

SMS TURKEY PHASE TWO ONE-ARM TRIAL: BASELINE SURVEY

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

1. How old are you? _____

2. 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

3. 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

4. Have you smoked cigarettes at all, even just a puff, in the last 7 days? (Choose only one answer)
No not a puff 1
1-5 cigarettes 2
More than 5 cigarettes 3

5. How many cigarettes do you smoke in an average day? _____

6. 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

7. The following questions concern your general health (Items are randomized)

	No, never	No, but my health provider thinks I might have it / get it	Yes, in the last year	Yes, more than a year ago	Decline to answer
a. Asthma	[]	[]	[]	[]	[]
b. Allergies	[]	[]	[]	[]	[]
c. Emphysema	[]	[]	[]	[]	[]
d. Heart disease	[]	[]	[]	[]	[]
e. Lung disease	[]	[]	[]	[]	[]

(For those who are eligible) Great – you’re eligible to take part!

(For those who are ineligible) Sorry, your answers indicate that you are not eligible to take part in the intervention.

Now, we have some general questions about you:

8. Are you a man or woman?

Man1

Woman.....2

9. Where were you born? _____

10. What is your marital status?

Married.....1

Divorced2

Widowed3

Living with someone as a couple4

Separated5

Single6

11. What is your highest level of education?

- Primary School 1
- Middle School 2
- High School 3
- Some College or Associate Degree 4
- Two-Year College 5
- College..... 6
- PostGraduate 7

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

13. How many children under the age of 18 live in your household? _____

14. What is your monthly income?

- Under 300 YTL..... 1
- 300 – 499 YTL 2
- 500 – 749 YTL 3
- 750 – 1249 YTL 4
- 1250 – 1999 YTL 5
- 2000 – 4000 YTL 6
- 4000 YTL or more 7
- I don't know 8

15. To whom do you send and from whom do you receive text messages? (You can choose more than one answer choice)

- Immediate and/or extended family..... 1
- Friends..... 2
- Enterprises and Organizations 3
- Contests, reality shows and other interactive participations to TV programs..... 4
- Lottery games and campaigns 5
- Social campaigns..... 6
- Other (please specify)..... 7

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

16. How often do you send and receive multimedia text messages?
- I do not send or receive multimedia text messages (**GO TO QUESTION 18**) 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

17. To whom do you send and from whom do you receive multimedia text messages? (You can choose more than one answer choice)
- Immediate and/or extended family..... 1
 - Friends..... 2
 - Enterprises and Organizations 3
 - Contests, reality shows and other interactive participations to TV programs..... 4
 - Lottery games and campaigns 5
 - Social campaigns..... 6
 - Other (please specify)..... 7

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

18. Have you ever used the Internet within the last 12 months?
- No (**GO TO QUESTION 21**)..... 1
 - Yes 2

19. How often do you send and receive emails?
- Never, I do not receive or send emails 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

20. How often do you use the Internet other than to use email?
- I do not use the Internet..... 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

Next are some questions about your smoking habits:

21. From 0 being not at all important to 10 being extremely important – how important is it right now to you that you quit smoking?
0 1 2 3 4 5 6 7 8 9 10
22. From 0 being not at all confident and 10 being extremely confident – how confident are you right now that you can quit smoking?
0 1 2 3 4 5 6 7 8 9 10
23. How old were you when you started smoking? _____
24. Do you smoke more in mornings than during the rest of the day?
No 1
Yes 2
25. How soon after you wake up do you have your first cigarette? (in minutes)
0-5 minutes 1
6-30 minutes 2
31-60 minutes 3
60 minutes or more 4
26. Which cigarette of the day would you hate to give up most?
First in the morning 1
Any other 2
27. 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
28. Do you smoke even when you are sick in bed all day?
No 1
Yes 2
29. Is there a smoker in your current household?
No, none 1
Yes 2

30. Within the last year, have you tried to quit for at least 24 hours or more?
- No, never 1
 - Yes, 1 time 2
 - Yes, 2 times 3
 - Yes, 3 times 4
 - Yes, 4 times 5
 - Yes, more than 5 times 6

31. Which of the following reasons have influenced your decision to quit lately? (CIRCLE 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:

32. What concerns do you have about quitting smoking? (CIRCLE 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
- Something else/ Other 11
- None of these 12

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

33. Do you plan to use any of the following methods while participating in our program? (CIRCLE ALL THAT APPLY)

- 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:

34. How does 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"/>
Desire to take time for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How difficult is it for you not to smoke (even just a puff) if: (TICK ONLY ONE ANSWER FOR EACH STATEMENT) (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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are craving for a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are at home alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You are together with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You are nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You are gloomy/depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You get offered a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You see other people enjoy a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. How much to you agree or disagree with the following statements? (TICK ONLY ONE ANSWER FOR EACH STATEMENT) (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"/>

37. Below are statements about smoking. Please indicate how strongly you agree or disagree with each statement: (TICK ONLY ONE ANSWER FOR EACH STATEMENT) (Questions are randomized)

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

38. In the last 12 months, how often have you smoked Narghile? (CIRCLE ONLY ONE)
- Never (**GO TO QUESTION 40**) 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
39. Have you smoked Narghile at all, even just a puff, in the last 7 days? (CIRCLE ONLY ONE)
- No, not a puff 1
 - 1-5 times 2
 - More than 5 times 3
40. In the last 12 months, how often have you had more than a few sips of an alcoholic drink, such as beer, wine, vodka?
- Never (**GO TO QUESTION 45**) 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
41. Have you thought about cutting down on your drinking?
- No 1
 - Yes 2
42. Has any one criticized you for your drinking?
- No 1
 - Yes 2
43. Have you ever felt bad or guilty about your drinking?
- No 1
 - Yes 2
44. 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

45. Next are 21 statements. 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, choose the highest number for that group. Do not choose more than one statement for each group.

a. Sadness

- I do not feel sad
- I feel sad much of the time
- I am sad all of the time
- I am so sad or unhappy that I can't stand it

b. Pessimism

- I am not discouraged about my future
- I feel more discouraged about my future than I used to be
- I do not expect things to work out for me
- I feel my future is hopeless and will only get worse

c. Past failure

- I do not feel like a failure
- I have failed more than I should have
- As I look back, I see a lot of failures
- I feel I am a total failure as a person

d. Loss of pleasure

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

e. Guilty feelings

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

f. Punishment feelings

- I don't feel I am being punished
- I feel I may be punished
- I expect to be punished
- I feel I am being punished

g. Self-dislike

I feel the same about myself as ever
I have lost confidence in myself
I am disappointed in myself
I dislike myself

h. Self-criticalness

I don't criticize or blame myself more than usual
I am more critical of myself than I used to be
I criticize myself for all of my faults
I blame myself for everything bad that happens

i. Suicidal thoughts or wishes

I don't have any thoughts of killing myself
I have thoughts of killing myself, but I would not carry them out
I would like to kill myself
I would kill myself if I had the chance

j. Crying

I don't cry anymore than I used to
I cry more than I used to
I cry over every little thing
I feel like crying but I can't

k. Agitation

I am no more restless or wound up than usual
I feel more restless or wound up than usual
I am so restless or agitated that it's hard to stay still
I am so restless or agitated that I have to keep moving or doing something

l. Loss of interest

I have not lost interest in other people or activities
I am less interested in other people or things than before
I have lost most of my interest in other people or things
It's hard to get interested in anything

m. Indecisiveness

I make decisions about as well as ever
I find it more difficult to make decisions than usual
I have much greater difficulty in making decisions than I used to
I have trouble making any decisions

n. Worthlessness

- I do not feel I am worthless
- I don't consider myself as worthwhile and useful as I used to
- I feel more worthless as compared to other people
- I feel utterly worthless

o. Loss of energy

- I have as much energy as ever
- I have less energy than I used to have
- I don't have enough energy to do very much
- I don't have enough energy to do anything

p. Changes in sleeping pattern

- I have not experienced any change in my sleeping pattern
- I sleep somewhat more than usual
- I sleep somewhat less than usual
- I sleep a lot more than usual
- I sleep a lot less than usual
- I sleep most of the day
- I wake up 1-2 hours early and can't get back to sleep

q. Irritability

- I am no more irritable than usual
- I am more irritable than usual
- I am much more irritable than usual
- I am irritable all of the time

r. Changes in appetite

- I have not experienced any change in my appetite
- My appetite is somewhat less than usual
- My appetite is somewhat greater than usual
- My appetite is much less than before
- My appetite is much greater than usual
- I have no appetite at all
- I crave food all of the time

s. Concentration difficulty

- I can concentrate as well as ever
- I can't concentrate as well as usual
- It's hard to keep my mind on anything for very long
- I find I can't concentrate on anything

t. Tiredness or fatigue

- I am no more tired or fatigued than usual
- I get more tired or fatigued more easily than usual
- I am too tired or fatigued to do a lot of the things I used to do
- I am too tired or fatigued to do most of the things I used to do

u. Loss of interest in sex

- I have not noticed any recent change in my interest in sex
- I am less interested in sex than I used to be
- I am much less interested in sex now
- I have lost interest in sex completely

46. Please read each statement carefully. Indicate how you feel about each statement. (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 problems with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have friends 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"/>
j. There is a special person in my life who cares about my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My family is willing to help me make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. How much support do you think you will receive from the people you live with when you decide to quit?

- I live by myself1
- They will not support at all2
- They will not support all that much3
- They will be neutral4
- They will somewhat support5
- They will strongly support6

48. How much support do you think you will get from your friends when you decide to quit?

- I do not have any friends1
- They will not support at all2
- They will not support all that much3
- They will be neutral4
- They will somewhat support5
- They will strongly support6