? ________
13. On an average day, how many text messages do you receive? __________

**Next are some questions about your smoking habits.**

14. From 0 being not at all important to 10 being extremely important – how important is it right now to you that you quit smoking?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

15. From 0 being not at all confident and 10 being extremely confident – how confident are you right now that you can quit smoking?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

16. How old were you when you had your first cigarette? __________

17. How many years have you smoked cigarettes (not including any length of time where you were quit)?

- Less than 1 year ........................................................................................................ 1
- 1 years to less than 2 years ...................................................................................... 2
- 2 years to less than 3 years ..................................................................................... 3
- 3 years to less than 4 years ..................................................................................... 4
- 4 years to less than 5 years ..................................................................................... 4
- More than 5 years .................................................................................................... 6
- Decline to answer ..................................................................................................... 7

18. On average, how many cigarettes do you smoke per day?

- 0-10 cigs/day .............................................................................................................. 1
- 11-20 cigs/day ........................................................................................................... 2
- 21-30 cigs/day .......................................................................................................... 3
- >31 cigs/day ............................................................................................................. 4
- Decline to answer ..................................................................................................... 5

19. Do you smoke more frequently in the first hours of the morning than during the rest of the day?

- Yes .......................................................................................................................... 1
- No ............................................................................................................................ 2
- Decline to answer ..................................................................................................... 3
20. How soon after you wake up do you have your first cigarette? (in minutes)
   0-5 ........................................................................................................1
   6-30 .......................................................................................................2
   31-60 ....................................................................................................3
   >60 .......................................................................................................4
   Decline to answer ...............................................................................5

21. Which cigarette of the day would you hate to give up most?
   First in the morning ...........................................................................1
   Any other .............................................................................................2
   Decline to answer .............................................................................3

22. Do you find it difficult to refrain from smoking when you are in places where it is forbidden, like in church, at the library, or in a movie theater?
   Yes .......................................................................................................1
   No .........................................................................................................2
   Decline to answer ...............................................................................3

23. Do you smoke if you are so ill that you are in bed most of the day?
   Yes .......................................................................................................1
   No .........................................................................................................2
   Decline to answer ...............................................................................3

24. How many other people live in your household that smoke? _________

25. Since you first started smoking, how many times have you tried to quit smoking for 24 hours or more?
   Never ...................................................................................................6
   1 time ..................................................................................................1
   2 times ...............................................................................................2
   3 times ...............................................................................................3
   4 times ...............................................................................................4
   5 or more times ...............................................................................5
   Decline to answer ...............................................................................7
26. [For those report at least one quit attempt ever in their lives]  
Within the last year, have you tried to quit for at least 24 hours or more?  
No, never .............................................6  
Yes, 1 time .....................................................1  
Yes, 2 times ......................................................2  
Yes, 3 times ......................................................3  
Yes, 4 times ......................................................4  
Yes, 5 or more times ...........................................5  
Decline to answer ...........................................7

27. Which of the following reasons have influenced your decision to quit lately? (CHOOSE ALL THAT APPLY)  
Family pressures ....................................................1  
Peer pressures ......................................................2  
Social pressures .....................................................3  
Illness / doctor’s recommendation ................................4  
To be healthier .....................................................5  
To protect the health of loved ones ................................6  
To save money / cost of cigarettes ................................7  
To set an example for my children ................................8  
Not to disturb those around me .....................................9  
Other (Explain) ....................................................10  
If you said ‘other’, please write in your answer here:  

28. What concerns do you have about quitting smoking? (CHOOSE ALL THAT APPLY)  
I will miss the taste ..................................................1  
I am not sure how I will handle stress / problems ..................2  
I fear the cravings ....................................................3  
I will feel uncomfortable in social situations .......................4  
I will be bored .......................................................5  
I will be more nervous .............................................6  
I will become gloomy / depressed ..................................7  
I will gain weight ...................................................8  
Seeing those who smoke will make me crave .....................9  
I fear cravings when I have drinks (alcohol, coffee, etc) ...........10  
Other ..............................................................11  
None of these ......................................................12  
If you said ‘other’, please write in your answer here:  

---

Center for Innovative Public Health Research | innovativepublichealth.org
Grant Number R21CA135669: Smoking cessation via text messaging: Feasibility testing of Stop My Smoking USA (SMS USA)
29. Do you plan to use any of the following methods while participating in our program? (CHOOSE ALL THAT APPLY)

- Medication (such as Zyban, the patch) ......................................................... 1
- Quit lines ........................................................................................................ 2
- Group therapy ................................................................................................ 3
- Individual therapy ......................................................................................... 4
- Acupuncture/Hypnosis .................................................................................. 6
- Other .............................................................................................................. 7
- I do not plan to use any additional method ............................................ 8
- Decline to answer ......................................................................................... 9

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

__________________________

30. How well do each of the following statements describe you? (CHOOSE ONE ANSWER FOR EACH STATEMENT) [Questions are randomized]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true</th>
<th>Somewhat true</th>
<th>Moderately true</th>
<th>Very true</th>
<th>Extremely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. After not smoking for while, I need to smoke to relieve feelings of restlessness and irritability.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Whenever I go without a smoke for a few hours, I experience craving.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. After not smoking for a while, I need to smoke in order to keep myself from experiencing any discomfort.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>d.</strong> When I’m really craving a cigarette, it feels like I’m in the grip of some unknown force that I cannot control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e.</strong> I feel a sense of control over my smoking. I can &quot;take it or leave it&quot; at any time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f.</strong> I tend to avoid restaurants that don’t allow smoking, even if I would otherwise enjoy the food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g.</strong> Sometimes I decline offers to visit with my non-smoking friends because I know that I’ll feel uncomfortable if I smoke.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h.</strong> Even if traveling a long distance, I’d rather not travel by airplane because I wouldn’t be allowed to smoke.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i.</strong> Since the time when I became a regular smoker, the amount I smoke has either stayed the same or has decreased somewhat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>j.</strong> Compared to when I first started smoking, I need to smoke a lot more now in order to get what I want out of it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
k. Compared to when I first started smoking, I can smoke much, much more now before I start to feel nauseated or ill.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

l. It’s hard to estimate how many cigarettes I smoke per day because the number often changes.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

m. My smoking pattern is very irregular throughout the day. It is not unusual for me to smoke many cigarettes in an hour, then not have another one until hours later.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

n. The number of cigarettes I smoke per day is often influenced by other factors – how I’m feeling, what I’m doing, etc.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

o. I smoke at different rates in different situations.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

p. My smoking is not much affected by other things. I smoke about the same amount whether I’m relaxing or working, happy or sad, alone or with others, etc.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

q. My cigarette smoking is fairly regular

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
### SMS USA Phase 3

#### Center for Innovative Public Health Research | innovativepublichealth.org
Grant Number R21CA135669: Smoking cessation via text messaging: Feasibility testing of Stop My Smoking USA (SMS USA)

<table>
<thead>
<tr>
<th>r. I smoke consistently and regularly throughout the day.</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>s. I smoke about the same amount on weekends as on weekdays.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. On a scale of 1 to 5, with 1 being very sure and 5 being not sure at all, how sure are you that you could resist smoking cigarettes in the following situations...? [Questions are randomized]

<table>
<thead>
<tr>
<th>Situation</th>
<th>Very sure</th>
<th></th>
<th></th>
<th>Not sure at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When your best friend is smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. When you are bored</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. When you are at a party with all your friends smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. When your date is smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Now some questions about your relationships and people in your life.**

45. Please read each statement carefully. Indicate how you feel about each statement. [Questions are randomized]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither disagree or agree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Decline to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There is a special person who is around when I am in need.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>b. There is a special person with whom I can share my joys and sorrows.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>c. My family really tries to help me.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>d. I get the emotional help and support I need from my family.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>e. I have a special person who is a real source of comfort to me.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>f. My friends really try to help me.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>g. I can count on my friends when things go wrong.</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>h. I can talk about</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
</tbody>
</table>
my problems with my family.

i. I have friends with whom I can share my joys and sorrows. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

j. There is a special person in my life who cares about my feelings. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

k. My family is willing to help me make decisions. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

l. I can talk about my problems with my friends. [ ] [ ] [ ] [ ] [ ] [ ] [ ]

46. How much support do you think you will receive from the people you live with when you decide to quit?
   I live by myself ..........................................................6
   They will not support at all ............................................5
   They will not support all that much .................................4
   They will be neutral ....................................................3
   They will somewhat support .........................................2
   They will strongly support ..........................................1

47. How much support do you think you will get from your friends when you decide to quit?
   I do not have any friends .............................................6
   They will not support at all ............................................5
   They will not support all that much .................................4
   They will be neutral ....................................................3
   They will somewhat support .........................................2
   They will strongly support ..........................................1
Now, we have just a few more questions to help us classify your answers.

32. What is your marital status?
   - Married ................................................................. 1
   - Divorced ............................................................. 2
   - Widowed .................................................................. 3
   - Living with someone as a couple .............................. 4
   - Separated ............................................................... 5
   - Single ..................................................................... 6
   - Decline to answer .................................................... 7

33. What is your highest level of education?
   - Less than high school .............................................. 1
   - Some high school .................................................... 2
   - High School or equivalent (e.g. GED) ........................ 3
   - Some college, but no degree .................................... 4
   - Associate’s degree .................................................. 5
   - College degree (e.g. B.A., B.S.) ............................... 6
   - Some graduate school, but no degree ........................ 7
   - Graduate school (e.g. M.S., M.D., Ph.D.) ................. 8
   - Decline to answer .................................................... 9

34. What is your employment status?
   - Employed full time .................................................. 1
   - Employed part time ................................................ 2
   - Self-employed ......................................................... 3
   - Not employed, but looking for work ....................... 4
   - Not employed and not looking for work .................. 5
   - Student .................................................................... 6
   - Homemaker .......................................................... 7
   - Decline to answer .................................................... 8

35. How many adults aside from you over 18 years of age live in your household? __________

36. How many children under the age of 18 live in your household? __________
37. Which of the following income categories best describes your total household annual income?

- Less than $15,000 ................................................................. 1
- $15,000 to $24,999 ............................................................... 2
- $25,000 to $34,999 ............................................................... 3
- $35,000 to $49,999 ............................................................... 4
- $50,000 to $74,999 ............................................................... 5
- $75,000 to $99,999 ............................................................... 6
- $100,000 to $124,999 ......................................................... 7
- $125,000 to $149,999 ......................................................... 8
- $150,000 to $199,999 ......................................................... 9
- $200,000 to $249,999 ......................................................... 10
- $250,000 or more .............................................................. 11
- I do not know ................................................................... 12
- Decline to answer .............................................................. 13

38. Do you consider yourself...?

- White or Caucasian .......................................................... 1
- Black or African American ............................................... 2
- Asian .............................................................................. 3
- Native Hawaiian or Other Pacific Islander ....................... 4
- Native American or Alaskan Native ................................. 5
- Mixed racial background ................................................ 6
- Other .............................................................................. 7
- Decline to answer .............................................................. 8

39. Are you of Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban?

- Yes, of Hispanic origin ..................................................... 1
- No, not of Hispanic origin ............................................... 2
- Decline to answer .............................................................. 3

40. Please provide us with your contact information below. Please be assured that this information will only be used for purposes of the survey, such as to deliver the check and/or gift certificate. Your name will not be associated in any way with your responses that you provide.

Your First Name: 
Last Name: 
Street Address: 
City: 
State: 
Zip Code: 
Your email address: 
Cell Phone Number: 
Alternate Phone Number: