APPENDIX 2.1

Patient Checklist

Interviewer Codes

(N.U.M. USE ONLY)					
1	2	3	4	5	6
PATIENT NAME,eg Mr Paul Smith	**BED NO**	**AGE Yrs**	**DATE OF ADMISSION**	**UNIT RECORD NO.**	**PRINCIPAL DIAGNOSIS**

WARD NAME: _____

Day Month H Ward

INTERVIEW														
7	8	9	10	11	12	13			14	15				16
SEX	SMO STA	ADM	THE	MOB	ELIG	CONSENT Q	S	P	SR SS	DATA COLLECTION RS	QO	QI	SS	COM

APPENDIX 2.2

Instructions for Nursing Unit Managers

ON THE DAY BEFORE DATA COLLECTION

1. **NOTIFICATION.** You will be contacted and given notification of data collection.

2. **CHECKLIST.** Please fill in clearly the **first six columns of the large white CHECKLIST,** with the following information:

Column 1.	the **names of all patients** who will be in your ward on the data collection day.
Column 2.	the **bed number** that this patient will occupy on the data collection day.
Column 3.	the **patient's age** as recorded in the medical record.
Column 4.	the **date of admission** to this hospital.
Column 5.	the patient's **Medical Unit Record Number.**
Column 6.	the patient's **Principal Diagnosis** as recorded on the medical record.

ON THE DATA COLLECTION DAY

During the morning ward handover meeting:

1. **PINK FORM.** Give one copy of the pink **NOTIFICATION OF RESEARCH FORM** to each nurse. This will introduce and explain the research.
2. **PURPLE FORM.** Please complete the **first column of the purple coloured NURSE LIST** with the names of **all nurses** who are working **on the DAY SHIFT** on your ward on the data collection day.
3. **INFORM THE NURSES** of the time allocated by the research team for their interviews.

After the morning ward handover meeting:

4. **INTERVIEW.** The interviewer will meet with you after the ward changeover meeting on the data collection day, for approximately 30 minutes and will:
   * complete the remainder of the large white **CHECKLIST** with you.
   * **interview** you regarding patient care.
   * give you your **questionnaire** (to be completed by you during the work shift if possible, if not returned the next day)

5. **INTRODUCTION.** The interviewer should be introduced to the patients on the ward by you or a nurse you nominate.

APPENDIX 2.3

Instructions for Interviewers

Nursing Unit Manager (N.U.M.) Interview
PATIENT: CHECKLIST

Location: As the Medical Records are vitally important for this interview it will be necessary to conduct the interview close to the main nurses' station, as doctors and other nurses will require access to them during your interview. Ask the N.U.M. for a location which is both quiet and central for completing the Checklist. The N.U.M. personal interview, and the subsequent nurse interviews can take place away from the main work station and more privately.

Instructions:

1 Introduce yourself to the Nursing Unit Manager.

2 Check to ensure that the appropriate data has been written in for each patient.

3 Write in the correct codes at the top of each page of the Checklist (date, hospital, ward and interviewers).

4 Tell the Nursing Unit Manager (N.U.M.) that

There will be two parts to the interview, firstly we will complete the Checklist, then I will ask you some questions about smoking generally, about your personal background (like your country of birth and nurse training etc.) and finally some questions about the care provided for the patients on this ward.

5 Complete columns 7-12 of the Checklist using the **RED** card to code the answers for each patient.

Column 7: Only ask about the patient's sex if **not obvious** from the *Mr* or *Miss|Mrs* in front of their name or from the fact that the whole ward is female.

Column 8: Ask the N.U.M.:

What is recorded on the medical record concerning the smoking status of .....?

When asking the N.U.M. about the Smoking Status **recorded on the Medical Record,** (i.e. column 8), make sure that the N.U.M. is actually looking at the record of the patient when he/she gives you the answer. (The N.U.M. may know that the patient is a smoker and while reaching for the chart may say to you "Yes, Mr Bloggs is a smoker". This is the opinion of the N.U.M. and not what is recorded on the Medical Record.

Column 9: Ask:

Was ..... admitted directly into this hospital or was s/he transferred from another hospital? Which hospital?

Column 10: Ask:

Has ..... had anaesthetic or is s/he scheduled to have an anaesthetic?

Column 11: Ask:

Is ..... able to move around the hospital?

Column 12: Ask:

Do you think that ..... is capable of participating in the study? If not, then from this card (show N.U.M. the ***YELLOW*** *card indicating coding for eligibility) can you tell me why s/he is not eligible?*

The remaining columns of the Checklist will be completed on the wards during data collection from the patients.

PATIENT DATA COLLECTION

Materials: Gold **Information Letter for Patients**
White and yellow carbon backed **Consent Forms**
Yellow **Non-Participants Details** form
Buff **Non-Smokers** questionnaire
Yellow **Ex-Smokers** questionnaire
Gold **Smokers** questionnaire
Blue flipcard
Green flipcard
Esky
Specimen jars
Cooler Pack
Tissues
Plastic bags
Coloured Stickers
Identification Labels
White-out pen
Biro
Foolscap clip boards with pens attached
Checklist with patient details
Interviewer introduction

Location:

Data collection from **eligible** patients will occur at the bedside or wherever the patient happens to be.

Instructions:

1 The N.U.M. or one of the nurses will take you around all the rooms of the ward and introduce you by name to all the patients. You must give them the standard Interviewer Introduction sheet so that your introduction to each patient is the same for all patients.

I would like to introduce (Interviewer's name), who is an interviewer with a Hospital Research Project, being conducted today, in our hospital. She will explain what the study is about, and ask you if you would like to take part in it.

You must also show them the list of eligible patients (i.e. show them the Checklist). As you meet each patient, give them a copy of the Gold Information Letter and say:

I will leave this for you to read. It explains what the study is about. I will return soon and explain anything you do not understand or answer any questions you might have.

2 Return to each patient and ask them if they understand what the study is about, saying:

Basically, the study aims to find out how many patients in the hospitals throughout the Hunter are smokers and what both smokers and non-smokers alike think of the Hospital's Smoking Policy. We also want to find out what patients know about smoking and quitting. Taking part will mean filling in a questionnaire (about 15 minutes), and some patients will be selected randomly to give us a saliva sample into a small specimen jar. It is important for the study that as many patients as possible join the study, both smokers and non-smokers.

3 Place a consent form in one of the clip boards with a pen attached and give it to the patient.
Ask: *Here is a consent form. Please tick here if you wish to participate and fill in your name and address and sign the bottom.*
(For some patients you might have to fill in the details and ask them to sign it.)

4 Write the patient's Identification Number on the Consent Form. Collect the **WHITE half** of the completed consent form and file it. Give the **yellow** half to the patient to keep.

5 Using the **Green** flipcard as a guide, fill in the details of the patient's consent on the Checklist (column 13).

6 Patients who have decided not to participate - Give them the yellow Non-Consenters form and ask them would they mind providing answers to 4 questions.

7 Present the **Blue** flipcard to consenting patients and say:

I need you to answer one question for me first so that I know which questionnaire to give you. Which one of these best describes you? Please point to the one you choose.
If they select Ex-Smoker then please ask whether a) (Recent Quitter) or b) (Ex-smoker) describes them best.

8 Code the patient's response to the **Blue** flipcard question on the Checklist (Column 14) and then attach the appropriate questionnaire (the blue flipcard will tell you which colour questionnaire to select) to the clipboard.

9 Write the patient's Identification Number on the questionnaire (just the bed no. will do if you are rushed and fill in the rest later).

10 SELECTING THOSE WHO ARE TO PROVIDE A SALIVA SAMPLE AND IDENTIFYING THEM:
If the patient's questionnaire has a coloured spot in the top right hand corner, then tick under RS (randomly selected) in column 15 of the Checklist. This patient has been randomly

selected to provide a saliva sample. Now write the patient's identification number on one of the blank Identification Labels (before removing it from the sheet) and attach it to a specimen jar.

11 Give the clipboard containing the correct questionnaire, the jar, a plastic bag containing a piece of gum and a tissue to the patient. Say:

Your questionnaire has been randomly chosen to provide a saliva sample. Here is your jar, could you collect any saliva you make while you are filling out this questionnaire and put it into the jar. You will need to rinse your mounth with clean water first: you may need several attempts to fill the jar as we need the jar filled up to this point (show the level). There is a piece of arrowmint chewing gum in the plastic bag, if you have a dry mouth then chewing this gum for several minutes and then spitting it out will help you to make some saliva. Remember to take the gum out and swallow first before providing the saliva. Here is a tissue if you need it. (Take one from the box and give it to the patient).

12 Tell the patient:

I will come back in about 20 minutes and help you with any questions you couldn't answer and collect your saliva sample.

13 Place a tick under QO in column 15 of the Checklist.

14 Move quickly and efficiently through the ward and then return to collect both the filled jar and the completed questionnaire. Check the questionnaire to make sure that the patient has answered every question. If not, then read the question to the patient and record the answer. Check that there is sufficient saliva in the jar. If not, then ask the patient to supply some more. Try the chewing gum.

15 After collecting the questionnaire and the jar, tick under QI and SS in column 15 of the Checklist.

16 Check that all code numbers have been completed in each case. Check that all pieces of data which your checklist says you should have, are actually in your possession. Keep all similar pieces of data together in your concertina file (all consent forms together etc.)

17 Put the saliva samples into the esky on the frozen ice pack immediately. Make sure that all paper connected with the study and not the property of the patient has been removed from the ward.

<u>NOTE</u>: Interviewers will work in pairs covering one ward per day. One interviewer will be responsible for the N.U.M. interview and the nurse interviews. The other interviewer will be responsible for the patients. Should the nurse interviewer finish early then she is to help finish the patient data collection. As both interviewers will require the checklist, it is planned that both interviewers will attend the N.U.M. interview. While one is giving the interview, the other will be copying out the list of eligible patients from the checklist. Then she will prepare some of her material for patient data collection until the checklist part of the interview with the N.U.M. is complete and the ineligible patients can be crossed off the copied list. Interviewer 2 (patient interviewer) then leaves to collect patient data.

TIDYING UP:

1 Fill out the Interviewer Daily Summary Sheets. In the comments section please write whether you were the nurse or the patient interviewer.

2 Collect all the completed data for this ward and transfer to the concertina file.

3 One interviewer will return all the written data to Amanda Nagle's desk (into the tray marked Data if she is not there). This includes the Interviewer Daily Summary Sheets. This interviewer will also collect fresh supplies of questionnaires etc. from Amanda ready for the next day's data collection.

4 The other interviewer will transport the saliva samples to the Mater Hospital freezer for analysis.

5 Time spent on these two tasks can be calculated on the first day and added to the next day's hourly total. After that it can be included in each day's Summary Sheet.

6 Any problems should be conveyed to Amanda each day.

APPENDIX 2.4

Eligibility Criteria

PATIENTS WERE EACH CODED AS EITHER:

UNDER 16	01
NON-ENGLISH SPEAKING	02
ELIGIBLE	03
PHYSICALLY INCAPABLE, DUE TO:	
Semi or Unconsciousness	41
Woman in Labour	42
Terminally ill	43
In severe pain	44
MENTALLY INCAPABLE, DUE TO:	
Developmentally disabled	51
Under the influence of mind altering drugs, anaesthesia, barbiturates	52
Suffering a mentally disabling condition eg Alzheimer's disease	53
EMOTIONALLY INCAPABLE, DUE TO:	
Psychiatric Disturbance	61
Severe Grieving	62
Severe Depression	63
OTHER	70

APPENDIX 2.5

Patient Information and Consent Letters

Hospital Survey
Contact: A. Nagle
Faculty of Medicine
Uni. of Newcastle
Phone: 246 381

INFORMATION LETTER FOR PATIENTS

Dear Sir/Madam

Your hospital is taking part in a Quality Assurance Programme, to survey how hospital patients are affected by the Hospital's Smoking Policy. We hope that these details will help improve the care of patients. The study is being managed by the Centre for Disease Prevention and Health Promotion, and the N.S.W. Cancer Council. The project has been approved by both the Area and the University Ethics Committees. We would like all patients in the hospital today, both smokers and non-smokers, to take part.

Being part of the study involves:

a) Completing a questionnaire
The questionnaire asks for some personal details, like your age, and some questions about smoking education and smoking bans within the hospital. It will only take about 15-20 minutes of your time.

b) Providing a sample of saliva
The saliva sample will be tested only for tobacco products. It will allow us to judge how many patients in the hospital have been exposed to tobacco, either from smoking themselves or from breathing someone else's smoke. As we need fewer patients for this part of the study, certain bed numbers have already been chosen at random. Therefore not everyone who fills out a questionnaire will be asked to give a saliva sample. If you are chosen for this part of the study, the interviewer will close the curtains, and ask you to spit into a specimen jar. The sample will not have your name on it, only a code number.

Taking part in the study is voluntary and your choice not to take part will be confidential. You may withdraw from the study at any time with no effect on your hospital care. You can choose to fill in just the questionnaire, or the saliva sample or both. All data will be confidential and seen only by the University research team, not by hospital staff or your doctor, and no names will be attached. The answers you give will not affect your treatment during your stay in hospital. No personal details will be released and only group data will be used in any publications which result from this study.

If you have any questions, please ask the interviewer when she returns, or contact Ms. Amanda Nagle, in the Faculty of Medicine at the University of Newcastle on 246 381.

We hope that you will be able to help with this research.

Professor Robert Sanson-Fisher
Area Director of Disease
Prevention/Health Promotion
Hunter Area Health Service

Dr Robert Burton
Chairman of Surgery
John Hunter Hospital

Hospital Survey
Contact: A. Nagle
Faculty of Medicine
Uni. of Newcastle
Phone: 246 381

HOSPITAL PATIENT CONSENT FORM

I understand what this project is about, after reading the Information Letter. The interviewer has answered any questions I may have had, and I understand that I have the right to withdraw from the study at any time without affecting my hospital treatment. I understand that all my answers and test results will remain completely confidential, and that only the research team will have access to them.

I agree to participate in the Hospital Survey Project by:

(Please tick the box to show your choice)

a) completing the questionnaire	yes ☐	no ☐
b) giving a saliva sample, if selected at random by the interviewer	yes ☐	no ☐

(Please print) Full name _____

Address _____

_____

P/Code _____

Signature _____

Date _____

Please place a tick in this box if you want a copy of the results. ☐

If you choose not to participate in the questionnaire or the saliva sample, could you please complete the 4 questions which will be given to you by the interviewer. Your answers to these questions will give us some idea of the schooling and smoking status of patients who will not be represented by this survey. If you decide not to answer these 4 questions, just return the blank form to the interviewer when she returns.

For office use only

INTERVIEWER CODE NUMBER ☐☐

PATIENT CODE NUMBER ☐☐ ☐☐ ☐ ☐☐ ☐☐

Appendix 2.6

Non-Participant Details

Hospital Survey
Contact: A. Nagle
Faculty of Medicine
Uni. of Newcastle
Phone: 246 381

NON-PARTICIPANT DETAILS

Please read each question and circle the number beside the answer which best describes you.

1. What is the highest level of education you have completed?

Never attended school	1
Finished primary school	2
Completed School Certificate (4th year or year 10)	3
Completed High School (HSC, Matric., or Leaving)	4
TAFE, Technical College or Trade	5
Graduate Degree or Diploma (Uni, CAE, Institute)	6
Post graduate degree	7

2. What is your current marital status?

Married, De Facto, or living as married	1
Separated, Divorced or Widowed	2
Never married	3

3. Are you currently:

A Smoker, i.e. you have smoked cigarettes, pipes or cigars in the last 4 days.	1
A Recent Quitter, i.e. you have smoked at least 100 pipes, cigars or cigarettes in your life, but you have quit in the last 3 months	2
An Ex-Smoker, i.e. you have quit smoking more than 3 months ago	3
A Non-Smoker, i.e. you have never smoked more than 100 cigars, pipes or cigarettes in your life.	4

4. What was your reason for not wishing to participate in the study?

.....

.....

.....

Thank you for providing these details.

For office use only

INTERVIEWER CODE NUMBER □□

PATIENT CODE NUMBER □□ □□ □ □□ □□

APPENDIX 3.1

Patient Questionnaire

Smokers

SURVEY QUESTIONNAIRE FOR HOSPITAL PATIENTS - SMOKERS.

Interviewer ID [ ][ ] Patient ID [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Day | Month | H | Ward | Bed No

Thank you for your help with this survey.
It will only take about 15 minutes of your time.

Instructions:
- Please answer every question
- Circle the number beside the answer you choose
- If the answers provided are not exactly right for you then choose the answer which is nearest to yours.
- There are two types of questions in this survey.
- Please read the examples given below.
- Note that in brackets after each question you will be told how many numbers to circle for that question.

EXAMPLE ONLY, do not answer these two questions, just read them carefully.

TYPE 1: **What is your favourite colour?** *(Please circle only one number)*

RED	1
BLUE	2
YELLOW	3

In this example, if you circled 2, then you have chosen blue as your favourite colour.

TYPE 2: **Do you have any socks in the following colours?**
(Please circle 3 numbers altogether for this question).

	YES	NO
Red socks	1	2
Blue socks	1	2
Yellow socks	1	2

In this example, if you circled the numbers shown, you would have red socks and yellow socks but NO blue socks.

1 **What is the highest level of education you have completed?** *(Please circle only one number)*

Never attended school	1
Finished primary school	2
Completed School Certificate (4th Year or Year 10), Intermediate 3rd Year	3
Completed high school (HSC/ Leaving/ Matriculation)	4
Trade / Technical college / TAFE	5
Graduate Degree or Diploma (Uni or CAE)	6
Post-graduate degree	7

2 **What is your marital status?** *(Please circle only one number)*

Married / De facto / Living as married	1
Divorced / Separated / Widowed	2
Never Married	3

3 **What country were you born in?** *(Please circle only one number)*

Australia	1
United Kingdom	2
Europe (excluding the United Kingdom)	3
Asia	4
Other _____ *(Please specify)*	5

4 **Which of the following best describes your employment status before you came into hospital?** *(Please circle only one number)*

Employed - Full time	1
" - Part Time	2
Not Employed, (but not retired)	3
Home duties	4
Full - time student	5
Part - time student	6
Retired	7
Permanently unable to work/ill.	8

5 **Which of the following best describes your main or lifetime occupational status?**
(The exact job may not be listed, but circle the number of the one that comes closest. Please circle only one number).

Professional, technical or related worker (architect, engineer, chemist, doctor, dentist, lawyer, clergy, teacher, nurse, etc)	01
Administrative, executive or managerial worker	02
Clerical worker (book-keeper, cashier, typist, etc)	03
Sales worker (insurance, real estate, auctioneer, commercial traveller, proprietor and shop assistant, etc)	04
Farmer, fisherman, hunter, timber getter or related worker	05
Miner, quarryman or related worker	06
Worker in transport or communication (driver of truck, delivery van, bus, taxi, railway engine: pilot, deckhand, conductor, bus inspector, telephone/telegraph operator, postman, postmaster, etc)	07
Tradesman, production-process worker or labourer (carpenter, plumber, mechanic, electrician, tailor, machinist, factory worker, foreman, builder's labourer, etc)	08
Service, sport or recreational worker (fireman, policeman, caretaker, orderly, barber, sportsman, photographer, undertaker, etc)	09
Member of the armed services	10
Home Duties	11
I do not have a main occupation	12

6 To the best of your knowledge what is this hospital's policy about smoking?
(Please circle only one number)

The hospital does not have a smoking policy	1
I don't know what the hospital's smoking policy is.	2

Please go to Question 9

Smoking is permitted anywhere in the hospital buildings.	3
Most hospital areas are smoke free with some specific rooms set aside as smoking areas.	4
No-one is allowed to smoke in the hospital buildings, but people are allowed to smoke outside.	5
Other (please specify) _____	6

7 i) Do you think that the hospital's smoking policy should:
(Please circle only one number for this question)

stay just as it is	1
not be so strict	2
be stricter	3

ii) Should the policy stop people from smoking outside the main entrances?

Yes	No
1	2

8 Did you find out about the Hospital's smoking policy from:
(Please circle 5 numbers altogether for this question)

	Yes	No	Don't Remember
Your GP	1	2	3
A friend or relative	1	2	3
Signs, posters, or pamphlets in the hospital	1	2	3
A nurse in the hospital	1	2	3

	Yes	No	Don't Remember
A doctor in the hospital	1	2	3
Other, please write how you found out?	1	2	3

_____

9 Do you think that any of the following places are Non-Smoking areas in this hospital?
(Please circle 4 numbers for this question)

	Yes	No
Wards	1	2
Inside the hospital buildings	1	2
Verandahs and balconies	1	2
Outside in the hospital grounds	1	2

10 Have you seen or heard of anyone being asked to stop smoking in Non-Smoking areas,
by any of the following people in the last month?
(Please circle 3 numbers for this question)

	Yes	No
By a Nurse	1	2
By a Doctor	1	2
By a Patient	1	2
Anyone else _____ *(Please specify)*	1	2

11 In this hospital, have you seen any of the following people smoking in Non-Smoking areas in the last month?
(Please circle 5 numbers for this question)

	Yes	No
Nurses	1	2
Doctors	1	2
Other hospital staff	1	2

Patients	1	2
Visitors	1	2

12 Have you avoided any areas in or around the hospital because people were smoking there?

Yes	No
1	2

13 When you arrived in hospital for this stay, were you asked if you smoked by:-
(Please circle 3 numbers for this question)

	Yes	No
A nurse	1	2
A receptionist / admitting clerk	1	2
A doctor	1	2
Other, please write who? _____	1	2

14 Have you had any of the following symptoms in the last 2 months.
(Please circle 7 numbers for this question)

	Yes	No
A dry sore throat	1	2
Sores on the mouth or nose	1	2
Coughing	1	2
Breathlessness	1	2
Bronchitis	1	2
Congestion	1	2
Asthma	1	2

15 Does anyone living in your household smoke cigarettes, cigars or pipes?

Yes	No
1	2

FOR THE FOLLOWING QUESTIONS COULD YOU PLEASE CIRCLE THE NUMBER WHICH SHOWS HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT. For example if you very strongly agreed with the first statement then you would circle the number 1. Circle ONE NUMBER for each question.

		Strongly Agree	Agree	Strongly Disagree	Disagree
16	Cigarette smoking can cause major damage to health	1	2	3	4
17	Quit smoking programs do not really help people to stop smoking	1	2	3	4
18	Helping patients to quit smoking should not be part of a hospital nurse's role	1	2	3	4
19	Too much fuss is made of the dangers of smoking	1	2	3	4
20	Hospital nurses are too busy to teach patients about quitting smoking	1	2	3	4
21	Hospital nurses should not attempt to counsel patients who want to stop smoking	1	2	3	4
22	Giving up smoking helps a person live longer.	1	2	3	4
23	Hospital nurses who smoke would make good quit smoking educators.	1	2	3	4
24	Quitting will not improve the health of people who have smoked for a long time	1	2	3	4
25	Most patients who smoke do not want to quit.	1	2	3	4
26	Hospital nurses would make good quit smoking counsellors.	1	2	3	4
27	Hospital nurses should educate all smoking patients about the effects of smoking.	1	2	3	4

28 Can you write down the names of any illnesses caused by smoking?

_____ ☐☐

_____ ☐☐

_____ ☐☐

29 Do you know of any methods which could help a person who wants to stop smoking?

_____ ☐☐

_____ ☐☐

_____ ☐☐

30 Have you ever tried to quit smoking?
(Please circle 1 number)

No	Yes
1	2

If yes, How many times: ☐☐

31 Before you came into hospital how many cigars, pipes or cigarettes would
you have smoked, on an average day.

No. of cigarettes. ☐☐

32 How many cigarettes, cigars or pipes did you smoke?

Yesterday	☐☐
2 days ago	☐☐
3 days ago	☐☐
4 days ago	☐☐

33 For how long altogether have you smoked cigarettes, cigars or pipes?
(Please write the nearest year in the box. If less than one year please write 1 in the box)

Number of Years ☐☐

34 Have you ever used nicorette chewing gum?

Yes	No
1	2

35 If yes, have you used nicorette chewing gum <u>in the last 4 days?</u>

Yes	No
1	2

	A great deal	Somewhat	Not at all
36 How much do you think that smoking has contributed to the illness for which you are in hospital?	1	2	3
37 How much do you think that smoking has contributed to any of your other health problems?	1	2	3

38 If you continue to smoke what do you think is the percentage chance that smoking will cause you a fatal illness?
(Please circle only one number).

No chance	01
10% chance	02
20% chance	03
30% chance	04
40% chance	05
50% chance	06
60% chance	07
70% chance	08
80% chance	09
90% chance	10
100% chance	11
Don't know	12

39 Would you like to stop smoking? *(Please circle 1 or 2)*

Yes	No
1	2

Would you like to use your hospital stay as an opportunity to learn about quitting smoking?

Yes	No
1	2

40 How likely is it that you will give up smoking in the next 3 months?
(Please circle the one number which best describes your answer)

Extremely Unlikely	Quite Unlikely	Slightly Unlikely	Not Sure	Slightly Likely	Quite Likely	Extremely Likely
1	2	3	4	5	6	7

41 How useful has your hospital stay been in encouraging you to become a Non-Smoker?
(Please circle one number)

Very useful	1
Quite Useful	2
Not very useful	3
Not at all useful	4

42 Since your arrival in Hospital, have you smoked in any of the following places?
(Please circle 4 numbers for this question)

	Yes	No
In the ward	1	2
Away from the ward, but inside the hospital buildings	1	2
On a verandah or balcony	1	2
Outside the buildings in the hospital grounds	1	2
Other _____ *(Please specify)*	1	2

If you answered NO to ALL 4 parts of question (No. 42) please GO TO QUESTION 44. If you answered YES to ANY PART OF this question please continue with Question 43.

43 When you were smoking in any of these places (mentioned in Question 42) did any of the following people ask you to put out your cigarette or pipe or cigar?
(Please circle 3 numbers for this question)

	Yes	No
A nurse	1	2
A doctor	1	2
A patient	1	2
Someone else, please write who: _____	1	2

44 Since you have been in hospital has a nurse ever:-?
(Please circle 6 numbers for this question)

	Yes	No
Talked to you generally about smoking or quitting (eg. asked questions; shared experiences or listened)	1	2
Advised you to stop smoking	1	2
Told you abut how smoking was affecting your health	1	2
Given you some reading material about quitting smoking	1	2
Told you about people who might help you with quitting smoking	1	2
Talked about how you might go about quitting	1	2

45 How would you feel about a nurse, who was trained to help people stop smoking, offering you the following?
(Please circle 6 numbers for this question)

	I would welcome it	I would not be interested	I would resent it
Talking to you generally about smoking or quitting (eg. asking questions; sharing experiences or listening)	1	2	3
Advising you to stop smoking	1	2	3
Telling you about how smoking was affecting your health	1	2	3
Giving you some reading material about quitting smoking	1	2	3
Telling you about places where you might get help with quitting	1	2	3
Talking about how you might go about quitting	1	2	3

46 Below are some reasons which smokers say make it hard to quit smoking. How important is each reason, in stopping you from giving up smoking.
(Please circle 9 numbers for this question)

		Very Important	Quite Important	Quite Unimportant	Very Unimportant
01	Difficulty coping with stress	1	2	3	4
02	Difficulty coping with boredom	1	2	3	4
03	Difficulty coping in social situations	1	2	3	4
04	Feeling upset, angry or depressed	1	2	3	4
05	Putting on weight	1	2	3	4
06	Cravings for cigarettes	1	2	3	4
07	Loss of the pleasure of smoking	1	2	3	4
08	Other family members are smokers	1	2	3	4
09	Feelings of loneliness, loss	1	2	3	4
10	Other, please specify				

_____

_____

47 Of these 10 reasons listed in the previous question (No. 46) which three are the most important, in your view?
(Please write the number of each item in the boxes provided below)
For instance if you thought that putting on weight was the most important reason which made staying a non-smoker difficult then you would write 05 in the box beside most important.

The most important ---------- [ ][ ]

The second most important ---------- [ ][ ]

The third most important ---------- [ ][ ]

Thank you for your efforts in filling out this questionnaire.
If you have had any problems with any of the questions, please ask the interviewer when he/she returns. We would again like to stress that none of this information will be seen by anyone in the hospital, and even the university research team will only have a code number on your questionnaire and not your name.

THANK YOU FOR YOUR HELP, IT IS APPRECIATED.

APPENDIX 3.2

Patient Questionnaire

Ex-smokers

SURVEY QUESTIONNAIRE FOR HOSPITAL PATIENTS - EX-SMOKERS.

Interviewer ID			Patient ID								
				Day		Month	H	Ward		Bed No	

Thank you for your help with this survey.
It will only take about 15 minutes of your time.

Instructions:
- Please answer every question
- Circle the number beside the answer you choose
- If the answers provided are not exactly right for you then choose the answer which is nearest to yours.
- There are two types of questions in this survey.
- Please read the examples given below.
- Note that in brackets after each question you will be told how many numbers to circle for that question.

EXAMPLE ONLY, do not answer these two questions, just read them carefully.

TYPE 1: **What is your favourite colour?** *(Please circle only one number)*

RED	1
BLUE	2
YELLOW	3

In this example, if you circled 2, then you have chosen blue as your favourite colour.

TYPE 2: **Do you have any socks in the following colours?**
(Please circle 3 numbers altogether for this question).

	YES	NO
Red socks	1	2
Blue socks	1	2
Yellow socks	1	2

In this example, if you circled the numbers shown, you would have red socks and yellow socks but NO blue socks.

We would first like to ask you some background information.

1 **What is the highest level of education you have completed?** *(Please circle only one number)*

Never attended school	1
Finished primary school	2
Completed School Certificate (4th Year or Year 10), Intermediate 3rd Year	3
Completed high school (HSC/ Leaving/ Matriculation)	4
Trade / Technical college / TAFE	5
Graduate Degree or Diploma (Uni or CAE)	6
Post-graduate degree	7

2 **What is your marital status?** *(Please circle only one number)*

Married / De facto / Living as married	1
Divorced / Separated / Widowed	2
Never Married	3

3 **What country were you born in?** *(Please circle only one number)*

Australia	1
United Kingdom	2
Europe (excluding the United Kingdom)	3
Asia	4
Other _____ *(Please specify)*	5

4 **Which of the following best describes your employment status before you came into hospital?** *(Please circle only one number)*

Employed - Full time	1
" - Part Time	2
Not Employed, (but not retired)	3

Home duties	4
Full - time student	5
Part - time student	6
Retired	7
Permanently unable to work/ill.	8

5 **Which of the following best describes your main or lifetime occupational status?**
(The exact job may not be listed, but circle the number of the one that comes closest. Please circle only one number).

Professional, technical or related worker (architect, engineer, chemist, doctor, dentist, lawyer, clergy, teacher, nurse, etc)	01
Administrative, executive or managerial worker	02
Clerical worker (book-keeper, cashier, typist, etc)	03
Sales worker (insurance, real estate, auctioneer, commercial traveller, proprietor and shop assistant, etc)	04
Farmer, fisherman, hunter, timber getter or related worker	05
Miner, quarryman or related worker	06
Worker in transport or communication (driver of truck, delivery van, bus, taxi, railway engine: pilot, deckhand, conductor, bus inspector, telephone/telegraph operator, postman, postmaster, etc)	07
Tradesman, production-process worker or labourer (carpenter, plumber, mechanic, electrician, tailor, machinist, factory worker, foreman, builder's labourer, etc)	08
Service, sport or recreational worker (fireman, policeman, caretaker, orderly, barber, sportsman, photographer, undertaker, etc)	09
Member of the armed services	10
Home Duties	11
I do not have a main occupation	12

6 To the best of your knowledge what is this hospital's policy about smoking?
(Please circle only one number)

The hospital does not have a smoking policy	1
I don't know what the hospital's smoking policy is.	2

Please go to Question 9

Smoking is permitted anywhere in the hospital buildings.	3
Most hospital areas are smoke free with some specific rooms set aside as smoking areas.	4
No-one is allowed to smoke in the hospital buildings, but people are allowed to smoke outside.	5
Other (please specify) _____	6

7 i) Do you think that the hospital's smoking policy should:
(Please circle only one number for this question)

stay just as it is	1
not be so strict	2
be stricter	3

ii) Should the policy stop people from smoking outside the main entrances?

Yes	No
1	2

8 Did you find out about the Hospital's smoking policy from:
(Please circle 5 numbers altogether for this question)

	Yes	No	Don't Remember
Your GP	1	2	3
A friend or relative	1	2	3
Signs, posters, or pamphlets in the hospital	1	2	3
A nurse in the hospital	1	2	3
A doctor in the hospital	1	2	3
Other, please write how you found out?	1	2	3

9 Do you think that any of the following places are Non-Smoking areas in this hospital?
(Please circle 4 numbers for this question)

	Yes	No
Wards	1	2
Inside the hospital buildings	1	2
Verandahs and balconies	1	2
Outside in the hospital grounds	1	2

10 Have you seen or heard of anyone being asked to stop smoking in Non-Smoking areas, by any of the following people in the last month?
(Please circle 3 numbers for this question)

	Yes	No
By a Nurse	1	2
By a Doctor	1	2
By a Patient	1	2
Anyone else _____ *(Please specify)*	1	2

11 In this hospital, have you seen any of the following people smoking in Non-Smoking areas in the last month?
(Please circle 5 numbers for this question)

	Yes	No
Nurses	1	2
Doctors	1	2
Other hospital staff	1	2
Patients	1	2
Visitors	1	2

12 Have you avoided any areas in or around the hospital because people were smoking there?

Yes	No
1	2

13 When you arrived in hospital for this stay, were you asked if you smoked by:-
(Please circle 3 numbers for this question)

	Yes	No
A nurse	1	2
A receptionist / admitting clerk	1	2
A doctor	1	2
Other, please write who? _____	1	2

14 Have you had any of the following symptoms in the last 2 months.
(Please circle 7 numbers for this question)

	Yes	No
A dry sore throat	1	2
Sores on the mouth or nose	1	2
Coughing	1	2
Breathlessness	1	2
Bronchitis	1	2
Congestion	1	2
Asthma	1	2

15 Does anyone living in your household smoke cigarettes, cigars or pipes?

Yes	No
1	2

FOR THE FOLLOWING QUESTIONS COULD YOU PLEASE CIRCLE THE NUMBER WHICH SHOWS HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT. For example if you very strongly agreed with the first statement then you would circle the number 1. Circle ONE NUMBER for each question.

		Strongly Agree	Agree	Disagree	Strongly Disagree
16	Cigarette smoking can cause major damage to health	1	2	3	4
17	Quit smoking programs do not really help people to stop smoking	1	2	3	4
18	Helping patients to quit smoking should not be part of a hospital nurse's role	1	2	3	4
19	Too much fuss is made of the dangers of smoking	1	2	3	4
20	Hospital nurses are too busy to teach patients about quitting smoking	1	2	3	4
21	Hospital nurses should not attempt to counsel patients who want to stop smoking	1	2	3	4
22	Giving up smoking helps a person live longer.	1	2	3	4
23	Hospital nurses who smoke would make good quit smoking educators.	1	2	3	4
24	Quitting will not improve the health of people who have smoked for a long time	1	2	3	4
25	Most patients who smoke do not want to quit.	1	2	3	4
26	Hospital nurses would make good quit smoking counsellors.	1	2	3	4
27	Hospital nurses should educate all smoking patients about the effects of smoking.	1	2	3	4

28 Can you write down the names of any illnesses caused by smoking?

_____ ☐☐

_____ ☐☐

_____ ☐☐

29 Do you know of any methods which could help a person who wants to stop smoking?

_____ ☐☐

_____ ☐☐

_____ ☐☐

30 What was the most helpful for you when you quit smoking?
(Please write in the space below)

_____

_____

31 When you were smoking regularly how many cigarettes, cigars or pipes did you smoke on an average day?
(Please write the number in the boxes)

☐☐

32 For how long altogether had you smoked cigarettes, cigars or pipes?
(Please write the nearest year in the box. If less than 1 year, please write 1 in the box.)

No of years: ☐☐

33 How many times have you tried to quit smoking altogether (including this time)?

Number of times: [ ][ ]

34 Have you ever used nicorette chewing gum?

Yes	No
1	2

35 If yes, have you used nicorette chewing gum in the last 4 days?

Yes	No
1	2

For the next 2 question's please circle the number either 1, 2, or 3 which best describes your answer.

	A great deal	Somewhat	N o t at all
36 How much do you think that smoking has contributed to the illness for which you are in hospital?	1	2	3
37 How much do you think that smoking has contributed to any of your other health problems?		1	23

For the next 3 question's please circle only one number for each question.

38 How long has it been since you last smoked a cigarette, cigar or pipe?
(Please circle only one number)

In the last 6 weeks	1	If you circled 1 or 2 please continue with question 39
6 weeks to 3 months	2	
3 months to 6 months	3	If you circled 3,4,5,6 or 7, please GO TO QUESTION 44.
6 months to 12 months	4	
1 year to 2 years	5	
2 years to 5 years	6	
More than 5 years	7	

39 Did you quit smoking:
(Please circle only one number)

After you came into hospital	1
On the day you came into hospital	2
The day before you came into hospital	3
The week before you came into hospital	4
More than a week before you came into hospital	5

40 Did your admission to hospital provide any motivation for you to quit smoking?
(Please circle only one number)

Yes, a lot of motivation	1
Yes, some motivation	2
I am unsure	3
No, not much motivation	4
No motivation at all	5

41 How useful has your hospital stay been in helping you to stay a Non-Smoker?
(Please circle one number)

Very useful	1
Quite Useful	2
Not very useful	3
Not at all useful	4

42 Since you have been in hospital has a Nurse ever:?
(Please circle 5 numbers for this question)

	Yes	No	Dont know
Talked to you generally about smoking or quitting (eg. asked questions; shared experiences or listened)	1	2	3
Told you about the benefits to your health after stopping smoking.	1	2	3
Given you some reading material about how to stay a non-smoker	1	2	3
Told you about people who might help you to stay a non-smoker	1	2	3
Talked about what you might do to remain a non-smoker	1	2	3

43 How would you feel about a nurse, who was trained to help people stay non-smokers, once they have quit, offering you the following?
(Please circle 5 numbers for this question)

	I would welcome it	I would not be interested	I would resent it
Talking to you generally about smoking or quitting (eg. asking questions; sharing experiences or listening)	1	2	3
Telling you about better health after quitting	1	2	3
Giving you some reading material about staying a non-smoker	1	2	3
Telling you about places where you might get help in staying a non-smoker	1	2	3
Talking about what you might do to remain a non-smoker	1	2	3

44 How likely do you think it is that you will still be a non-smoker in 3 months?
(Please circle the one number which best describes your answer)

Extremely Unlikely	Quite Unlikely	Slightly Unlikely	Not Sure	Slightly Likely	Quite Likely	Extremely Likely
1	2	3	4	5	6	7

45 Below are some reasons which ex-smokers say made it hard to quit smoking. How important was each reason, in making it difficult for you to stay a non-smoker?.
(Please circle 9 numbers for this question)

		Very Important	Quite Important	Quite Unimportant	Very Unimportant
01	Difficulty coping with stress	1	2	3	4
02	Difficulty coping with boredom	1	2	3	4
03	Difficulty coping in social situations	1	2	3	4
04	Feeling upset, angry or depressed	1	2	3	4
05	Putting on weight	1	2	3	4
06	Cravings for cigarettes	1	2	3	4
07	Loss of the pleasure of smoking	1	2	3	4
08	Other family members are smokers	1	2	3	4
09	Feelings of loneliness, loss	1	2	3	4
10	Other, please specify				

_____

_____

46 Of these 10 reasons listed in the previous question (No. 45) which three are the most important, in your view?
(Please write the number of each item in the boxes provided below)
For instance if you thought that putting on weight was the most important reason which made staying a non-smoker difficult then you would write 05 in the box beside most important.

The most important ---------- [ ][ ]

The second most important ---------- [ ][ ]

The third most important ---------- [ ][ ]

Thank you for your efforts in filling out this questionnaire.
If you have had any problems with any of the questions, please ask the interviewer when he/she returns. We would again like to stress that none of this information will be seen by anyone in the hospital, and even the university research team will only have a code number on your questionnaire and not your name.

THANK YOU FOR YOUR HELP, IT IS APPRECIATED.

APPENDIX 3.3

Patient Questionnaire

Non-smokers

SURVEY QUESTIONNAIRE FOR HOSPITAL PATIENTS NON-SMOKERS.

Interviewer ID [ ][ ] Patient ID [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Day | Month | H | Ward | Bed No

Thank you for your help with this survey.
It will only take about 15 minutes of your time.

Instructions:
- Please answer every question
- Circle the number beside the answer you choose
- If the answers provided are not exactly right for you then choose the answer which is nearest to yours.
- There are two types of questions in this survey.
- Please read the examples given below.
- Note that in brackets after each question you will be told how many numbers to circle for that question.

EXAMPLE ONLY, do not answer these two questions, just read them carefully.

TYPE 1: **What is your favourite colour?** *(Please circle only one number)*

RED	1
BLUE	2
YELLOW	3

In this example, if you circled 2, then you have chosen blue as your favourite colour.

TYPE 2: **Do you have any socks in the following colours?**
(Please circle 3 numbers altogether for this question).

	YES	NO
Red socks	1	2
Blue socks	1	2
Yellow socks	1	2

In this example, if you circled the numbers shown, you would have red socks and yellow socks but NO blue socks.

We would first like to ask you some background information.

1 **What is the highest level of education you have completed?**
(Please circle only one number)

Never attended school	1
Finished primary school	2
Completed School Certificate (4th Year or Year 10), Intermediate 3rd Year	3
Completed high school (HSC/ Leaving/ Matriculation)	4
Trade / Technical college / TAFE	5
Graduate Degree or Diploma (Uni or CAE)	6
Post-graduate degree	7

2 **What is your marital status?** *(Please circle only one number)*

Married / De facto / Living as married	1
Divorced / Separated / Widowed	2
Never Married	3

3 **What country were you born in?** *(Please circle only one number)*

Australia	1
United Kingdom	2
Europe (excluding the United Kingdom)	3
Asia	4
Other _____ *(Please specify)*	5

4 **Which of the following best describes your employment status before you came into hospital?** *(Please circle only one number)*

Employed - Full time	1
" - Part Time	2
Not Employed, (but not retired)	3
Home duties	4
Full - time student	5
Part - time student	6
Retired	7
Permanently unable to work/ill.	8

5 **Which of the following best describes your main or lifetime occupational status?**
(The exact job may not be listed, but circle the number of the one that comes closest. Please circle only one number).

Professional, technical or related worker (architect, engineer, chemist, doctor, dentist, lawyer, clergy, teacher, nurse, etc)	01
Administrative, executive or managerial worker	02
Clerical worker (book-keeper, cashier, typist, etc)	03
Sales worker (insurance, real estate, auctioneer, commercial traveller, proprietor and shop assistant, etc)	04
Farmer, fisherman, hunter, timber getter or related worker	05
Miner, quarryman or related worker	06
Worker in transport or communication (driver of truck, delivery van, bus, taxi, railway engine: pilot, deckhand, conductor, bus inspector, telephone/telegraph operator, postman, postmaster, etc)	07
Tradesman, production-process worker or labourer (carpenter, plumber, mechanic, electrician, tailor, machinist, factory worker, foreman, builder's labourer, etc)	08
Service, sport or recreational worker (fireman, policeman, caretaker, orderly, barber, sportsman, photographer, undertaker, etc)	09
Member of the armed services	10
Home Duties	11
I do not have a main occupation	12

6 To the best of your knowledge what is this hospital's policy about smoking?
(Please circle only one number)

The hospital does not have a smoking policy	1
I don't know what the hospital's smoking policy is.	2

Please go to Question 9

Smoking is permitted anywhere in the hospital buildings.	3
Most hospital areas are smoke free with some specific rooms set aside as smoking areas.	4
No-one is allowed to smoke in the hospital buildings, but people are allowed to smoke outside.	5
Other (please specify) _____	6

7 i) Do you think that the hospital's smoking policy should:
(Please circle only one number for this question)

stay just as it is	1
not be so strict	2
be stricter	3

ii) Should the policy stop people from smoking outside the main entrances?

Yes	No
1	2

8 Did you find out about the Hospital's smoking policy from:
(Please circle 5 numbers altogether for this question)

Remember

	Yes	No	Don't
Your GP	1	2	3
A friend or relative	1	2	3
Signs, posters, or pamphlets in the hospital	1	2	3
A nurse in the hospital	1	2	3
A doctor in the hospital	1	2	3
Other, please write how you found out?	1	2	3

_____

9 Do you think that any of the following places are Non-Smoking areas in this hospital?
(Please circle 4 numbers for this question)

	Yes	No
Wards	1	2
Inside the hospital buildings	1	2
Verandahs and balconies	1	2
Outside in the hospital grounds	1	2

10 Have you seen or heard of anyone being asked to stop smoking in Non-Smoking areas, by any of the following people in the last month?
(Please circle 3 numbers for this question)

	Yes	No
By a Nurse	1	2
By a Doctor	1	2
By a Patient	1	2
Anyone else _____ *(Please specify)*	1	2

11 In this hospital, have you seen any of the following people smoking in Non-Smoking areas in the last month?
(Please circle 5 numbers for this question)

	Yes	No
Nurses	1	2
Doctors	1	2
Other hospital staff	1	2
Patients	1	2
Visitors	1	2

12 Have you avoided any areas in or around the hospital because people were smoking there?

Yes	No
1	2

13 When you arrived in hospital for this stay, were you asked if you smoked by:-
(Please circle 3 numbers for this question)

	Yes	No
A nurse	1	2
A receptionist / admitting clerk	1	2
A doctor	1	2
Other, please write who? _____	1	2

14 Have you had any of the following symptoms in the last 2 months.
(Please circle 7 numbers for this question)

	Yes	No
A dry sore throat	1	2
Sores on the mouth or nose	1	2
Coughing	1	2
Breathlessness	1	2
Bronchitis	1	2
Congestion	1	2
Asthma	1	2

15 Does anyone living in your household smoke cigarettes, cigars or pipes?

Yes	No
1	2

FOR THE FOLLOWING QUESTIONS COULD YOU PLEASE CIRCLE THE NUMBER WHICH SHOWS HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT. For example if you very strongly agreed with the first statement then you would circle the number 1. Circle ONE NUMBER for each question.

		Strongly Agree	Agree	Disagree	Strongly Disagree
16	Cigarette smoking can cause major damage to health	1	2	3	4
17	Quit smoking programs do not really help people to stop smoking	1	2	3	4
18	Helping patients to quit smoking should not be part of a hospital nurse's role	1	2	3	4
19	Too much fuss is made of the dangers of smoking	1	2	3	4
20	Hospital nurses are too busy to teach patients about quitting smoking	1	2	3	4
21	Hospital nurses should not attempt to counsel patients who want to stop smoking	1	2	3	4
22	Giving up smoking helps a person live longer.	1	2	3	4
23	Hospital nurses who smoke would make good quit smoking educators.	1	2	3	4

24	**Quitting will not improve the health of people who have smoked for a long time**	1	2	3	4
25	**Most patients who smoke do not want to quit.**	1	2	3	4
26	**Hospital nurses would make good quit smoking counsellors.**	1	2	3	4
27	**Hospital nurses should educate all smoking patients about the effects of smoking.**	1	2	3	4

28 Can you write down the names of any illnesses caused by smoking?

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

29 Do you know of any methods which could help a person who wants to stop smoking?

_____ [ ][ ]

_____ [ ][ ]

Thank you for your efforts in filling out this questionnaire.
If you have had any problems with any of the questions, please ask the interviewer when he/she returns. We would again like to stress that none of this information will be seen by anyone in the hospital, and even the university research team will only have a code number on your questionnaire and not your name.

THANK YOU FOR YOUR HELP, IT IS APPRECIATED.

APPENDIX 3.4

Follow-up Information Letter

Ms A Nagle
Coordinator, Hospital Research Project
Faculty of Medicine
Discipline of Behavioural Science
in Relation to Medicine
Telephone: 215 634
16th June 1992

Dear

You may recall being involved in a research project between October and December of last year, while you were in hospital. You answered a questionnaire about your smoking habits and about your attitude to being helped with stopping smoking while in hospital. The results from that survey are still being analysed but one of the early findings is that a number of smokers had given up smoking before they came into hospital. We are now interested in contacting this group of people to find out how they have managed with their quitting. We are therefore writing to all these people who reported quitting recently and seeking their support with this final part of the research program. An interviewer from the research team will telephone you in the next few days to ask you if you will consent to answering a few questions over the phone. If you agree, she will then read out the questions and write down your answers over the phone. The phone interview will take approximately 5-10 minutes. As before, we are also asking some people to provide us with a saliva sample so we can detect levels of cotinine which is a by-product of tobacco and shows your level of exposure to cigarettes. If you are asked to supply a saliva sample and if you consent to this part of the study then the interviewer will make a time which suits you to call in to your home, provide you with a specimen jar and collect your saliva sample. Should you decide to help us with this final part of the project it would only involve about 5 minutes of your time and we would be most grateful for your support of this medical research.

Your medical treatment will in no way be affected by your decision not to participate and you may withdraw from the study at any time. Your answers will only have a code number on them and no names will be used. You may participate in either the brief telephone interview or the saliva sample or both. If you have any questions you may ask the interviewer when she phones you or contact the University at the number shown above.

Yours sincerely

Dr Sally Redman
Senior Lecturer in Discipline of Behavioural Science
Faculty of Medicine

APPENDIX 3.5

Follow-up

Interview Protocol

INTRODUCTION

Hello, this is (name). I am an interviewer from the University of Newcastle. I am calling about the Hospital Survey Research Project. I posted you a letter last week which explained what was involved in the project. Have you received that?

IF NO, then read the information letter to subjects.

IF YES, continue.

Are there any questions you would like to ask about the research? All your answers will be strictly confidential and only an identification number will be used on the interview sheet. You may withdraw from the project at any time and if you do your medical treatment will not be affected at all.

Are you willing to participate in the project by answering a few questions about your attempt to quit smoking?

If required, are you willing to supply us with a saliva sample?
(consent should be recorded on the log)

IF NO, then ask...

Would you mind telling us why you do not wish to participate? Thank you for your time. You will not be contacted again and any personal information which we have will be destroyed in the next few weeks as soon as the data has been analysed.
AND HANG UP

IF YES, then ask...

Can you please tell me whether you have smoked any cigarettes, cigars or pipes in the last 4 days?

YES

NO

IF SUBJECT IS AN EX-SMOKER, then say....

You have been selected to provide a saliva sample. I will be in your area tomorrow, is there any time tomorrow which would suit you for me to call around and collect a saliva sample? It would only take about 5 minutes. I will give you a small specimen jar and after you have provided the saliva I will take the jar away for analysis. Thank you for your help with this research.

APPENDIX 3.6

Coding for Principal Diagnosis

Condition	*ICD-9-CM codes*	*Study Code*
Respiratory TBLip cancer	010-012	01
Oral cancer	140	02
Pharyngeal cancer	141,143-145	03
Oesophageal cancer	146-149	04
Gastric cancer	150	05
Pancreatic cancer	151	06
Laryngeal cancer	157	07
Lung cancer	161	08
Endometrial cancer	162	09
Cervical cancer	179,182	10
Bladder cancer	180	11
Renal parenchymal cancer	188	12
Renal pelvic cancer	189.0	13
Respiratory carcinoma in situ	189.1	14
Other cancers	231	15
Tobacco abuse	-	16
Parkinsons disease	305.1	17
Ischaemic heart disease	332	18
Myocardial infarction	410-414	19
Heart disease/angina		20
Pulmonary circulatory disease		21
Cardiac dysrhythmias	415-417	22
Heart failure	426-427	23
Stroke	428-429	24
Atherosclerosis	430-438	25
Peripheral vascular disease	440	26
Emphysema	441-444	27
Pneumonia		28
Asthma	480-487	29
Chronic bronchitis		30
Respiratory disease	490-492,496	31
Peptic ulcer		32
Ulcerative colitis	531-534	33
Spontaneous abortion	556	34
Antepartum haemorrhage	634	35
Hypertension of pregnancy	640,641	36
Low birthweight	642	37
Sudden Infant Death Syndrome	764,765	38
All other diseases	798.0	39
Missing data		40
		99

APPENDIX 3.7

Age by Sex by Smoking Status of Patients

Table 3.7.1 The sex and age of all smokers in the last 3 months

	Smokers in hospital sample (n=167)		*General population Hill D (1989) {1}*	
Age Category	n	%[a]	n	%
16-34				
Male (n=33)	12	36	965	35
Female (n=162)	54	33	1016	34
35-54				
Male (n=56)	21	38	790	30
Female (n=79)	17	22	824	27
55-69				
Male (n=84)	29	35	436	23
Female (n=67)	17	25	406	19
70+				
Male (n=82)	10	12	173	21
Female (n=139)	7	5	210	11

[a] Row percentage

APPENDIX 4.1

Coding for Patient Knowledge Questions

APPENDIX 4.1.1: CODING FOR QUESTION 28

QUESTION 28: WRITE DOWN THE NAMES OF ANY ILLNESS CAUSED BY SMOKING

Cancer

Cancer	20
Lung Cancer	21
Oesophagus/stomach/gastric/pancreatic cancer	22
Kidney/Renal/Bladder cancer	23
Oral/Cavity (lip, tongue, mouth, pharynx, throat, larynx)	24
Uterine/Endometrial/Cervical cancer	25
Other specific cancers	29

Cardioascular

Peripheral vascular disease: Atherosclerosis; gangrene; fatty plaque	01
Cardiac disease; ischaemic heart disease; coronary artery disease; heart disease; CCF: cardiac dysrythmia; C.V.A; myocardial infarct;	02
Arterial disease; hardened arteries; arteriosclerosis; thrombosis; circulatory disease; narrowed arteries:	03
Vascular disease; cerebrovascular disease; stroke; blood pressure; hypertension; aneurysem	04
Other heart/circulatory diseases; heart problems	09

Respiratory disease

C.O.A.D.; chronic obstructive lung (airways) disease; chronic bronchitis; CAL (Chronic Airways Limitations)	11
Bronchitis; pneumonia; bronchial pneumonia	12
Flu; colds; chest complaints; congestion; coughs; lung disease; breathlessness; asthma; respiratory TB	13
Emphysema	14

Other

Foetal diseases; pregnancy complications	30
Ulcers	31
Poor general health/reduces fitness	32
SIDS	33
Diseases incorrectly identified as caused by smoking	34
Nothing known or No response	98 99

APPENDIX 4.1.2: CODING FOR QUESTION 29

QUESTION 29: DO YOU KNOW OF ANY METHODS WHICH OCULD HELP A PERSON WHO WANTS TO STOP SMOKING

GROUP TITLE	INDIVIDUAL DESCRIPTION	CODE
Personal Effort	Willpower; personal motivation	01
	Cold turkey	02
	Cut down slowly	10
	Breathing, yoga, physical activity, relaxation	16
Professional Help	Hypnosis/ acupuncture;	09
	counselling; therapy; self help groups	03
Behavioural	Take up a hobby, knitting, eating	04
Cognitive	Avoid people & places associated with smoking	05
Pharmacological	Reward yourself	06
Aids	Use nicorette gum	07
	Use ordinary chewing gum	08
Pressure of Others	Family & friends	15
	Pregnancy	18
	Doctors threaten not to operate unless I quit	17
	Hospitalisation	12
	Illness	11
Other	Cost	14
	Other (not specified)	13

APPENDIX 4.2

Difficulties Associated with Quitting

Table 4.2.1 Perceptions of difficulties associated with quitting

	Patients who smoked in the last 3 months													
	Smokers n=74 after admission							Quitters n=94 after admission						
	Importance ranking							Importance ranking						
	1		2		3			1		2		3		
Difficulty	n	%	n	%	n	%	Total	n	%	n	%	n	%	Total
Coping with stress	18	27	4	6	9	15	31	28	35	13	17	2	3	43
Coping with boredom	7	11	10	15	6	10	23	10	13	9	11	8	10	27
Coping in social situations	4	6	1	2	4	7	9	4	5	4	5	5	7	13
Feeling upset angry or depressed	10	15	15	24	12	21	37	6	8	18	23	11	14	35
Putting on weight	10	15	6	10	4	7	20	9	11	7	9	3	4	19
Craving for cigarettes	7	11	16	25	9	5	32	10	12	12	15	17	23	39
Loss of pleasure of smoking	5	7	5	8	7	12	17	7	9	9	11	8	11	24
Other family members are smokers	2	3	1	2	4	7	7	4	5	3	4	11	15	18
Feeling of loneliness or loss	1	1	3	5	3	5	7	2	2	4	5	9	12	15
Other	3	4	2	3	0	0	5	0	0	0	0	1	1	1
Total	67		63		58			80		79		75		

APPENDIX 5.1

List of Nurses

LIST OF NURSES ON DAY SHIFT

NAME OF HOSPITAL: CODE: ☐☐

NAME OF THE WARD: CODE: ☐☐

NAME OF THE NURSING UNIT MANAGER: _____

NAME OF NURSE	CODE NO.	INTERV. TIME	INTERV. COMPLETE	QUEST. GIVEN	QUEST. RETURN

APPENDIX 5.2

Notification of Research

Hunter Area Health Service

DISEASE PREVENTION/HEALTH PROMOTION SERVICES

HOSPITAL SURVEY
Contact: A. Nagle
Disc. of Behavioural Science
Faculty of Medicine. Ph:215633

Notification of Research For Nurses

TITLE: The Potential of Hospital Nurses to Provide Quit Smoking Education for their Patients - A Quality Assurance Assessment

The Hunter Area Health Service's Centre for Disease Prevention and Health Promotion and the N.S.W. Cancer Council have collaborated on a Quality Assurance Program to measure the prevalence of smoking among hospital patients and the care provided by nurses in smoking cessation education. The program has been approved by the Ethics Committee of both the University and the Area Health Board.

It is anticipated that all day shift nurses in the large hospitals in the Hunter Area, who are working in the wards on the selected days will participate in the program. Participation will involve:-

*A 15 minute interview with a trained interviewer during your shift today

*Filling in a 15 minute self complete questionnaire at some time during your shift today, or at home this evening and returning it tomorrow in the sealed envelope provided to the Nursing Unit Manager of this ward.

The information you provide will remain strictly confidential and will be seen by only the research team at the University and even then will be identifiable only by a code number. The results will be reported as group data from all nurses in the Hunter Area and no-one in the hospital will see or know of your individual responses. Feedback of the results will be provided to all hospitals and will be used in consultation with nurses to design programs for use by nurses in helping patients to quit smoking.

If you have any questions which cannot be answered by the interviewer please feel free to contact the members of the research team listed below:

Dr Sally Redman, Discipline of Behavioural Science, Faculty of Medicine, University of Newcastle, 215643
Ms Amanda Nagle, Discipline of Behavioural Science, Faculty of Medicine, University of Newcastle, 215643.

APPENDIX 5.3

Instructions for Interview with Nurses

NURSE INTERVIEWS

Materials: Purple **List of Instructions for Interview with Nurses on Day Shift**
Blue **Nurse Knowledge Interview**
Purple **Nurse Care Interview**
Pink **Nurse Questionnaire**
Brown envelope
4 brown flipcards
1 buff flipcard

Location: Ask N.U.M. for a quiet, private area or room where these interviews can take place.

Instructions:

1 Fill in the details on the top of the purple List of Nurses on Day Shift. Don't forget the Code No.s. (These will be on the Hospital Data Form).

2 The N.U.M. should already have filled in the names of all day shift nurses on the ward, and a time for their interview. Give each nurse, including the N.U.M., a two digit code number. Write these in the column headed CODE NO. Begin with the number 01 and continue in sequence until all nurses have an Identification Code Number.

3 **NURSE KNOWLEDGE INTERVIEW:**

Now I will ask you some questions about smoking generally and about your own background.

4 Insert your own code number at the top of the blue interview as well as the code for the day, month, hospital, ward, and the nurse's own identification number (from the Purple sheet).

5 Read each question and either write in exactly the nurse's response or circle the correct number (whichever is appropriate).,

6 For questions 13, 17, 18 and 25 you must give the nurse the correct flipcard so s/he may select from several response options.

7 Introduce the purple Nurse Care Interview as per instructions on the top of the **purple care interview**.

8 Insert the code numbers at the top of the **Green** Nurse Care

Coding Sheet. All the nurse's responses will be coded onto this one sheet. Nothing is to be written on the purple interview form.

9 Insert the I.D. No.s (i.e. their bed no.s) of all the **eligible** patients on the ward down the first column of the **Green** sheet.

10 When asking the questions about each patient you should refer to the list of names copied from the large white Checklist for the patient's proper name.

11 Give the nurse the **buff** flipcard when asking question 2.

NURSE QUESTIONNAIRE PINK

1 Write the code number of the nurse on the top of the Nurse Questionnaire.

2 Give each nurse a **PINK** Nurse Questionnaire and an envelope.

3 Tell the nurse:

This questionnaire will take approximately 10 minutes for you to complete. Could you fill it in some time today and place it in the envelope provided and seal it. Then give it to your N.U.M. and I will collect them from her this afternoon. If you do not have time today for some reason, you may take it home and bring it in completed and sealed tomorrow, and give it to your N.U.M.

4 Housekeeping Log Purple Sheet

APPENDIX 5.4

Nurse Knowledge Interview

NURSE KNOWLEDGE INTERVIEW

INSERT I.D. NUMBERS, IN THE BOXES BELOW

Interviewer I.D.			Nurse I.D.								
			Day		Month		H	Ward		N.N.	

INSTRUCTIONS ARE TO BE READ TO NURSES AND WILL APPEAR IN BOXES. INSERT CODE NUMBERS WHEREVER POSSIBLE.

The following questions ask about smoking and health. Your answers will be pooled with those of all other nurses, your responses will not be identifiable by anyone in the hospital. Code numbers and not names will be used. Firstly:

1 CAN YOU NAME UP TO SEVEN DISEASES WHICH YOU THINK CAN BE CAUSED BY SMOKING?

	Code No.
_____	
_____	
_____	
_____	
_____	
_____	
_____	

One of the physiological effects of smoking on the respiratory system is paralysis of the lung cilia. Another is increased mucus production.

2 **CAN YOU NAME UP TO FIVE PHYSIOLOGICAL OR PATHOLOGICAL EFFECTS OF SMOKING ON THE CARDIOVASCULAR SYSTEM?**

Code No.

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

3 **CAN YOU NAME UP TO THREE PHYSIOLOGICAL EFFECTS OF SMOKING DURING PREGNANCY ON THE FOETUS OR CHILD?**

Code No.

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

4 **IMAGINE THAT MRS SMITH IS A PATIENT IN YOUR WARD. SHE HAS DECIDED TO STOP SMOKING TODAY.**

CAN YOU TELL ME ANY WAYS IN WHICH YOU COULD HELP HER QUIT. (UP TO MAXIMUM OF 6).

Code No.

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

5 CAN YOU NAME 3 PLACES IN YOUR HEALTH AREA WHERE YOU COULD REFER MRS SMITH TO RECEIVE HELP TO QUIT SMOKING?

Code No.

_____ [ ][ ]

_____ [ ][ ]

_____ [ ][ ]

Now I would like to ask you some background questions.

6 HOW OLD ARE YOU? [ ][ ] 99

7 WHAT IS YOUR MARITAL STATUS?

Single	1
Married or de facto	2
Divorced/separated/widowed	3

8 ***(CODE FOR SEX)***

Female	1	
Male	2	9

9 IN WHICH COUNTRY DID YOU RECEIVE YOUR NURSE EDUCATION?

Australia	1
USA	2
Great Britain	3
Canada	4
Other, please specify	5

_____ 9

10 DID YOU RECEIVE YOUR BASIC NURSING EDUCATION IN

Hospital	1	
College/University	2	9

11 DO YOU HAVE NURSE EDUCATION AT THE POST-BASIC LEVEL?

Yes	1	
No	2	9

12 WHAT IS YOUR CURRENT POSITION?

Registered Nurse	1	
Clinical Nurse Specialist	2	
Clinical Nurse Consultant	3	
Nursing Unit Manager	4	
Student	5	
Educator	6	
Assistant Director of Nursing	7	
Enrolled Nurse/Assistant Nurse	8	
Other, please specify _____	9	9

13 WHAT AREA OF NURSING ARE YOU CURRENTLY WORKING IN?

Medical	1
Surgical	2
Obstetric/Gynaecology	3
Accident & Emergency	4
Paediatrics	5
Cardiothoracic/Vascular	6
Outpatient Department	7
Psychiatric	8
Education	9
Coronary Care	10
Renal	11

Oncology	12	
Orthopaedics	13	
Other, please specify _____		
_____	14	99

14 HOW LONG HAVE YOU WORKED IN THIS AREA OF NURSING?

0-1 month	1	
2-6 months	2	
7-12 months	3	
More than 1 year but less than 2 years	4	
More than 2 years but less than 5	5	
5+ years	6	9

15 HOW LONG HAVE YOU WORKED AS A HOSPITAL NURSE?
(Please write the number of years in the box)

(If nurse has worked less than 1 year, please put 01 in the box) [ ][ ] Years 99

16 WHAT SHIFT DO YOU USUALLY WORK?
(Please circle only one number)

Permanent day shift	1	
Permanent evening shift	2	
Permanent night shift	3	
Regular rotating shift	4	
Other, please specify	5	9

_____

I will now ask you some questions about your own smoking

SHOW FLIP CARD NO.17 AND THEN NO.18

17 ARE YOU A:-

Ask all nurses Q18, then go to .....

⇓

SMOKER - ie you have smoked at least 100 cigarettes in your life and you currently (in the last four days) smoke	1	-->	18	-->	GO TO NEXT PAGE Q.19
EX-SMOKER - ie you do not currently smoke (in the last four days) but you have smoked at least 100 cigarettes in your life	2	-->	18	-->	GO TO QUESTION 26
NON-SMOKER - ie you have not smoked more than 100 cigarettes in your life	3	-->	18	-->	EXIT KNOWLEDGE INT. GO TO PURPLE CARE INT

18 DO YOU THINK THE FACT THAT YOU ARE A ..... IS A HELP OR A HINDRANCE IN PROVIDING QUIT SMOKING ADVICE FOR PATIENTS?

Very helpful	1	
Quite helpful	2	
No effect	3	
Quite a hindrance	4	9
A great hindrance	5	9

SMOKERS

19 DID YOU BEGIN SMOKING BEFORE, DURING OR AFTER YOUR NURSING EDUCATION?

Before	1		
During	2		
After	3	8	9

20 HOW MANY CIGARETTES DID YOU SMOKE:-

Yesterday	[ ][ ]		
Two days ago	[ ][ ]		
Three days ago	[ ][ ]		
Four days ago	[ ][ ]	88	99

21 FOR HOW LONG ALTOGETHER HAVE YOU SMOKED?

[ ][ ] 88 99

22 HAVE YOU SMOKED IN ANY OF THE FOLLOWING PLACES IN THE HOSPITAL?

		Yes	No		
a)	In the ward	1	2		9
b)	Away from the ward, but inside the hospital buildings	1	2		9
c)	On a verandah or balcony	1	2		9
d)	Outside the buildings in the hospital grounds	1	2		9
e)	Other, please specify	1	2	6	9

_____

23 HAVE YOU EVER TRIED TO QUIT SMOKING?

Yes	1		
If yes, how many times	[ ][ ]		
No	2	88	99

24 WOULD YOU LIKE TO STOP SMOKING?

Yes	1		
No	2		
Don't know	3	8	9

SHOW FLIPCARD NO.5

25 HOW LIKELY IS IT THAT YOU WILL BE GIVING UP CIGARETTES IN THE NEXT 3 MONTHS?

Extremely likely	1		
Quite unlikely	2		
Slightly unlikely	3		
Not sure	4		
Slightly likely	5		
Quite likely	6		
Extremely likely	7	8	9

EXIT AND GO TO PURPLE CARE INTERVIEW AND GREEN CODING SHEET ON THE LAST PAGE

EX-SMOKERS

26 DID YOU BEGIN SMOKING BEFORE, DURING OR AFTER YOUR NURSING EDUCATION?

Before	1		
During	2		
After	3	8	9

27 WHEN YOU WERE SMOKING REGULARLY, HOW MANY CIGARETTES DID YOU SMOKE ON AN AVERAGE DAY?

[ ][ ] 88 99

28 FOR HOW LONG ALTOGETHER HAD YOU SMOKED CIGARETTES?

[ ][ ] 88 99

29 HOW MANY TIMES HAVE YOU QUIT SMOKING ALTOGETHER?

[ ][ ] 88 99

30 HOW LONG HAS IT BEEN SINCE YOU LAST SMOKED A CIGARETTE?

In the past 3 months	1		
3 months - 6 months	2		
6 months - 12 months	3		
1 year - 2 years	4		
2 years - 5 years	5		
5 years +	6	8	9

31 CAN YOU TELL ME BY ANSWERING YES OR NO, WHETHER ANY OF THE FOLLOWING WERE REASONS FOR YOU QUITTING SMOKING?

	Yes	No		
Cost	1	2	8	9
Pregnancy or attempts at pregnancy	1	2	8	9
The effect of smoking on your children	1	2	8	9

	Yes	No		
Pressure from family or friends	1	2	8	9
Workplace smoking restrictions	1	2	8	9
Concern for your health	1	2	8	9
Concern for your role as a model for your patients	1	2	8	9
Improved fitness	1	2	8	9
Any other reason	1	2	8	9

_____

EXIT AND GO TO PURPLE CARE INTERVIEW AND GREEN CODING SHEET ON THE LAST PAGE

APPENDIX 5.5

Nurse Questionnaire

HUNTER AREA HEALTH SERVICE

DISEASE PREVENTION/HEALTH PROMOTION SERVICES

HOSPITAL SURVEY

Contact: A Nagle
C.E.R.P.
University of Newcastle
Phone: 215633

Nurse Code No:

NURSE QUESTIONNAIRE

The N.S.W. Cancer Council and the Centre for Disease Prevention and Health Promotion are collaborating on a Quality Assurance Program in the larger hospitals of the Hunter Area. As part of this program, nurses throughout the region are being asked to fill out this questionnaire. The Research Tea, would like all nurses to complete the survey, which will take approximately 10-15 minutes during your shift today. If you are unable to complete it today, could you return your completed survey tomorrow, in the sealed envelope provided, to your Nursing Unit Manager.

This survey is concerned with nurses' attitudes towards helping patients to stop smoking. Your answers to these questions will be used to develop programs for use by nurses in helping patients to stop smoking.

Please do your best to answer all the questions, even if you are unsure of your response.

Everything you write will be kept in strict confidence. Your answers will only be identifiable to the researchers by a code number and will not be given to your employer or to your supervisors.

Your time in completing the questionnaire is greatly appreciated.

Please circle the number beside the option which best answers the question for you. (For example if you thought that your hospital was smoke free in most areas with some specific smoking rooms you would circle 2.)

1 WHAT IS THIS HOSPITAL'S POLICY ABOUT SMOKING?
(Please circle only one number)

a)	The hospital doesn't have a smoking policy	1	
b)	I don't know what the hospital's smoking policy is	2	
c)	Smoking is permitted anywhere in the hospital buildings	3	
d)	Most hospital areas are smoke free with some specific rooms set aside as smoking areas	4	
e)	No-one is allowed to smoke in the hospital buildings, but people are allowed to smoke outside	5	
f)	Other, please specify _____	6	9

2 DO YOU THINK THAT THE HOSPITAL'S SMOKING POLICY SHOULD....
(Please circle only one number)

a)	Not be so strict	1	
b)	Stay just as it is	2	
c)	Be stricter	3	9

	Yes	No		
Should it stop people from smoking outside the main entrances	1	2	8	9

3 ARE THE FOLLOWING PLACES, NON-SMOKING AREAS, IN THIS HOSPITAL? *(Please circle 4 numbers for this question by answering either YES or NO for each part a) to d)*

		Yes	No	
a)	The wards	1	2	9
b)	Inside the building	1	2	9
c)	Verandahs and balconies	1	2	9
d)	Outside in the grounds	1	2	9

(You should have circled 4 numbers altogether for this question)

4 HAVE YOU OBSERVED ANY OF THE FOLLOWING PEOPLE SMOKING IN THE NON-SMOKING AREAS OF THE HOSPITAL DURING THE LAST 4 WEEKS?

		Yes	No	
a)	Nurses	1	2	9
b)	Doctors	1	2	9
c)	Other hospital staff	1	2	9
d)	Patients	1	2	9
e)	Visitors	1	2	9

5 HAVE YOU SEEN OR HEARD OF ANYONE BEING ASKED TO STOP SMOKING, IN NON-SMOKING AREAS BY ANY OF THE FOLLOWING PEOPLE?

		Yes	No	
a)	A nurse	1	2	9
b)	A doctor	1	2	9
c)	A patient	1	2	9
d)	Anyone else, please specify	1	2	6,9

_____

6 HAVE YOU ASKED ANYONE TO EXTINGUISH A CIGARETTE, PIPE OR CIGAR IN A NON-SMOKING AREA, DURING THE LAST 4 WEEKS?

Yes	No	
1	2	9

7 HAVE YOU AVOIDED ANY AREAS IN OR AROUND THE HOSPITAL BECAUSE PEOPLE WERE SMOKING THERE?

Yes	No	
1	2	9

For the next three questions could you please write down the percentage of smoking patients which you think best answers the question.

8 IN THE IDEAL WORLD WHAT PROPORTION OF SMOKING PATIENTS DO YOU THINK YOU SHOULD:

		% of smoking patients	
a)	Correctly identify?	..... %	9
b)	Take a detailed smoking history from?	..... %	9
c)	Ask if they want to quit?	..... %	9
d)	Talk to about how they might go about quitting smoking?	..... %	9

9 WITHIN THE LIMITATIONS OF THE CURRENT SYSTEM, WHAT PROPORTION OF SMOKING PATIENTS DO YOU THINK YOU COULD:

		% of smoking patients	
a)	Correctly identify?	..... %	9
b)	Take a detailed smoking history from?	..... %	9
c)	Ask if they want to quit?	..... %	9
d)	Talk to about how they might go about quitting smoking?	..... %	9

10 OVER THE PAST FOUR WEEKS, WHAT PROPORTION OF SMOKING PATIENTS DID YOU:

		% of smoking patients	
a)	Correctly identify?	..... %	9
b)	Take a detailed smoking history from?	..... %	9
c)	Ask if they want to quit?	..... %	9
d)	Talk to about how they might go about quitting smoking?	..... %	9

11 I FEEL CONFIDENT IN CARRYING OUT THE FOLLOWING ACTIVITIES WITH SMOKING PATIENTS.
(Please circle 4 numbers for this question)

		Yes	No	
a)	Asking patients whether they are smokers	1	2	9
b)	Taking a detailed smoking history from a patient	1	2	9
c)	Asking the patient if they want to quit smoking	1	2	9
d)	Talking to the patient about how they might go about quitting	1	2	9

12 I HAVE RECEIVED ADEQUATE TRAINING IN THE FOLLOWING:
(Please circle 4 numbers for this question)

		Yes	No	
a)	Asking patients whether they are smokers	1	2	9
b)	Taking a detailed smoking history from a patient	1	2	9
c)	Asking the patient if they want to quit smoking	1	2	9
d)	Talking to the patient about how they might go about quitting, or staying quit	1	2	9

13 I FEEL THAT I KNOW ALL I NEED TO KNOW ABOUT:
(Please circle 4 numbers for this question)

		Yes	No	
a)	Asking patients whether they are smokers	1	2	9
b)	Taking a detailed smoking history from a patient	1	2	9
c)	Asking the patient if they want to quit smoking	1	2	9
d)	Talking to the patient about how they might go about quitting, or staying quit	1	2	9

Please circle just one number for this next question.

14 HOW ENTHUSIASTIC WOULD YOU FEEL ABOUT ATTENDING AN IN-SERVICE TRAINING COURSE ON PROVIDING SMOKING CESSATION ADVICE AND SUPPORT FOR PATIENTS WHO SMOKE?

a)	Very enthusiastic	1	
b)	Fairly enthusiastic	2	
c)	Somewhat enthusiastic	3	
d)	Not very enthusiastic	4	
e)	Not at all enthusiastic	5	9

THE FOLLOWING SERIES OF STATEMENTS ASKS FOR YOUR VIEWS ABOUT PATIENTS' SMOKING BEHAVIOUR AND QUITTING NEEDS.
PLEASE CIRCLE THE NUMBER WHICH BEST REFLECTS YOUR VIEWS. THERE ARE NO RIGHT OR WRONG ANSWERS, ONLY OPINIONS.
YOUR COOPERATION WITH THIS QUESTIONNAIRE IS GREATLY APPRECIATED.

PLEASE CONTINUE .....

CIRCLE THE APPROPRIATE NUMBER TO SHOW HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT, FOR INSTANCE IF YOU STRONGLY AGREE CIRCLE 1, IF YOU DISAGREE CIRCLE 3.

		Strongly Agree	Agree	Disagree	Strongly Disagree	
15	**Cigarette smoking can cause major damage to health**	1	2	3	4	9
16	**Quit smoking programs do not help patients to stop smoking**	1	2	3	4	9

		Strongly Agree	Agree	Disagree	Strongly Disagree	
17	**Helping patients to stop smoking should not be part of a hospital nurse's role**	1	2	3	4	9
18	**Too much fuss is made of the dangers of smoking**	1	2	3	4	9
19	**Hospital nurses are too busy to teach patients about quitting smoking**	1	2	3	4	9
20	**Hospital nurses should not attempt to counsel patients who want to stop smoking**	1	2	3	4	9
21	**Giving up smoking helps a person liver longer**	1	2	3	4	9
22	**Hospital nurses who smoke would made good quit smoking educators**	1	2	3	4	9
23	**Quitting will not improve the health of people who have smoked for a long time**	1	2	3	4	9
24	**Most people who smoke do not want to quit**	1	2	3	4	9
25	**Hospital nurse's would make good quit smoking counsellors**	1	2	3	4	9
26	**Hospital nurses should educate all smoking patients about the effects of smoking**	1	2	3	4	9

27 HOW USEFUL IS THE HOSPITAL STAY AS A PLACE FOR A PATIENT TO QUIT SMOKING?
(Please choose one option by circling one number)

a)	Very useful	1	
b)	Quite useful	2	
c)	Not at all useful	3	9

28 HOW USEFUL IS THE HOSPITAL STAY IN HELPING A PATIENT TO STAY A NON-SMOKER?
(Please choose one option by circling one number)

a)	Very useful	1	
b)	Quite useful	2	
c)	Not at all useful	3	9

29 I WOULD BE MORE LIKELY TO PROVIDE STOP SMOKING ADVICE AND SUPPORT TO PATIENTS:
(Please circle 13 numbers for this question)

		I WOULD BE			
		Much more likely	A little more likely	No more likely	
01	If patients asked me	1	2	3	9
02	If I had more support from my supervisors to act in this role	1	2	3	9
03	If I had more time	1	2	3	9
04	If I had better skills	1	2	3	9
05	If I had more knowledge in this area	1	2	3	9
06	If I had more confidence	1	2	3	9
07	If I was not a smoker	1	2	3	9
08	If doctors advised their patients to quit before coming into hospital	1	2	3	9
09	If special forms existed in the hospital records for taking a detailed smoking history	1	2	3	9
10	If patients were followed-up after discharge to check on the success of the smoking cessation education	1	2	3	9

Question 29 continued.....

		Much more likely	A little more likely	No more likely	
11	If nurse specialists or quit counsellors were available for staff to consult with about smoking cessation education	1	2	3	9
12	If incentives for nurses were provided to encourage nurses to complete smoking cessation education courses	1	2		9
13	If there were In-service training courses in smoking cessation education	1	2	3	9

30 OF THESE 13 REASONS LISTED IN THE PREVIOUS QUESTION (No 29), WHICH THREE ARE THE MOST IMPORTANT IN YOUR VIEW? *(Please write the number of each item you choose in the box provided below. For instance, if you thought that in-service was most important, then you would write 13 in the boxes beside "most important".)*

a)	The most important	☐☐	99
b)	The second most important	☐☐	99
c)	The third most important	☐☐	99

31 HOW DO YOU THINK A SMOKING PATIENT WOULD FEEL, IF A NURSE WHO WAS TRAINED TO HELP PEOPLE STOP SMOKING OFFERED THE FOLLOWING:-
(Please circle 6 numbers for this question)

		THE PATIENT WOULD.....				
		Welcome it	Not be interested	Resent it		
a)	Talked to them generally about smoking or quitting (for example asked questions; shared experiences or listened)	1	2	3	8	9
b)	Advised them to stop smoking	1	2	3	8	9
c)	Told them about how smoking was affecting their health	1	2	3	8	9
d)	Gave them some reading material about quitting smoking	1	2	3	8	9
e)	Told them about people or places where they might get help with quitting	1	2	3	8	9
f)	Talked about how they might go about quitting	1	2	3	8	9

THANK YOU FOR ANSWERING THIS QUESTIONNAIRE. YOUR ANSWERS ARE GREATLY APPRECIATED.

COULD YOU PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO YOUR NURSING UNIT MANAGER IN THE SEALED ENVELOPE PROVIDED.

APPENDIX 5.6

Coding of Nurse Knowledge Questions

APPENDIX 5.6.1
CODING FOR QUESTION 1 ON NURSE KNOWLEDGE INTERVIEW

QUESTION: ***CAN YOU NAME UP TO SEVEN DISEASES WHICH YOU THINK CAN BE CAUSED BY SMOKING?***

Cardiovascular

Atherosclerotic aortic aneursym	01
Atherosclerotic peripheral vascular disease	02
Cerebrovascular disease/stroke	03
Coronary artery disease/myocardial infarct/ischaemic heart disease	04
Pulmonary circulatory disorder	05
Cardiac dysrhythmia	06

Respiratory disease

Bronchitis	07
Chronic obstructive lung disorder(COLD)/chronic bronchitis/emphysema	08
Pneumonia	09

Cancer of the:-

Bladder	10
Cervix	11
Esophogus	12
Kidney/Renal	13
Larynx	14
Lung	15
Oral Cavity (lip, tongue, mouth, pharynx)	16
Pancreas	17

Stomach/Gastric	18
Uterine/Endometrial	19

Note: Responses were classified as correct if they matched conditions for which active smoking of tobacco has been shown to have a non zero aetiologic fraction (aetiologic fractions based on Holman et al (1988)).

Reference: Dickman P., Gibberd R. The Estimation of Tobacco and Alcohol - caused hospital admissions and their inpatient costs in NSW hospitals 1988/89. NSW Health Services Research Group, 1990. Report No. 3. University of Newcastle. Australia.

APPENDIX 5.6.2:
CODING FOR QUESTION 4 ON NURSE KNOWLEDGE INTERIVEW

QUESTION 4: IMAGINE THAT MRS SMITH IS A PATIENT IN YOUR WARD. SHE HAS DECIDED TO STOP SMOKING TODAY. CAN YOU TELL ME ANY WAYS IN WHICH YOU COULD HELP HER QUIT. (UP TO A MAXIMUM OF 6).

Descriptor	Example of Nurses' responses	Code
Provide literature	Give pamphlet	01
Referral	Refer to G.P., QUIT, Counsellor, Self Help Groups.	02
Nicotine Gum	-	03
Education	Explain health effects of smoking, educate patient in quitting.	13
Avoidance Strategies	Avoid people or places where smoking occurs.	05
Diversional Strategies	Take up a hobby, knitting, sucking lollies or gum.	04
Rewards	Stress benefits of quitting spend money on self eg. treats.	06
Coping skills	Prepare for weight gain be prepared for irritability, warn friends of possible crankiness. Plan pleasant activities like baths. Get a friend to help.	07
Goal Setting	Plan one week only as a quitter. Plan only 2 cigarettes a day.	10
Listening	Let Mrs Smith explain her plans, talk about her feelings	08
Encouragement/Emotional Support	Increase her self confidence. Tell her she can do it, encourage her to keep going, tell her she is doing the best thing. Spend time with her if she is upset; Be with her if she cries.	09
Increase fluids	Get her more to drink.	11
Remove cigarettes	Take all cigarettes away don't let visitors give her any.	12
Other		20

APPENDIX 5.6.3
CODING FOR NURSE KNOWELDGE INTERVIEW

QUESTION 5: CAN YOU NAME 3 PLACES IN YOUR HEALTH AREA WHERE YOU COULD REFER MRS SMITH TO RECEIVE HELP TO QUIT SMOKING?

Place	Code
QUIT	
Psychologist / Hypnotherapist	01
Hospital Specialist	02
Community Health / Dept of Health	03
Drug & Alcohol Counsellor	04
7th Day Adventist program	05
Patient's G.P.	06
National Heart Foundation/Cancer Council	07
Other	08

APPENDIX 5.7

Chi Square

APPENDIX 5.7.1

NURSING POSITION X SMOKING STATUS

	Frequency Percent Row Pct Col Pct	Nursing position					
		Registered Nurse	Clinical Nurse Specialist	Nursing Unit Manager	Other	Enrolled Nurse	Total
SMOKING STATUS	Smoker	34 10.18 50.00 18.78	10 2.99 14.71 23.81	5 1.50 7.35 11.90	2 0.60 2.94 7.41	17 5.09 25.00 40.48	68 20.36
	Ex-smoker	31 9.28 41.89 17.13	15 4.49 20.27 35.71	11 3.29 14.86 26.19	7 2.10 9.46 25.93	10 2.99 13.51 23.81	74 22.16
	Non-smoker	116 34.73 60.42 64.09	17 5.09 8.85 40.48	26 7.78 13.54 61.90	18 5.39 9.38 66.67	15 4.49 7.81 35.71	192 57.49
	Total	181 54.19	42 12.57	42 12.57	27 8.08	42 12.57	334 100.00

Frequency Missing = 1

STATISTICS

Statistic	DF	Value	Prob
Chi-Square	8	26.086	0.001
Likelihood Ratio Chi-Square	8	25.501	0.001
Mantel-Haenszel Chi-Square	1	6.743	0.009
Phi Coefficient		0.279	
Contingency Coefficient		0.269	
Cramer's V		0.198	

Effective Sample Size = 334
Frequency Missing = 1

APPENDIX 5.7.2

PLACE OF NURSE TRAINING X SMOKING STATUS

	Frequency Percent Row Pct Col Pct	Place of Nurse Training Hospital	College	Total
SMOKING STATUS	Smoker	51 15.36 75.00 21.43	17 5.12 25.00 18.09	68 20.48
	ex-smoker	61 18.37 82.43 25.63	13 3.92 17.57 13.83	74 22.29
	non-smoker	126 37.95 66.32 52.94	64 19.28 33.68 68.09	190 57.23
	Total	238 71.69	94 28.31	332 100.00

Frequency Missing = 3

STATISTICS

Statistic	DF	Value	Prob
Chi-Square	2	7.278	0.026
Likelihood Ratio Chi-Square	2	7.616	0.022
Mantel-Haenszel Chi-Square	1	3.576	0.059
Phi Coefficient		0.148	
Contingency Coefficient		0.146	
Cramer's V		0.148	

Effective Sample Size = 332
Frequency Missing = 3

APPENDIX 5.7.3

AGE X ATTITUDE TO QUITTING SMOKING

	Frequency Percent Row Pct Col Pct	Age of Nurses 19-29	30-39	40-49	50+	Total
"Most smokers don't want to quit"	Agree	72 22.57 50.00 54.14	40 12.54 27.78 39.22	18 5.65 12.50 34.62	14 4.39 9.72 43.75	144 45.14
	Disagree	61 19.12 34.86 45.86	62 19.44 35.43 60.78	34 10.66 19.43 65.38	18 5.64 10.29 56.25	175 54.86
	Total	133 41.69	102 31.97	52 16.30	32 10.03	319 100.00

Frequency Missing = 16

STATISTICS

Statistic	DF	Value	Prob
Chi-Square	3	8.142	0.043
Likelihood Ratio Chi-Square	3	8.181	0.042
Mantel-Haenszel Chi-Square	1	4.538	0.033
Phi Coefficient		0.160	
Contingency Coefficient		0.158	
Cramer's V		0.160	

Effective Sample Size = 319
Frequency Missing = 16

APPENDIX 5.7.4

POST BASIC TRAINING X CONFIDENCE IN PROVIDING CARE

	Frequency Percent Row Pct Col Pct	Post Basic Nursing Training Yes	 No	Total
Felt confident asking patient if they wanted to quit smoking	Yes	117 35.89 46.80 70.06	133 40.80 53.20 83.65	250 76.69
	No	50 15.34 65.79 29.94	26 7.98 34.21 16.35	76 23.31
	Total	167 51.23	159 48.77	326 100.00

Frequency Missing = 9

STATISTICS

Statistic	DF	Value	Prob
Chi-Square	1	8.412	0.004
Likelihood Ratio Chi-Square	1	8.539	0.003
Continuity Adj Chi-Square	1	7.669	0.006
Mantel-Haenszel Chi-Square	1	8.386	0.004
Fisher's Exact Test (Left)			2.67E-03
(Right)			0.999
(2-Tail)			3.99E-03
Phi Coefficient		-0.161	
Contingency Coefficient		0.159	
Cramer's V		-0.161	

Effective Sample Size = 326
Frequency Missing = 9

APPENDIX 5.7.5

NURSES' SMOKING STATUS X PERCEIVED HELPFULNESS OF SMOKING STATUS IN PROVIDING CESSATION CARE

	Frequency Percent Row Pct Col Pct	Nurses' Smoking Status Smoker	Ex-smoker	Non-smoker	Total
Perceived helpfulness of smoking status in providing cessation care	Help	34 11.89 22.97 52.31	50 17.48 33.78 78.13	64 22.38 43.24 40.76	148 51.75
	Hinder	31 10.84 22.46 47.69	14 4.90 10.14 21.88	93 32.52 67.39 59.24	138 48.25
	Total	65 22.73	64 22.38	157 54.90	286 100.00

Frequency Missing = 49

STATISTICS

Statistic	DF	Value	Prob
Chi-Square	2	25.427	0.000
Likelihood Ratio Chi-Square	2	26.658	0.000
Mantel-Haenszel Chi-Square	1	6.431	0.011
Phi Coefficient		0.298	
Contingency Coefficient		0.286	
Cramer's V		0.298	

Effective Sample Size = 286
Frequency Missing = 49
WARNING: 15% of the data are missing

APPENDIX 6.1

Nurse Care Interview

NURSE CARE INTERVIEW

INSTRUCTIONS

A. INSERT CODE (BED NOs) OF PATIENTS IN THE FIRST COLUMN OF THE NURSE CARE CODING SHEET (GREEN)

B. READ:

> *I would now like you to answer some questions relating to the care of patients in your ward. Remember that all information is identifiable only by code numbers and all information is strictly confidential.*

C. ASK: THE FOLLOWING QUESTIONS

1 HAVE YOU PROVIDED ANY DIRECT CARE OF *(patient's name)* DURING THE LAST 4 DAYS?

YES 1 → PROCEED WITH QUESTION 2

NO 2 → CODE ALL REMAINING QUESTIONS: 8

2 WHICH OF THE FOLLOWING OPTIONS BEST DESCRIBES *(patient's name)* SMOKING STATUS? *(Show card with options to the nurse). (Ask question 1 and then Question 2 [where appropriate] about every patient in the ward, then ask the remaining questions in order for each patient).*

1 Smoker → Proceed with Dark Pink Questions 3-16

2 Recent Quitter → Proceed with Lilac Questions 3-16

3 Ex-smoker > 3 months → CODE all remaining questions: 8 and GO TO next patient

4 Non-smoker → CODE all remaining questions: 8 and GO TO next patient

5 Don't know → CODE all remaining questions: 8 and GO TO next patient

SMOKERS (Dark Pink)

(Ask questions 3-16 for the first smoking patient, then proceed with the next patient and so on)

3 WHAT MAKES YOU THINK THAT *(patient's name)* IS A SMOKER?

Checked the medical record/history	01
Observed him/her smoking	02
Have taken him/her outside to smoke	03
Observed other signs of smoking eg smoky breath, cigarettes in a drawer	04
Asked him/her about smoking	05
Has he/she told you	06
Lifestyle, friends, attitudes, personal attributes	07
Friends, relatives told me	08
Told by doctor	09
Other, please specify	10

_____

4 HOW MUCH DO YOU THINK THAT SMOKING HAS CONTRIBUTED TO THE ILLNESS FOR WHICH *(patient's name)* IS IN HOSPITAL?

A Great Deal	Somewhat	Not at all
1	2	3

5 HOW MUCH DO YOU THINK THAT SMOKING HAS CONTRIBUTED TO ANY OTHER OF *(patient's name)* HEALTH PROBLEMS?

A Great Deal	Somewhat	Not at all
1	2	3

		Yes	No	Don't know
6	**DO YOU THINK *(patient's name)* WOULD LIKE TO STOP SMOKING?**	1	2	3
7	**DO YOU THINK THAT *(patient's name)* WOULD ACCEPT HELP/SUPPORT FROM A NURSE WITH QUITTING SMOKING WHILE IN HOSPITAL?**	1	2	3
8	**HAS *(patient's name)* EVER RAISED THE TOPIC OR MENTIONED EITHER SMOKING OR QUITTING TO YOU?**	1	2	3
9	**HAVE YOU INITIATED A CONVERSATION ABOUT SMOKING OR QUITTING WITH *(patient's name)***	1	2	3

If NO or DON'T KNOW to both Questions 8 & 9, then all other questions are coded 8.
Exit to next patient

If YES to either 8 & 9, then continue

DURING ANY OF THESE CONVERSATIONS WITH *(patient's name)*

		Yes	No	Don't know
10	**DID HE/SHE ASK TO BE TAKEN OUTSIDE TO SMOKE?**	1	2	3

DID YOU -

11	**ADVISE *(patient's name)* TO STOP SMOKING?**	1	2	3

		Yes	No	Don't know
12	**INFORM** ***(patient's name)*** **ABOUT THE HEALTH RISKS OF SMOKING?**	1	2	3
13	**PROVIDE LITERATURE TO** ***(patient's name)*** **ABOUT SMOKING/QUITTING?**	1	2	3
14	**REFER** ***(patient's name)*** **TO PEOPLE OR PLACES WHERE HE/SHE MIGHT GET HELP WITH QUITTING?**	1	2	3
15	**DISCUSS HOW** ***(patient's name)*** **MIGHT GO ABOUT QUITTING?**	1	2	3
16	**IS THERE ANYTHING NOT MENTIONED WHICH YOU HAVE TALKED TO** ***(patient's name)*** **ABOUT?**	1	2	3

EXIT TO NEXT PATIENT who has a 1 or 2 code entered in Column 2.

RECENT QUITTERS (Lilac)

3 WHAT MAKES YOU THINK THAT *(patient's name)* HAS QUIT SMOKING IN THE LAST 3 MONTHS?

Medical record	1
The patient told me	2
A relative told me	3
Immobility, unable to get out of the hospital by himself	4
Lifestyle, friends, type of person	5
Doctor told me	6
Other, please specify	7

_____

4 HOW MUCH DO YOU THINK THAT SMOKING HAS CONTRIBUTED TO THE ILLNESS FOR WHICH *(patient's name)* IS IN HOSPITAL?

A Great Deal	Somewhat	Not at all
1	2	3

5 HOW MUCH DO YOU THINK THAT SMOKING HAS CONTRIBUTED TO ANY OTHER OF *(patient's name)* HEALTH PROBLEMS?

A Great Deal	Somewhat	Not at all
1	2	3

	Yes	No	Don't know
6 DO YOU THINK THAT *(patient's name)* WOULD ACCEPT HELP/SUPPORT FROM A NURSE WHILE IN HOSPITAL AIMED AT HELPING HIM/HER STAY A NON-SMOKER?	1	2	3

		Yes	No	Don't know
7	**HAS *(patient's name)* EVER RAISED THE TOPIC OR MENTIONED EITHER SMOKING OR QUITTING TO YOU?**	1	2	3
8	**HAVE YOU EVER INITIATED A CONVERSATION ABOUT SMOKING OR QUITTING WITH *(patient's name)*?**	1	2	3

If NO or DON'T KNOW to both Questions 7 & 8, then exit to next patient

If YES to either, then continue

DURING ANY OF THESE CONVERSATIONS WITH *(patient's name)* DID YOU -

		Yes	No	Don't know
9	**ENCOURAGE *(patient's name)* IN HER/HIS DECISION TO QUIT SMOKING; SHARED EXPERIENCE; LISTENED)?**	1	2	3
10	**INFORM *(patient's name)* ABOUT IMPROVED HEALTH AFTER QUITTING?**	1	2	3
11	**PROVIDE LITERATURE TO *(patient's name)* ABOUT STAYING A NON-SMOKER?**	1	2	3

		Yes	No	Don't know

12	**<u>REFER</u> *(patient's name)* TO PLACES/PEOPLE WHERE HE/SHE MIGHT GET HELP WITH MAINTENANCE OF NON-SMOKING?**	1	2	3
13	**<u>DISCUSS</u> WHAT *(patient's name)* MIGHT DO TO REMAIN A NON-SMOKER?**	1	2	3
14	**IS THERE ANYTHING NOT MENTIONED WHICH YOU HAVE TALKED TO *(patent's name)* ABOUT?**	1	2	3
15	**CODE 8**			
16	**CODE 8**			

EXIT TO NEXT PATIENT who has a 1 or 2 code entered in Column 2.

APPENDIX 6.2

Nurse Care Coding Sheet

NURSE CARE CODING SHEET

For recording responses to purple nurse care interview.

Interviewer I.D. [ ][ ] Nurse I.D. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Day | Month | H | Ward | N.N.

Patient Nos	Interview Questions															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

THANK NURSE AND HAND OUT PINK NURSE QUESTIONNAIRE