

Questionnaire

Article Title: Determinants of Smoking-Cessation Intentions among University Female Students in Thailand

Instructions: please answer the following questionnaire truthfully by clicking the box () in front of the statement that best describes you.

Part 1 : Questionnaire on Individual factors

1.1 Age years.

1.2 Academic Status

1.2.1 Current year of study

☐ Year 1

☐ Year 2

☐ Year 3

☐ Year 4

1.3 The field of study

☐ Faculty of Social Sciences and Humanities

☐ Faculty of Health Sciences

☐ Science and Technology Group

1.4 Body Mass Index (BMI)

Weight: kilograms Height..... meters

1.5 Do you engage in physical activities that involve body movement to the point of feeling tired, breathing rapidly, and having a fast heartbeat, so that you are unable to speak in long sentences continuously for at least 30 minutes? Examples include running fast, swimming fast, long-distance cycling at high speed, or continuous jump rope.

☐ 1.5.1 None

☐ 1.5.2 Specify.....

☐ 1. once a week

☐ 2. Twice a week

☐ 3. Three or more times per week

Part 2 : Questionnaire on smoking related factors.**2.1 Type and Frequency.**

1. What type of cigarette do you smoke?

- ☐ 1. Rolled cigarette ☐ 2. Pods , e-cigarettes
☐ 3. Can be used with both traditional cigarettes and pod/e-cigarettes.

2 . How many days a week do you smoke the type of cigarette mentioned above?

- ☐ 1. 1-2 days per week
☐ 2. 3-4 days per week
☐ 3. 5-7 days a week

2.2 Nicotine Dependence

1. How many times per day do you usually use an e-cigarette? (1 time = 15 puffs or approximately 10 minutes)

- ☐ 1. Do not use e-cigarettes (Skip to Q2)
☐ 2. 0-4 times per day
☐ 3. 5-9 times per day
☐ 4. 10-14 times per day
☐ 5. 15-19 times per day
☐ 6. 20-29 times per day
☐ 7. 30 times or more per day

2. How many cigarettes do you usually smoke per day?

- ☐ 1. 10 cigarettes or less
☐ 2. 11 – 20 cigarettes
☐ 3. 21 - 30 cigarettes
☐ 4. 31 cigarettes or more

3. After waking up in the morning, how soon do you smoke your first cigarette (or use your e-cigarette for the first time)?

- ☐ 1. 0-5 minutes
- ☐ 2. 6-15 minutes
- ☐ 3. 16-30 minutes
- ☐ 4. 31-60 minutes
- ☐ 5. 61-120 minutes
- ☐ 6. 121 minutes or more

4. Have you ever woken up in the middle of the night to smoke?

- ☐ 1. Never
- ☐ 2. Yes

5. How many nights per week do you wake up to smoke?

- ☐ 1. Never
- ☐ 2. 1 night
- ☐ 3. 2-3 nights
- ☐ 4. 4 nights or more

6. Do you continue to smoke (the type mentioned above) because it is difficult for you to quit?

- ☐ 1. No
- ☐ 2. Yes

7. Have you ever experienced a strong urge to smoke/vape?

- ☐ 1. No
- ☐ 2. Yes

8. In the past week, how strong was your craving for e-cigarettes?

- ☐ 1. None or mild
- ☐ 2. Moderate or strong
- ☐ 3. Extremely strong

9. Which cigarette (or time of use) would you find most difficult to give up?

☐ 1. The first one in the morning

☐ 2. Any other time

10. Do you smoke more frequently during the first hour after waking?

☐ 1. Yes

☐ 2. No

11. When you have not used an e-cigarette for a while, or when you try to stop using them, do you feel irritable or frustrated because you cannot smoke?

☐ 1. No

☐ 2. Yes

12. When you have not used an e-cigarette for a while, or when you try to stop using them, do you feel nervous, restless, or anxious because you cannot use an e-cigarette?

☐ 1. No

☐ 2. Yes

13. Do you find it difficult to refrain from smoking/vaping in places where it is forbidden (e.g., libraries, movie theaters)?

☐ 1. Not difficult

☐ 2. Difficult

14. Do you smoke even if you are so ill that you are in bed most of the day?

☐ 1. Yes

☐ 2. No

2.3 Questionnaire on previous quit attempts.

- In the past 30 days, how many times have you attempted to quit smoking? _____ times

Part 3 : Norms and support from peers

Instructions: Please consider each statement and select the answer that best reflects your opinion, using the following 5- point Likert scale.

1. Strongly disagree 2. Disagree 3. Unsure
4. Agree. 5. Strongly agree.

No.	statement	strongly disagree. (1)	disagree. (2)	unsure (3)	Agree (4)	strongly agree (5)
1	Your friends think that you should quit smoking.					
2	Your friends want you to be healthy and smoke-free.					
3	Your friends disapprove of your smoking.					
4	Your friends think that women who do not smoke appear more trustworthy.					
5	Your friends often talk about the benefits of quitting smoking.					
6	You value your friends' opinions about quitting smoking.					
7	You feel motivated to quit smoking in the way your friends would like you to.					
8	If your friends tell you that you should quit smoking, you would listen and try to follow their advice					

No.	statement	strongly disagree. (1)	disagree. (2)	unsure (3)	Agree (4)	strongly agree (5)
9	You would like your friends to feel proud of you for being able to quit smoking.					
10	You are willing to quit smoking based on your friends' recommendations.					

Part 4 : Questionnaire on decision balance for smoking.

Instructions: The following statements represent various opinions related to the decision to smoke. Please rate how important each statement is to your current decision to smoke, using the following 5- point Likert scale.

1. Not important at all 2. Slightly important 3. Moderately important
4. Very important. 5. Extremely important.

No.	How important is each of the following statements to your decision to smoke ?	The level of importance of the decision to smoke.				
		Not important at all (1)	Slightly important (2)	Moderately important (3)	very important (4)	Extremely important (5)
1	Smoking is an enjoyable activity.					
2	Your smoking affects the health of others.					
3	You admire the image of people who smoke.					
4	People around you would be affected if you became ill due to smoking.					
5	You feel more relaxed and happier when you smoke.					
6	People who know you think you'll never be able to quit because you smoke continuously.					
7	You feel irritable and may hurt the feelings of those around you when you try to quit smoking.					
8	Smoking is harmful to your health.					

No.	How important is each of the following statements to your decision to smoke ?	The level of importance of the decision to smoke.				
		Not important (1)	Slightly important (2)	Moderately important (3)	very important (4)	Extremely important (5)
9	Your family and friends would rather see you happy when you smoke than you suffering when you try to quit.					
10	You feel ashamed to smoke.					
11	You prefer yourself as a smoker.					
12	Your smoking is disturbing others.					
13	Smoking helps you concentrate and work more effectively.					
14	Others think you ignore warnings related to smoking.					
15	Smoking helps relieve stress.					
16	People close to you disapprove of your smoking.					
17	You feel that continuing to smoke is your own decision.					
18	You ignored various warnings about smoking.					
19	You feel great after non smoking for a while.					
20	You would feel more energetic now if you didn't smoke.					

Part 5: Questionnaire on Self-efficacy in quitting smoking.

Instructions: The following statements describe various situations related to your decision to smoke or not to smoke. Please rate how confident you are that you would not smoke in each situation using the 5-point Likert scale below:

1 = Not confident at all

2 = Not very confident

3 = Quite confident

4 = Very confident

5 = Extremely confident

No	You are confident that you will not smoke when....	The level of confidence in not smoking.				
		Not confident at all (1)	Not very confident (2)	Quite confident (3)	Very confident. (4)	Extremely confident (5)
1	when you are drinking alcoholic beverages at an entertainment venue.					
2	when you feel a desire to smoke.					
3	When you feel frustrated by a situation that isn't going your way.					
4	When you are with a close friend who is smoking.					
5	When you have an argument or conflict within your family.					
6	When you are happy and celebrating.					
7	When you become very angry at something or someone..					
8	When you experience an emotional crisis, such as heartbreak, failing an exam, or losing a loved one.					
9	When you see other people smoking and appearing to enjoy it.					

No	You are confident that you will not smoke when....	The level of confidence in not smoking.				
		Not confident at all(1)	Not very confident (2)	Quite confident (3)	Very confident. (4)	Extremely confident (5)
10	When you are sipping coffee, chatting, and feeling relaxed.					
11	When you find that quitting smoking is very difficult.					
12	When you experience a strong urge to smoke.					
13	When you get out of bed in the morning					
14	When you want to relax.					
15	When You begin to feel less concerned about your health and are not engaging in much physical activity.					
16	When you are with friends at a social gathering.					
17	When You wake up in the morning knowing you must face a difficult day.					
18	When you are feeling extremely depressed.					
19	When you feel extremely stressed and anxious.					
20	When you realize that you have not smoked for a while.					

Part 7: Questionnaire on awareness of cessation.

Instructions: Please consider each statement carefully and select the response that best reflects to yourself. Use the following 5-point Likert scale.

1 = Not at all true

2 = Slightly true

3 = Somewhat true

4 = Moderately true

5 = Very true

No.	Statement	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Moderately true (4)	Very true (5)
1	You believe that quitting smoking can reduce the risk of diseases such as cancer, heart disease, and lung disease.					
2	You have seen warnings about the benefits of quitting smoking on cigarette packages.					
3	The warnings displayed on cigarette packages influence your decision to quit smoking.					
4.	You have been encouraged to quit smoking by your friends or family.					
5	You have seen invitations or encouragement to quit smoking through advertisements on websites or social media.					
6.	You feel that cigarette advertisements in media such as websites or social media influence your thoughts about quitting smoking.					

No.	Statement	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Moderately true (4)	Very true (5)
7.	You have seen messages encouraging people to use smoking cessation services from the National Quitline (1600).					
8.	You have seen or received information about quitting smoking from healthcare facilities such as hospitals or clinics.					
9.	You have seen public messages promoting smoking cessation in places such as buses, train stations, or shops.					
10.	You have heard or seen messages encouraging smoking cessation at your university.					

Part 8: Questionnaire on Intention to Quit Smoking.

Instructions: Please select the score that corresponds to your level of intention to quit smoking in the next month. The score ranges from 0 to 10, from lowest to highest, where **0 indicates no intention to quit smoking** and **10 indicates strongest intention to quit smoking**.

“How strong is your intention to quit smoking in the next month?”

No intention to quit smoking

Strongest intention to quit smoking.

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0	1	2	3	4	5	6	7	8	9	10
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