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SURVEY OF MEDICAL AND NURSING DIRECTORS

OF ANTENATAL CLINICS IN AUSTRALIA

The U.S. Surgeon General has recommended that smoking cessation activities should be increased in public and private antenatal settings. However, no Australian data are available about the response of doctors and midwives working in antenatal clinics to this issue. This survey is mainly designed to assess the attitudes and behaviours of medical and nursing staff in relation to pregnant women who are smoking. We are also seeking to discover whether your antenatal clinic would be interested in participating in a trial to evaluate the effectiveness of a smoking cessation program specially developed for pregnant women. The program’s efficacy has been demonstrated by a randomised, controlled trial in a single antenatal clinic. We are now planning to assess its effectiveness in a multicentre trial. At this stage we are only seeking expressions of interest in the trial. Clinics responding positively will not be bound in any way to participate.

Your cooperation in completing this questionnaire would be greatly appreciated. To ensure the responses are representative of the views of Australian antenatal clinics, we are hoping to achieve a very high return rate from both medical and nursing directors. Accordingly, two copies of this questionnaire are being sent to each institution which indicated it conducted an antenatal clinic. These questionnaires should be completed by the two staff responsible for the day-to-day medical and nursing management of the antenatal clinic.

Your responses to the survey will be treated as confidential. Your name and the name of your clinic are not required on the questionnaire. Questionnaires will be identified by number. When the time allocated for return of questionnaires has elapsed, clinic names and addresses containing the identifying numbers will be destroyed. Only group results from the survey will be published. If you have any queries about this survey, please contact Raoul Walsh, Phone: 049 215650.

Please answer every question. When you have completed the questionnaire, could you please seal it in the attached reply-paid envelope and mail it back. Thank you for your assistance.

RAOUL WALSH
Lecturer

MAX BRINSMHEAD
Director of Obstetrics, John Hunter Hospital

The University of Newcastle, Rankin Drive, Shortland, Newcastle, NSW 2308, Australia. Telephone (049) 215000
1. Are you the medical or nursing director of the antenatal clinic? (Person responsible for day-to-day medical or nursing management)
   - Medical Director
   - Nursing Director

2. How many years have you been working in the field of obstetrics? Please write number
   - [ ] years

3. What is your sex?
   - Male
   - Female

4. Approximately how many new patients would be seen in your antenatal clinic in a typical week? Please write number
   - [ ]

5. How many of the following staff would have contact with antenatal patients in your clinic during a typical week?
   - Midwife
   - Staff medical specialist
   - Visiting medical specialist
   - General practitioner
   - Medical registrar
   - Medical resident/intern

   (Please write numbers above - Write 00 if there are no staff in a category)

6. How would you describe the geographic location of your clinic?
   - Inner city
   - City suburban
   - Rural city or town

7. What proportion of patients attending your clinic would you estimate derive their family income mainly from the following sources?
   - Social Security (e.g. single parent, unemployment benefits)
   - Unskilled employment

   (Write percentages above)

8. Please rank order the 8 maternal risk factors from the following list which you estimate would occupy the largest portion of staff time at your antenatal clinic?
   - (Please write number 1 on the line next to the factor which occupies most staff time then work down to number 6 only)

   Maternal risk factor | Your rank
   ---------------------|-------
   Heroin use          | 8     |
   Teenage pregnancy   | 9     |
   Elevated blood pressure | 8 |
   Cigarette smoking   | 9     |
   Non-English speaking| 8     |
   Age over 40 years   | 8     |
   Toxoplasmosis infection | 5 |
   Poor housing        | 9     |
   Domestic violence    | 8     |
   Alcohol abuse       | 8     |
   Hepatitis infection | 8     |
   Aboriginal background| 8 |
   Unemployment        | 9     |
   Poor nutrition      | 8     |
   Cytomegalovirus infection | 8 |
   Lack of exercise    | 9     |

   (Please write number 1 on the line next to the factor which occupies most staff time then work down to number 6 only)
9. How common in your estimate are maternal risk factors which could adversely affect pregnancy outcome except women attending your antenatal clinic compared with the norm at other Australian antenatal clinics?

<table>
<thead>
<tr>
<th>More common</th>
<th>About the same</th>
<th>Less common</th>
<th>Unusual</th>
</tr>
</thead>
<tbody>
<tr>
<td>your clinic</td>
<td>at your clinic</td>
<td>at your clinic</td>
<td></td>
</tr>
</tbody>
</table>

10. Below are a list of activities which might be undertaken as part of a first antenatal visit. Please rate each activity in terms of its importance at the first visit.

<table>
<thead>
<tr>
<th>Potential activity at first antenatal visit</th>
<th>Essential</th>
<th>Desirable</th>
<th>Not usually necessary at last visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obstetric history</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Blood pressure measurement</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Dental examination</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Breast examination</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Communication with referring doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Ultrasound</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Advice about alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Routine antenatal blood tests</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Urinalysis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Dietary advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Estimation of uterine size</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Antenatal education</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Advice on smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Family planning advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Cervical smear</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Exercises advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Advice about drugs (not alcohol, tobacco)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. General physical examination</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Psychosocial background</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Weighing the patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

11. Approximately what percentage of women attending for a first visit at your antenatal clinic do you estimate are smokers?

(Write percentage)

12. Approximately what percentage of women who are smoking at their first visit to your antenatal clinic do you estimate will stop smoking for the remainder of their pregnancy?

- Women who receive no smoking cessation advice or counselling at the first visit

(Write percentage)

- Women who do receive smoking cessation advice and counselling at the first visit

(Write percentage)

13. Under ideal conditions, what proportion of pregnant women attending your clinic who smoke should be known to the staff?

(Write percentage)

14. Given the constraints of normal conditions, what proportion of pregnant women attending your clinic who smoke do you estimate are actually known to the staff?

(Write percentage)

15. What proportion of pregnant women attending your clinic who smoke do you estimate are actually known to the staff?

(Write percentage)
16. Under ideal conditions, what proportion of pregnant women attending your clinic who smoke should receive smoking cessation advice from the staff? 

(Write percentage)

17. Given the constraints of normal conditions, what proportion of pregnant women attending your clinic who smoke should receive smoking cessation advice from the staff? 

(Write percentage)

18. What proportion of pregnant women attending your clinic who smoke do you estimate actually receive smoking cessation advice from the staff? 

(Write percentage)

19. What proportion of pregnant women attending your clinic who smoke do you estimate actually receive smoking cessation advice from the staff? 

(Write percentage)

20. Please list any adverse pregnancy outcomes which you believe smoking in pregnancy definitely increases the risk of occurring. (Please list as many as possible or write "none" if you believe there are no adverse outcomes definitely increased by smoking in pregnancy.)

21. Please list any adverse pregnancy outcomes which you believe smoking in pregnancy may increase the risk of occurring. (Please list as many as possible or write "none" if you believe there are no adverse outcomes which may be increased by smoking in pregnancy.)

22. In your antenatal clinic, what percentage of all smoking women do you estimate receive each of the following types of smoking intervention? (Please write "unknown" if you are unable to estimate)

1. Smoking status record in the patient file
2. Sticker/label in the patient file indicating smoking status
3. Midwife recommendation to cut down smoking
4. Doctor recommendation to cut down smoking
5. Midwife recommendation to stop smoking
6. Doctor recommendation to stop smoking
7. Videotape about smoking
8. Pamphlets about smoking
9. Self-help manual about smoking
10. Prizes/rewards as incentives to stop smoking
11. Education about the risks of smoking
12. Counselling about methods of quitting (in addition to risk information)
13. Negotiation of a definite quit date
14. Letter to encourage quitting
15. Phone calls to encourage quitting
16. Referral to stop smoking group or agency e.g. Quit For Life
17. Active involvement of support person, if present, in smoking intervention
18. Follow-up discussion at later appointments

Write percentages above

23. What percentage of your staff do you estimate offer any smoking cessation advice?

Midwives

Registrars/residents

Obstetricians

24. What percentage of your staff do you estimate offer adequate smoking cessation advice?

Midwives

Registrars/residents

Obstetricians
25. In your clinic, please rank order categories of staff in terms of their responsibility for giving smoking advice. Write "1" next to the category of staff with the greatest responsibility down to "4" for the category with least responsibility. You or more staff categories can be given the same number, if you believe they have equal responsibility to give smoking advice.

- Nurses
- Registered/registered
- Other, e.g. health educator, drug and alcohol counselor, quit staff

(Write rank number above)

26. Does your clinic have a written policy which says how smoking women should be identified and what intervention they should receive?

Yes
No

If Yes: please enclose a copy of the policy as it states

27. The literature has identified a number of factors which may reduce the level of health worker involvement in the delivery of smoking cessation advice to pregnant women. Could you please rate how important each of these potential barriers is in your clinic?

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Quite Important</th>
<th>A Little Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of office space</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Premises about the effectiveness of smoking advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Lack of staff teamwork on smoking interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Lack of staff confidence in their ability to counsel smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Staff believing cessation programs are too invasive</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Low priority given by staff to smoking as a risk factor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Lack of staff training in counselling smokers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Staff believing cessation counselling makes women feel too guilty</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Staff believing that most pregnant smokers are not interested in counselling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Staff being smokers themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Lack of time</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Staff are unfamiliar with the role expected of them</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Staff believing that smoking is a personal issue for the women</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Staff believing that preventive medicine is not a major part of their role</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Staff believing that cessation counselling may discourage attendance at normal return visits</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Too few staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
28. Does your clinic offer any in-service training programs to increase staff expertise in smoking cessation activities?

Yes 1
No 2

29. Does your clinic plan to increase its level of smoking cessation interventions in the next three months?

<table>
<thead>
<tr>
<th>Increase</th>
<th>No Change</th>
<th>Decrease</th>
<th>No</th>
<th>Substantially</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

30. Would your clinic consider participating in a trial to assess the effectiveness of a new smoking cessation program in pregnancy which includes a special videotape and self-help manual? Note: Clinics expressing interest are not bound in any way to participate.

Yes, we would like more information 1
No, we would not consider participation 2

31. Would you like to receive information about the results of this survey when they are available?

Yes 1
No 2

END OF QUESTIONNAIRE

THANK YOU FOR YOUR COOPERATION

PLEASE MAIL BACK IN THE ATTACHED REPLY-PAID ENVELOPE
INSTRUCTIONS

PLEASE READ CAREFULLY

Read the questions and answer each one carefully.
Answer all of the questions, except the examples on this page.

* Some questions on the following pages can be answered by circling the number which best describes how you feel.

Example: Are you happy with the food you eat?

<table>
<thead>
<tr>
<th>Very Happy</th>
<th>Happy</th>
<th>Do Not Mind</th>
<th>Not Happy</th>
<th>Very Unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

This person is not happy with the food they eat.

* Other questions ask for general information about you. Again, simply circle the number next to the answer you have chosen.

Example: Do you have a telephone in your home?

Yes  No
1     2

This person does not have a telephone in their home.

* Other questions ask you to write your answer in the space provided.

Example: How many glasses of cola soft drinks do you drink each day?

...3...

This person drinks 3 glasses of cola each day.

You may now go ahead and complete the questionnaire.
Remember to answer every question.
If you are not sure what to do, please ask for help from the research assistant.
The research assistant will be happy to assist you.

THANK YOU

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * 

* PLEASE RETURN THIS QUESTIONNAIRE WHEN COMPLETED

* TO THE RESEARCH ASSISTANT WHO GAVE IT TO YOU

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
QUESTIONNAIRE - TO BE COMPLETED BY PATIENT

1. Please write today's date
   day  month  year

2. What is your date of birth?
   day  month  year

3. Are you of Aboriginal or Torres Strait/Islander origin?
   No  1
   Yes Aboriginal  2
   Yes Torres Strait/Islander  3

4. How would you best describe your employment situation at the moment?
   Employed full time  01
   Normally employed full time but on maternity leave  02
   Employed part time/casual  03
   Normally employed part time/casual but on maternity leave  04
   Unemployed  05
   Student (Full time or part time)  06
   Permanently unable to work/full Illness/Pension Benefits  08
   House duties  09

5. If currently employed, what is your present job? If you are not currently working, what was the last paid job you had?
   JOB TITLE/DESCRIPTION: ..................................................

6. Which of the following best describes your education level?
   Primary School  1
   High School (3rd Year)  2
   School Certificate (4th Year)  3
   5th Year  4
   HSC  5
   Tech College (Cert or Dip)  8
   Graduate or Post-grad Degree (Uni or CAE)  7
   Other  8

7. Do you have an adult relative or friend with you at the clinic today?
   Yes  1
   No  2

8. IF YES, please circle their relationship to you.
   Partner  1
   Mother  2
   Sister  3
   Friend  4
   Other (Please write)  5

9. IF YES, will this person be an important help to you during the pregnancy and after the baby is born?
   Yes  1
   No  2
10. Do you have a regular GP (General Practitioner, local Doctor)?
   Yes 1
   No 2

11. Have you seen a doctor about this pregnancy?
   Yes 1
   No 2

12. Do you believe that smoking in pregnancy could be harmful to the unborn child?

<table>
<thead>
<tr>
<th>Definitely</th>
<th>A Little</th>
<th>Maybe</th>
<th>Not At All</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful</td>
<td>Harmful</td>
<td>Harmful</td>
<td>Not Harmful</td>
<td>Don't Know</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. Do you think smoking during pregnancy could increase the risk of:

(Please circle an answer for each item)

| Damage to the sac containing baby (placental damage) | 1 2 3 |
| Spontaneous abortion - miscarriage | 1 2 3 |
| Caesarian section | 1 2 3 |
| Baby being born too soon (premature birth) | 1 2 3 |
| Low birth weight | 1 2 3 |
| Slower physical and mental growth of baby | 1 2 3 |
| Breathing problems and sickness in infant | 1 2 3 |
| Lower intelligence when the baby grows up | 1 2 3 |
| Problems with breast feeding | 1 2 3 |
| Sudden Infant death syndrome | 1 2 3 |

14. Please indicate how true the following statements are for you.

| Don't Know |
|-----------------|-------|
| Agree | Disagree |
| 1 | 2 | 3 |

- It's good to have a smaller baby
- It's highly unlikely that my baby will be unhealthy
- Smoking low tar (ultra mild) cigarettes would not harm my baby
- Pregnant women who cut down on their smoking do not need to quit completely
- I am exposed to so much smoke from other people I might as well smoke myself

15. Does your present partner smoke regularly?
   Yes 1
   No 2
   Don't know 3
   I do not have a partner at present 4

16. IF YES, Does your present partner smoke in your presence?
   Yes 1
   No 2

17. How much tobacco smoke have you been exposed to at home in the last few days as a result of other people's smoking?

<table>
<thead>
<tr>
<th>Amount</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

18. How much tobacco smoke have you been exposed to outside home in the last few days as a result of other people's smoking?

<table>
<thead>
<tr>
<th>Amount</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

19. Have you smoked one or more cigarettes in the past seven days?
   Yes 1
   No 2
   Please go to next question, Question 20.

   Please go to Question 26 on page 8.
20. How many cigarettes did you smoke?

Yesterday? □
2 days ago? □
3 days ago? □
(Please write numbers)

21. Were you smoking on the day of your last visit to this antenatal clinic?

Yes □
No □
I can't remember □

22. What brand of cigarettes do you smoke?
(Full name, e.g. Peter Jackson Extra Milds)

□

23. How old were you when you first started smoking?

_________ years

24. How many years have you been a daily smoker?

_________ years

25. How often did you normally smoke before this pregnancy?

Every day □
Most days □
2-3 days per week □
Once a week □
Less than once a week □

26. Have you changed your level of smoking since you found out you were pregnant?

Increased □
Stayed the same □
Decreased □
Stayed a little □
Decreased a little □

27. Have you tried to quit smoking completely since you found out you were pregnant?

Yes □
No □

28. Aside from this pregnancy, have you ever tried to stop smoking?

Yes □
No □

29. If yes, for how long were you able to stop?

□

30. Is this your first pregnancy?

Yes □
No □

31. If this is not your first pregnancy, have you smoked cigarettes in a previous pregnancy?

Yes □
No □

32. Has a doctor asked you to stop smoking in this pregnancy?

Yes □
No □

33. How worried are you about the effects smoking may have on your baby?

Very worried □
Moderately worried □

□
If you have smoked one or more cigarettes in the past seven days, you do not need to answer further questions. Thank you for your cooperation.
Please answer the questions on the yellow pages only if you have not smoked in the past seven days.

This question to be completed ONLY BY WOMEN WHO HAVE NOT SMOKED in the past seven days.

34. Is this your first pregnancy?  
Yes  
No 

35. If this is not your first pregnancy, have you smoked cigarettes in a previous pregnancy? 
Yes  
No 

36. Have you ever been a smoker? 
Yes  
No  

37. If YES, how old were you when you first started smoking? 

38. How many years were you a daily smoker? 

39. How long ago did you stop smoking?  
(Please write how long ago)

40. Did you stop smoking as a result of this pregnancy? 
Yes  
No  

41. IF YES, how many cigarettes did you smoke on an average day before this pregnancy?  
(Please write number of cigarettes)

42. How often did you normally smoke before this pregnancy? 
Every day  
Most days  
2-3 days per week  
Once a week  
Less than once a week 

43. What brand of cigarettes did you smoke?  
(Full name e.g., Peter Jackson Extra Milds.)
44. What factors contributed to your stopping smoking in this pregnancy?
(Please circle Yes or No for each item)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Pregnancy seemed like a good time to stop permanently</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>02 I was encouraged to stop by my partner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>03 I was encouraged to stop by other family members and/or friends</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>04 A doctor's advice encouraged me to stop smoking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>05 I was worried about the effects on my baby</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>06 I was influenced by reports in magazines, newspapers, radio or television</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>07 I was influenced by a pamphlet or brochure</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>08 Morning sickness put me off smoking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>09 Smoking made me feel sick once I became pregnant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10 I no longer felt like smoking once I became pregnant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (please write details)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. The factors in the above list have each been given a number. Please write down the number of the factor which was MOST IMPORTANT in your stopping smoking.

Please write number in box

46. When did you stop smoking?
When I decided to try and become pregnant
Within 4 weeks of knowing I was pregnant
More than 4 weeks after I knew I was pregnant

47. Did a doctor ask you to stop smoking in this pregnancy?
Yes
No
I have not seen a doctor during this pregnancy

48. How sure are you that you will remain a non-smoker for the rest of your pregnancy?

<table>
<thead>
<tr>
<th>Very sure</th>
<th>Quite sure</th>
<th>A little sure</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

49. How likely is it that you will resume smoking after the baby is born?

<table>
<thead>
<tr>
<th>Very likely</th>
<th>Likely</th>
<th>Neither likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

***************
END OF THE QUESTIONNAIRE.
THANK YOU FOR YOUR COOPERATION.
PLEASE GIVE THE QUESTIONNAIRE BACK TO THE RESEARCH ASSISTANT WHO GAVE IT TO YOU.
***************
CONTROL GROUP - White Sticker

First Visit (Stage)

Women who are smoking but have a white sticker on the notes and instructions section of their Antenatal Sheet are in the control group and should receive the agreed usual care about smoking. However, if the woman spontaneously asks questions about smoking they should be answered appropriately. It is very important that you give no more than your usual additional advice to the control (white sticker) women unless the woman herself requests specific information. Keep to the standard approach in the vast majority of cases. An example follows:

"I see you are a smoker. Smoking is an important cause of problems in pregnancy. To decrease the health risks to you and your baby you should stop smoking. If you are unable to quit completely you should reduce your smoking to the lowest level possible."

You should also give women in the control group a Quit. For Life brochure or equivalent but UNDER NO CIRCUMSTANCES should control women receive the Fresh Start Stop Smoking Manual or any of its contents.
PROTOCOL: BEHAVIOURAL INTERVENTION - MIDWIFE COMPONENT

FIRST VISIT (STAGE)

NOTE 1: If the woman is accompanied by another person for example, partner, mother etc that person should be involved in the intervention process.

NOTE 2: You will need a copy of the woman's questionnaire, the flipchart and the Fresh Start Manual.

STEPS:

1. DOCTOR TAILORED FIRM ADVICE
   When the woman and support person see the doctor during her first visit, the doctor will give brief stop smoking advice and tailored health risk information.

2. VIDEO
   Woman and other person view the videotape "A Fresh Start for you and Your Baby".

3. CONFIRM VIDEO
   Confirm the woman has seen the video.

4. CONFIRM WOMAN'S SMOKING
   Confirm the woman is a smoker by referring to questionnaire (Qs 14 & 16). "I see you smoke about 10 Winfield Blues a day. Is that right?"

5. CHECK SUPPORT PERSON'S SMOKING
   Check the support person's smoking status if present. "Are you a smoker as well Mr.................?"

6. CONCERN
   It is important to express concern about the woman's smoking at the outset. "Mrs/Ms...........I am very worried about your smoking and the serious effects it could have on your pregnancy and the baby." Show Flipchart page 1.

7. RISK AWARENESS
   Ask the woman how she feels about smoking. "What do you think about your smoking at this stage?"
   Refer to questionnaire (Qs 19, 20, 21). "Let's have a look at the questionnaire you filled in before seeing the video. I see that you were not aware of some of the serious risks of smoking in pregnancy. Now that you have seen the video can you (both) tell me what you now understand to be the risks of smoking in pregnancy?"

8. RISK EDUCATION
   Show Flipchart pages 1 and 2. Only explain any of the six areas which the woman and the support person miss or seem uncertain about in the preceding step. Use simple, lay terms at all times.
1. **Poisonous Chemicals**

'There are lots of chemicals in cigarette smoke but the worst of these in pregnancy are nicotine and carbon monoxide. These chemicals enter the baby's blood supply. Nicotine reduces the blood flow to the baby and makes the baby's heart beat faster while you are smoking. Carbon monoxide replaces oxygen in the blood and cuts the amount of oxygen reaching the baby by up to one quarter. The combined effects of these chemicals is to starve the baby of oxygen and food. It also makes the baby less active inside you.'

2. **Problems with Pregnancy and Birth**

'Smoking damages the sac (placenta) inside you that feeds the baby. It also considerably increases the risk that the sac will end up in the wrong spot, separate before it should and cause serious bleeding. Smokers are more likely to need a Cesarian or emergency delivery. Smoking also just about doubles the risk of having a spontaneous abortion.'

3. **Greater risk of a Premature Baby**

'Smoking increases the likelihood your baby will be born too soon (before it is really ready, premature). Such babies are more likely to have breathing problems and be generally sickly. They frequently need special nursing in a humidicrib and they have a considerably greater chance of dying when new born.'

4. **Poor Growth and Development**

'If you smoke you double the chance you will have a baby that is too small. Not only do babies of smokers weigh less on average but their brains are also a bit smaller. These effects persist for many years so that babies of smoking mothers are on average a little shorter even at age 12. Long term studies also show a small reduction in intelligence that can be measured even when these children are in their early twenties.'

5. **Problems with Breast Feeding**

'Breast milk gives babies the best start in life. It provides better nourishment for your baby than bottle feeding and also builds up its resistance to germs. Unfortunately smokers have more trouble starting and maintaining breast feeding.'

6. **Cot Death**

'Although cot death is rare we know smoking doubles your chance of this happening.'

---

9. **BENEFITS OF QUITTING**

Show flipchart page 1 and paraphrase the statement:

'So you can see that by stopping smoking you will do more to increase your chance of having a healthy labour and baby than by any other single action.'
If the woman is in the first half of pregnancy, say: 'If you quit now you will reduce your pregnancy risks greatly, perhaps to almost the same level as the woman who has never smoked.'

If the woman is 20-26 weeks pregnant, say: 'It is definitely worthwhile quitting now. Stopping smoking at this stage significantly increases your chance of having a healthy baby.'

Then pose the question to the woman and 'Have you thought about quitting smoking?'

Involve the support person in this discussion.

Say: 'Sometimes pregnant women don't stop smoking because they think the risks don't really apply to them. Let's have a look at your questionnaires'.

Now examine the woman's questionnaire (Q22). Show the Flipchart page 2, point out the statements the woman has answered incorrectly and discuss.

Say: 'Now that you have seen the video you may have a different opinion on some of these.'

1. **It's good to have a smaller baby.**
   'Do you still think it's good to have a small baby?' If the woman says no ask her 'Can you tell me why it's not?' Go over the material covered in Step 8, especially Point 4.

2. **It's highly unlikely that my baby will be unhealthy.**
   If the woman agrees try to establish why she believes this for example, has she smoked in a previous pregnancy and had a healthy baby.
   Return to the Flipchart, page 1 and reiterate: 'Although smokers can have healthy babies, I think you can see smoking greatly increases your chance of having a sickly baby. Even if you have smoked in a previous pregnancy and had a healthy baby this does not mean you are not running a serious risk. In any case your baby may have been even better without your smoking. If you continue to smoke you really are gambling.'

3. **The amount I smoke is too little to cause harm to my baby.**
   If the woman agrees confirm again how much she is smoking and say: 'Tobacco is a drug like aspirin and alcohol. There is no safe level of intake. Your intake of ..... cigarettes per day definitely increases the risks to you and your baby. The level of chemicals in the baby's blood is higher than in yours and the baby has more trouble getting rid of these dangerous poisons.'

4. **If I stop smoking, it is likely that my baby will be healthier.**
   If the woman disagrees, say: 'Smoking definitely increases the health risks to your baby. By smoking you are gambling with the health of your baby. Stopping smoking definitely increases your chance of having a healthy baby.'
5. **Smoking low tar (ultramild) cigarettes will not harm my baby.**
   If the woman agrees say: 'Unfortunately ultramild cigarettes can be a bit of a trap because many smokers smoke more or without thinking about it they inhale more deeply and put the filter further into their mouth. The other thing about ultramild cigarettes is that although they have less tar and nicotine they contain plenty of carbon monoxide, the same poison that comes out of car exhausts. Pregnant smokers on low tar cigarettes have been shown to have unsafe levels of this poison in their baby's blood which reduces the baby's oxygen supply. There is just no safe way of smoking.'

6. **If I cut down on my smoking there is no need to quit completely.**
   If the woman agrees, check her response to Q23 and see if she has decreased her smoking then reiterate the areas covered in Points 3 and 4 above.
   Conclude by saying: 'Cutting down is a reasonable start but even a few smokes a day can harm your baby. The level of carbon monoxide is higher in the baby's blood than the mother's. The only way to be sure is to quit completely.'

7. **I am exposed to so much smoke from other people, I might as well keep smoking myself.**
   If the woman agrees, say: 'Yes, there is some risk associated with passive smoking when you inhale the smoke from someone else's cigarette. However, your smoking is far more dangerous for you and delivers much higher levels of dangerous chemicals to the baby.'

**FEARS ABOUT QUITTING**

*Move on now and say: 'Another reason why some women don't quit is because they are worried about what will happen if they do stop. Let's have a look at your questionnaires again. (Woman's Q24) Only deal with those factors circled as 'very important' or 'quite important'.
   'Now I will just refer to this Flipchart (page 3) while we see what you said.'*

1. **I am addicted to cigarettes.**
   'I see you are worried about being addicted to cigarettes. Certainly tobacco is addictive but the worst part of the withdrawal symptoms is over in 3-5 days. It's normal to feel a bit uncomfortable for up to 10 days but you should be over the physical part completely by then.' Turn to the support person:
   'Can you try and be especially supportive at this time because .......... may be a bit irritable or anxious for awhile?'

2. **I use cigarettes to cope with worry or stress.**
3. I smoke because pregnancy is a more stressful time than usual.
Say: 'I see you use cigarettes to cope with stress (and you find pregnancy a particularly stressful time). Can you tell me what sort of things cause you to become stressed?'. Let the woman and support person respond.

'Cigarettes can help people to handle stress temporarily but there are other better ways. While smoking may help you cope with stress it puts a lot of stress on your baby. I want you to read this pamphlet and to practice the relaxation techniques described.'

Turn to the support person and ask: 'Is there some way you can help .......... cope by lightening her load a bit?'

4. I enjoy smoking
Say: 'You really enjoy smoking do you?' Let the woman and other person respond. 'Sure smoking like all drugs can give you brief enjoyment but some of the time you probably smoke without even thinking about it - it's a habit. Also can you think up some other ways of enjoying yourself maybe with the money you save by quitting?'

5. I smoke to fill in my time when bored.
'I see you find it hard to cope with boredom. What else could you do apart from smoking?' Involve the support person in this discussion as well. If they cannot generate any ideas suggest: exercise, walking, hobbies, courses, film outings etc. The chewing gum (4 packets) could be offered to the woman and support person at this stage.

6. I smoke because most of my friends do.
Say: 'So most of your friends smoke and you appear to be worried about their influence on you. Is that right?' Let the woman and support person respond. 'Have you got any ideas about how you can handle this problem?' Let the woman and other person respond. If necessary talk about avoiding smoking situations especially at first and also about the need to discuss the need not to smoke in pregnancy with family and friends. Friends could be politely asked not to smoke in the pregnant woman's home.

7. I would put on too much weight if I quit smoking.
If the woman agrees to this statement check with her whether this has occurred as a result of a past smoking cessation attempt or whether it is more a fear that this might happen. Say: 'We know that 2/3 of people who quit smoking don't put on weight. If you are one of the third who tend to put on weight the gain should be very small providing you are careful to avoid eating more fatty or sugary foods. Also increasing the exercise you do like walking and swimming can help you handle this problem.'

Close this section 'Can either of you think of any other reasons which will make it hard for you to stop?' Let the woman and support person respond and try to counter any final difficulties.
Review Qs 25, 26, 27 in the questionnaire.

If the woman has never tried to quit state: 'I see you have never tried to stop before. This really is the ideal time to quit for you, your pregnancy and your baby. How do you feel about quitting now?' Let the woman and support person respond.

If the woman has tried to quit before say: 'I see you have quit successfully before for .... How did you find it?'. Let the woman respond. Encourage them to view previous attempts at quitting not as failures. 'It's really important to remember that most successful quitters have a few goes before they succeed permanently. Look on your previous attempts as practice for stopping successfully now. This really is the ideal time to quit for you, your pregnancy and your baby. How do you feel about quitting now?' Let the woman and support person respond.

Push on to the next step if the woman says she wants to quit now. If she says no try to overcome the remaining obstacles involving the other person where appropriate.

Start on a positive note: 'I am really pleased you have decided to quit smoking in this pregnancy.'

Express confidence in the woman's ability to quit. 'I am confident that after our discussion you really do have the ability and motivation to become a non-smoker. This is something you really want to do, isn't it?' Let the woman and support person respond.

The Fresh Start Programme - Have the folder available.

'Now I want to introduce you to a programme designed to help you quit smoking. It's called the Fresh Start Programme. The first step is making the decision to quit completely right now - today. Show Flipchart (page 4). It's really important for you to do this cold turkey that is, no tapering or cutting down just a complete stop. In this folder there is a small poster with a space for you to fill in your name and sign as well. We'll get ......... to witness this and I'd like you to put this somewhere you can see at home for example, on the fridge or cupboard door as a constant reminder of the vital decision you made today.' After they sign again say something positive like: 'That's really good!'. If the woman is not accompanied by a support person the doctor or midwife should sign as witness.

In cases where the woman does not want to quit today try and get her to nominate a quit date within a week and enter this on the decision form, crossing out 'today'. However push for a decision to stop today before accepting the less desirable option of a deferred quit date.

Now I would like to go over with you the other steps in the Fresh Start Programme which you have already seen on the video. This Programme is specially designed for pregnant women. It has helped many other women like you quit successfully. With your decision to quit you have already taken the first and most important step.' Refer now to the Flipchart, Fresh Start, Day 1 (page 5), and work down the list.
Day 1

Step 2: List of Reasons

'When you go home I'd like you [both] to write down on a piece of paper a list of reasons why you have decided to quit. Try to write down at least three. Then stick the list on a mirror or the fridge again as a reminder. Can you think of some reasons for your list?' Let woman and support person respond.

Step 3: Butt Jar

'With your last ashtray full of cigarettes I'd like you to make up a butt jar. You do this by half filling a glass jar with water then tipping in the contents of the ashtray and screwing the lid down. Whenever you are faced with the temptation to light up I want you to unscrew the lid and take a deep breath of the horrible smell. This will help to remind you how "yukky" the chemicals in tobacco are. Sounds revolting doesn't it? Do you think you can do this?' Let the woman and support person respond.

Step 4: Throwing out Cigarettes, Lighters

'It's really important to make a firm stand today and when you go home throw out all your cigarettes and lighters. Get rid of all the things in your home you use for smoking. If you don't want to throw your ashtrays out at least put them out of sight in a cupboard. How do you feel about throwing your cigarettes and lighters out?' If the woman or the other person is reluctant tell them 'It's really important not to be half-hearted about this. Having smoking stuff around is like hedging your bets and it will make it harder to stay stopped.'

Step 5: Support Person

'I'd like you to think now about choosing a special person who can help you to stay off cigarettes by encouraging you with the Programme and help you over any rough spots. Who would be the best person to help?' Refer to Question 28,29,30. If the woman has answered YES to Q28 and Q30, try to recruit that person to be the Support Person. Assuming the accompanying person agrees, say: 'Let's just write your name down here as the agreed Support Person. We'll come back to the big part you can play in helping ......... to quit in a minute, once I have described the other steps in the Programme.' At this point, just write the Support Person's name on the sheet in the manual in the space provided adjacent to Step 5.

If the woman has answered NO to either Q28 or Q30, then ask her if there is some person in her life, a friend or relative, who would be most suitable to act as a Support Person helping her to quit. Assuming she is relatively confident there is such a person, write their name in the appropriate section and say you will return to this issue a little later.

* Next Few Days Refer to Flipchart, Fresh Start - Next Few Days (page 6), and work down the list.

'OK we've looked at the first day today, now let's have a look at what I'd like you to do over next 2-3 days'.


STEP 1:  **CHANGING HABITS OR ROUTINES**

'Let's have a look at situations or routines which you associate with smoking. Can you tell me some of these, please?' Let the woman and support person respond. Prompt if necessary: 'What about coffee breaks, parties, visits to clubs, talking on the phone? Are any of these high risk spots? How can you change some of these?'

Make suggestions like: 'Perhaps you could sit in a different part of the house at coffee time. Could you do this?' 'It might be best to avoid parties or clubs at least for awhile. What do you think?'

STEP 2:  **PRACTICE SAYING 'NO'**

'Especially at this stage of pregnancy people will continue to offer you cigarettes. Is that right? Often you just accept automatically without even thinking. I'd like you to practice in front of a mirror refusing the offer of a cigarette. What sorts of things could you say?' If the woman does not think this is an issue it could be skipped. You may need to prompt by saying: 'Remember the woman in the video and what she said?'

STEP 3:  **HEALTH BANK**

'Cigarettes are pretty expensive these days aren't they? How much do you spend in a typical week?' Once you have the woman's response roughly calculate the amount saved in six months: 'So in six months you would save about $......! What I'd like you to do is, each day put the money you would have spent on smoking in a jar or piggy bank. In a month or so buy yourself a present with the money. What would you like to spend the money on?' Let the woman make some suggestions of things she personally would like.

STEP 4:  **TELL RELATIVES AND FRIENDS**

'Now that have made the decision it's good to tell your relatives and friends about the decision and why you have made it. Who are the people it's important for you to tell?' Let the woman and support person suggest some names.

If the woman is accompanied by a suitable person to act as a Support Person, introduce this subject to that person 'When a pregnant woman is quitting smoking their partner or someone close to them, can help a lot. You can accept that, can't you? Your influence can be vital in helping .......... to quit'. If the woman is not accompanied ask her to discuss the Programme with her chosen support person later and complete the list at home.

Assuming both parties agree refer to the Fresh Start Programme. 'On this list there are suggestions for things a support person can do to help. Show Flipchart (page 7). Let's run down the list now and tick off the ones which you think you could agree to do.' Now discuss each point in turn involving the woman as well. With smoking support persons say: 'Apart from the importance of your quitting to reduce the temptations for .......... you are also probably aware that second hand smoke can be dangerous to the unborn baby and also increases the risk that small children will have breathing problems and develop asthma. How do you feel about quitting during the pregnancy?' Let the other person respond.
With each item on the list get specific suggestions from the support person about what they can do and when.

When you have worked down the Fresh Start list and ticked off appropriate items say: 'Good. I think that will be really helpful for .......... You are making a big contribution to the health of the baby. Now I'll just get you to sign and date this reminder which you can take home.'

If the woman is not accompanied by an appropriate Support Person, describe the concept and see if she can take the sheet home for a suitable relative or friend to complete.

Refer to the Flipchart, The 5D's (page 8), and work down the list 'I would just like to quickly go over the 5D's approach which you saw on the video. This approach is especially important to use if you are faced with a strong urge to have a cigarette.'

**STEP 1:** Delay
'The first thing to do is to delay. If you put it off even for a short time the temptation will often pass. Just say to yourself "Not now ..... not today." Do you find it hard to think of yourself as a permanent non-smoker?' Await response. 'If you do this technique of taking it an hour or a day at a time may be a good way to think about it.'

**STEP 2:** Drink Water
'It's good to have even more glasses of water per day than it says on the video - at least six when you are pregnant. Not only will this help with constipation but it may take your mind off smoking for a crucial minute. OK so far?'

**STEP 3:** Deep Breathing
'The deep breathing technique shown on the video is a good one to practice. Simple relaxation can help you to cope with bad feelings. These worrying times are often periods when you feel most like smoking aren't they?' Let the woman respond. 'In these situations find a comfortable chair in a quiet spot and concentrate on relaxing as you breathe in and think about something nice.'

**STEP 4:** Do Something Different
'The fourth step is to do something different. It doesn't really matter what as long as it takes your mind off smoking. You may want to do some light exercise, work, hobby activities etc. Can you think of some suggestions?'. Involve the woman and the support person in this discussion.

**OFFER CHEWING GUM**
Offer the woman 4 packets of the sugarless chewing gum as an alternative at this point, if you have not already offered her these. If the support person has also decided to quit, s/he can be offered gum as well.
STEP 5: Discussion with support person
'The last of the 5D's is to discuss it with your chosen support person. If the going get's really tough talk it over with the person you have nominated rather than reaching for a smoke. Talking problems over can really help.' If present, involve the Support Person here in reaffirming their preparedness to commit time.

17 LETTER TO PARTNER
If the woman has not been accompanied to the clinic by her partner give her the Partner Letter signed by you to take home for her partner to read.

18 SUMMARY OF FRESH START PROGRAMME
'Now we have been over the Fresh Start Programme. Everything we have discussed - steps to follow on the first day and those for the next few days and the 5D's - are listed in the Folder here which I would like you to read when you arrive home and stick up on the fridge.' Hand the patient the Folder.

19 QUESTIONS
Ask the woman and support person if they have any further questions. Show Flipchart (page 9).

20 CONGRATULATIONS AND COMPETITION
'I'd like to congratulate you (both) on this decision. You have really done the right thing and taken a most important step for a healthy pregnancy and baby. We, at the Clinic think quitting smoking is so important that we are running a competition to reward successful quitters. 'If your urine stays clear of tobacco chemicals at the next visit you also become eligible for ...................... All smokers who quit over a 3-month period will go into a draw for this prize at the Clinic. See you at the next visit and I would like you, if possible, to bring your support person along with you.' Show Flipchart (page 10).
MIDWIFE INTERVENTION

SECOND VISIT (STAGE)

At the second stage of the program, devote approximately 5 minutes to follow-up about smoking.

NOTE 1 If the woman is accompanied by another person, that person should be involved in the intervention process.

2 You will need a copy of the woman's second questionnaire and the flipchart.

STEPS:

1. Consult questions 11, 17 and 18 to check the woman's smoking behaviour since the last visit.

CHECK WOMAN'S SMOKING

* FOR WOMAN NOT SMOKING

2. CONGRATULATE Congratulate the woman on her success in quitting. Ask the woman and her support person, if present, how they feel about this important achievement. Consult question 23 to check how hard it was for the woman to stop and make an appropriate empathic response.

3. REINFORCE BENEFITS Remind the woman that smoking is the major preventable health problem in pregnancy. Restate the benefits of her pregnancy and her baby in terms of the big reductions in the 6 smoking-related risks. Show Flipchart, page 1. Consult questions 3, 4 and 5 to ensure she is aware of the risks. Only emphasise areas where the woman gives inappropriate responses; unless there are significant knowledge deficits, this step should be quite brief.
4. CONFIDENCE ABOUT NON-SMOKING
Consult question 24 and, if the woman is "very sure" or "quite sure" say you are pleased. If the woman is only "a little sure" or "not at all sure" initiate discussion about why she is lacking in confidence and try to promote a higher level of confidence.

5. DIFFICULTIES
Consult question 27 to see if there are any particular difficulties or situations which may trigger a relapse. Try to suggest ways of coping with these difficulties and involve the support person in this discussion. Suggest strategies outlined in the Stage 1 Protocol.

6. FRESH START PROGRAM
Review briefly the main elements of the Fresh Start Program using the Flipchart pages 5, 6 and 8, where appropriate. Tailor this to any problems the woman is experiencing.

7. REVIEW SUPPORT PERSON
If there is a support person present, review their involvement to date. Consult question 6. Has this person been giving assistance as agreed on the Support Person Sheet. Show Flipchart page 7.

8. COMPETITION
Remind her that if her urine test is negative, she will become eligible for the major prize. However, say that clinic staff will not be told the results of the urine test. Research staff will check the results and draw the winning woman's name every 3 months.

9. QUESTIONS
Ask the woman and support person if they have any further questions.

10. EXPRESS CONFIDENCE
Express confidence in the woman's ability to remain a non-smoker and get her to reaffirm her decision to stay stopped.

* FOR WOMAN SMOKING

2. REVIEW CESSATION ATTEMPT
Consult questions 12, 13, 14 and 15 to check that the woman tried to stop smoking and, if she stopped, for how long. In the case of a woman who succeeded for at least one day, tell her this was a good try and encourage the view that this will be good practice for the next attempt. Reaffirm that some women need to try more than once before finally succeeding. Be positive.

3. MOTIVATION TO QUIT
Consult question 21 to check the degree of difficulty anticipated in quitting now. Also review her present motivation to quit. Try to re-motivate women with problems in these areas.

NOTE This is the most important step, where the woman has not made a serious quit attempt since the last visit.
4. RISK AWARENESS

Consult questions 3 and 4 to check if the woman has any continuing knowledge deficits about the effects of smoking during pregnancy. Only emphasise areas identified by the questionnaire; this step can be quite brief for women aware of the risks.

5. REASONS FOR NOT QUITTING

Consult question 5 to check if the woman has some rationalisations for continued smoking. Only go over reasons identified by the questionnaire.

6. PARTICULAR PROBLEM SITUATION(S)

Consult question 22 to see if there was a particular situation(s) which triggered the smoking relapse or continued smoking. If the questionnaire does not identify a problem area, ask the woman if she can think of a reason(s) why she is still smoking. Concentrate the discussion on strategies for coping with this situation(s) using the strategies outlined in the Stage 1 Protocol. Involve the support person in this discussion, if present.

N.B. This is the most important step where the woman made a serious attempt at quitting, but resumed smoking. Show support.

7. REVIEW SUPPORT PERSON

Consult question 6. If there is a support person present, review their involvement to date. Has this person been giving assistance as agreed on the Support Person Sheet? Show Flipchart page 7. Try to engage the support person constructively and avoid their nagging the woman over continued smoking.

8. DECISION TO QUIT

Seek another definite decision from the woman to quit completely using the "cold turkey" method. Aim for the clinic visit day to be the quit day. Probe the woman to ensure this is a strong decision with no loopholes.

9. FRESH START PROGRAM

Review briefly, the main elements of the Fresh Start Program using the Flipchart pages 5, 6 and 8 where appropriate. Tailor this review to the major problem(s) maintaining the woman's smoking.

10. QUESTIONS

Ask the woman and support person if they have any further questions.

11. EXPRESS CONFIDENCE

Express confidence in the woman's ability to become a permanent non-smoker this time. Tell her that some women feel guilty if they resume smoking after a quit attempt. Say that you do not want her to feel that way. "Look on your first attempt as a good first effort. If at first you don't succeed, try, try again, as the saying goes."

MIDWIFE - CONTROL

Do not raise the issue of smoking at all, unless the woman spontaneously asks questions. In such cases, answer her questions adequately, but take no further action.
THIRD STAGE (34 WEEKS) SMOKING STUDY PROTOCOL

MIDWIFE COMPONENT

To occur at 34 weeks (or as close as possible to this point).

1. All patients should COMPLETE THE THIRD STAGE QUESTIONNAIRE before seeing the doctor or midwife.

2. Please tick the appropriate sections of the ANTENATAL SMOKING SUMMARY FORM to indicate you have given advice at this visit.

3. All patients who have not smoked for the last 3 days prior to the Clinic visit should have a URINE SAMPLE TAKEN.

CONTROL WOMEN (WHITE STICKER)

Just follow your usual routine at this visit. Do not inadvertently increase your emphasis on smoking because of the study. If the woman asks about smoking, answer her question appropriately, but do not prolong the discussion. Do not give the Quit Smoking Referral Sheet. Mention that an appointment will be made in hospital for a clinic visit 6 weeks after the baby is born.

INTERVENTION WOMEN (PINK STICKER) 5 minutes

You will need the woman's Third Stage questionnaire for reference.
2. CONGRATULATE

*WOMAN WHO IS NOT SMOKING*

1. Congratulate the woman and emphasise the importance of her staying off cigarettes, not only for the pregnancy but also after the baby is born.

2. REVIEW RISKS AFTER BIRTH

Refer to the questionnaire (Q.3) and review the risks of smoking by the mother after the birth, concentrating on areas where the woman has knowledge deficits. Use simple language to review the major risks and refer to the new Flipchart pink page 11:

1. **Respiratory (breathing) problems** - increased risk of bronchitis, asthma and pneumonia.
2. **Ear problems** - parental smoking is now regarded as a probable cause of 'glue ear', middle ear infections.
3. **Breast feeding problems** - mothers who smoke are less able to breast feed successfully. Stress the advantages of breast feeding.
4. **Sudden infant death syndrome** - although SIDS (cot death) is rare, parental smoking after the baby is born definitely increases the risk. This is in addition to the effects during pregnancy.

If the woman's questionnaire (Q.3) indicates she is aware of these risks, this section can be covered quickly. Conclude by pointing out that children, especially those under 1 year of age, are at risk from other people's smoking and that, because of the close contact between mother and infant, the mother's smoking has the strongest effect.

3. CONFIDENCE ABOUT NON-SMOKING

Refer to the questionnaire (Qs. 20, 21, 22) to check her level of confidence about remaining a non-smoker and her intentions with respect to smoking after the birth.

4. DIFFICULTIES

If the woman's confidence level is not high, as indicated by the responses "A little sure" or "Not at all sure" in Qs. 20 or 22, establish with the woman why she is not sure and discuss strategies for overcoming problems. Attempt to generate coping strategies from the woman herself by asking open-ended questions (that is questions that require her to express her own viewpoint not merely answer yes or no, or agree/disagree with your suggestion) and giving her time to respond. Refer to the questionnaire (Qs. 23, 24) to see whether there are particular situations or times which put her at risk. Involve the support person in the discussion at this stage, if present. Use a similar approach to that
outlined in the first stage protocol and re-emphasise the importance of following the Fresh Start Program. Conclude providing additional encouragement to remain smoke free.

5. CONCLUSION

Mention that the last follow-up questionnaire will be mailed after the baby is born and please return it as soon as possible once completed.

* WOMAN WHO IS SMOKING

1. REVIEW CESSATION ATTEMPT

Refer to the questionnaire (Q.8) to clarify whether the woman has made an attempt to stop smoking.

* NO QUIT ATTEMPT

2. MOTIVATE TO QUIT

If she has not made an attempt, then the main task of the session should be to motivate her to try to quit.

3. REVIEW RISKS

See if you can establish what the obstacles are, e.g., does she not really accept the risks apply to her - give further tailored education about the risks. Review the risks of smoking before and after the baby is born as in the previous section. Flipchart page 1 and pink page 11.

4. PROBLEM SITUATION(S)

Does she accept the risks but believes cessation will be too hard - refer to Qs. 16,18 and try to involve the woman in a discussion aimed at suggesting strategies for overcoming obstacles. Ask open-ended questions and give time for the woman to come up with her own potential solutions. Involve the support person, if present, in this discussion. Use a similar approach to that outlined in the first stage protocol and re-emphasise the importance of following the Fresh Start Program.

5. REFERRAL IF NEEDED

For women who want to quit (Q.17) but feel they cannot manage this on their own (Q.16), strongly suggest they attend a Quit for Life Stop Smoking Course and give the appropriate referral information, Quit Smoking Referral Sheet.

6. MENTION 4TH STAGE QUESTIONNAIRE

Mention that the last follow-up questionnaire will be mailed after the baby is born and please return questionnaire as soon as possible once completed.

* QUIT ATTEMPT - UNSUCCESSFUL

1. BE POSITIVE

Re-interpret the quit attempt so it is seen not as a failure, but as important practice for eventual successful cessation. Explain that some smokers need several attempts before they succeed permanently. Just as it takes time to learn how to smoke, it also takes time to learn how to be a non-smoker.
2. MOTIVATE
The main task of the remainder of the session is to motivate her to make another serious quit attempt and to think positively about this decision. Follow a similar approach to that outlined in the previous section.

3. REVIEW RISKS
Does she not really accept the risks apply to her - give tailored education. Refer to Flipchart page 1 and pink page 11.

4. PROBLEM SITUATION(S).
Does she accept the risk but believes cessation will be too hard - problem solving discussion.

5. REFERRAL IF NEEDED
Does she believe that she cannot manage quitting on her own - give Quit Smoking Referral Sheet with strong endorsement.

6. MENTION 4TH STAGE QUESTIONNAIRE
Mention that the follow-up questionnaire will be posted after the baby is born and to return it as soon as possible once completed.
All smokers who attend the Clinic who consent to be part of the programme will be randomly allocated to one of two groups:

INTERVENTION (Pink Sticker in File) and CONTROL GROUP (White Sticker in File)

ONLY INTERVENE WITH THE PROGRAMME BELOW IF YOUR PATIENT HAS A PINK STICKER ATTACHED TO THE NOTES AND INSTRUCTIONS SECTION ON HER ANTE-NATAL SHEET.

THE CONTROL GROUP SHOULD RECEIVE ONLY YOUR 'STANDARD ADVICE 'ABOUT SMOKING (SEE BELOW)

The Pink Sticker indicates that the patient is in the 'Fresh Start' intervention group. This means that they will watch the Fresh Start quit-smoking video and will receive anti-smoking advice from the midwife after they see you. When the patient comes to see you, she will have already filled out a questionnaire.

**INTERVENTION GROUP - Pink Sticker**

**AT THE FIRST STAGE**

It is important that you cover the following areas with the 'Fresh Start' intervention 'pink' women and give them not less than 2 to 3 minutes of firm advice about smoking:

1. **CONFIRM WOMAN'S SMOKING STATUS**
   Consult questions 14 and 16 from your patient's questionnaire and confirm with her the current cigarette intake.

2. **INTRODUCE THE FRESH START PROGRAMME**
   Inform the patient the Clinic is conducting a special stop smoking programme called 'Fresh Start' and that she will be shown a video and discuss the programme in more detail with the midwife after she sees you.

3. **HEALTH RISKS OF SMOKING TAILORED TO THE PATIENT'S OBSTETRIC RISK**
   Consult questions 18, 19 and 21. Concentrate on the following four areas and where possible relate to problems the woman has experienced in other pregnancies.

   3.1 Problems with pregnancy and birth - such as miscarriage, preterm labour, Cesarians, placenta previa, placental abruption etc. Explain in lay terms.

   3.2 Greater risk of a premature baby - need for special care nursery, breathing problems.

   3.3 Poor growth and development - babies of smoking mothers have smaller body weight, length and brain size than other babies.

   3.4 Problems with breast-feeding - smoking mothers may experience more difficulties e.g reduced milk flow and inability to breastfeed successfully.

**SUMMARIZE BY SAYING THAT ALL THESE PROBLEMS ARE CAUSED BY THE POISONOUS CHEMICALS IN CIGARETTE SMOKE.**
4. **QUITTING COMPLETELY**

Strongly endorse the merits of quitting completely rather than cutting down. Emphasize the importance of the **cold turkey** (abrupt cessation) method rather than tapering off gradually.

5. **INVOLVE THE SUPPORT PERSON**

Consult questions 28, 29 and 30. If a support person e.g mother, sister, husband accompanies your patient to the Clinic, ask them if they would assist the patient while she is quitting.

6. **EXPRESS CONFIDENCE**

Show empathy and confidence in their ability to stop. THIS IS VERY IMPORTANT. "I realize it might be difficult but I know you can make it. By stopping smoking you will do more to increase the chance of having a healthy baby than by any other single action. The midwife will talk more with you about this vital decision and the Fresh Start Programme."

**CONTROL GROUP - White Sticker**

Women who are smoking but have a white sticker on the Notes and Instructions section on their Ante-natal sheet are in the control group and should receive the agreed usual care about smoking. However, if the woman spontaneously asks questions about smoking they should be answered appropriately. It is very important that you give no more than your usual additional advice to the 'white sticker' women unless the woman herself requests specific information. Keep to the standard approach in the vast majority of cases. An example follows:

"I see you are a smoker. Smoking is an important cause of problems in pregnancy. To decrease the health risks to you and your baby you should stop smoking. If you are unable to quit completely you should reduce your smoking to the lowest level possible."
SECOND VISIT (STAGE)

At the second stage of the program devote approximately 1-2 minutes to follow-up about smoking.

1. CHECK WOMAN'S SMOKING STATUS

Consult questions 11, 17 and 18 from your patient's questionnaire and confirm with her the current smoking status.

2. BOOSTER ADVICE

WOMEN NOT SMOKING

Consult questions 12, 14 and 15

Congratulate the woman on her success and reinforce the benefits to her pregnancy and her baby of non-smoking.

Smoking Women Who Tried to Quit but Resumed

If she has quit for more than one day tell her this was a good try but that it is very important to stop completely. Show concern and be positive. Consult questions 3, 4 and 5 and reemphasise any health risks she is not certain about. Express confidence in her ability to quit on this occasion.

Smoking Women Who Did Not Try to Quit

If she has not tried to quit restate the importance of quitting. Consult questions 3, 4 and 5 and reemphasise any health risks she is not certain about. Express confidence in her ability to quit if she makes a decision. Do not be judgemental.
3. MIDWIFE FOLLOW-UP

Tell the woman the midwife will discuss the Fresh Start Program further with her later today.

SECOND VISIT (STAGE)

Do not raise the issue of smoking at all unless the woman spontaneously asks questions. In such cases, answer her questions adequately but take no further action.
THIRD STAGE (34 WEEKS) SMOKING STUDY PROTOCOL

DOCTOR COMPONENT

To occur at 34 weeks (or as close as possible to this point).

CONTROL WOMEN (WHITE STICKER)

Just follow your usual routine at the antenatal visit. Ask about smoking if this is your normal practice but do not inadvertently increase your emphasis on smoking because of the study. If the woman asks about smoking, answer her question appropriately but do not prolong the discussion.

INTERVENTION WOMEN (PINK STICKER) 2-3 minutes

Where possible, tailor your advice to the woman's obstetric history, since patients who have had past problems or are experiencing present problems are at higher risk from smoking and may be more motivated to quit.

* WOMAN WHO IS NOT SMOKING

Congratulate the woman and emphasise the importance of her staying off cigarettes, not only for the remainder of the pregnancy, but also after the baby is born. Point out that babies are at risk from other people's smoking and that, because of the close contact between mother and infant, the mother's smoking has the strongest effect.
Explain in simple language some of the problems affecting infants now strongly linked to parental smoking after the birth:

1. Respiratory (breathing) problems - bronchitis, asthma, pneumonia.
2. Ear problems - 'glue ear', middle ear infections.
3. Breast feeding problems - mothers who smoke are less able to breast feed successfully. Stress the advantages of breast feeding.
4. Sudden infant death syndrome - although SIDS (cot death) is rare, parental smoking after the baby is born definitely increases the risk. This is in addition to the effects during pregnancy.

* WOMAN WHO IS SMOKING

Stress that, as her doctor, you are concerned about her health and the health of her baby. Check whether she has made a serious attempt to quit smoking. If she has not made a serious attempt, try to motivate her by emphasising that stopping smoking is the most important health choice she can make.

If she has made a serious attempt to quit and not been permanently successful, re-interpret this attempt as important practice for an eventual successful attempt. Point out that some smokers need to try several times before succeeding.

In the case of a woman who has only moderate confidence in her ability to quit, encourage her to attend a Quit for Life program and inform her the midwife will provide referral information.

For all women in this group, review the information outlined in the previous section on the risks of maternal smoking after the baby is born.
**Script for Videotape**  
**Title: "A Fresh Start...For You and Your Baby"**

<table>
<thead>
<tr>
<th>VISION</th>
<th>AUDIO</th>
</tr>
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<tbody>
<tr>
<td>1)</td>
<td>Music up - slow</td>
</tr>
<tr>
<td>2)</td>
<td>Pregnancy is a special time when most women try hard to avoid influences which could harm their developing baby. We realise that what we do to our own bodies has a direct and sometimes longterm effect on the human life that grows inside us.</td>
</tr>
<tr>
<td>3)</td>
<td>Yet our bodies are bombarded with many chemicals everyday, and we pay little attention to many of the things we are exposed to. Often, there's little we seem to be able to do to avoid things that affect our unborn baby.</td>
</tr>
<tr>
<td>4)</td>
<td>But there is one major cause of death and sickness in newborn babies today that can be prevented: smoking.</td>
</tr>
<tr>
<td>5)</td>
<td>Music up.</td>
</tr>
<tr>
<td>6)</td>
<td>SFX: Stamping sound.</td>
</tr>
<tr>
<td>7)</td>
<td>You've probably heard how smoking is harmful to you; but are you aware that smoking during pregnancy is harmful to your baby, and that these harmful effects can persist for many years?</td>
</tr>
<tr>
<td>8)</td>
<td>VO: Just like alcohol &amp; aspirin, tobacco is a drug. A drug for which, with a growing baby inside you, there is no safe level of intake.</td>
</tr>
<tr>
<td>9)</td>
<td>Pregnant mothers who quit smoking do more to reduce the chances of their baby being ill or dying than any other action.</td>
</tr>
<tr>
<td>10)</td>
<td>So why is smoking so bad for you and your baby? There are six main reasons.</td>
</tr>
<tr>
<td>1.</td>
<td>VO: The poisonous chemicals in cigarettes;</td>
</tr>
<tr>
<td>2.</td>
<td>problems with pregnancy and giving birth; greater risk of the baby being born premature; poor growth and development; breastfeeding difficulties; and greater risk of cot death.</td>
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raoul.walsh\smoking_intervention\vii\FSSCRIPT.VID  
Page 1
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<th>VISION</th>
<th>AUDIO</th>
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<tbody>
<tr>
<td>11)</td>
<td>VO: Cigarettes contain many poisonous chemicals, such as nicotine, carbon monoxide, thiocyanide, cadmium, resins, and tars.</td>
</tr>
<tr>
<td>12)</td>
<td>VO: These highly dangerous chemicals enter the bloodstream and many are carried across into your baby's circulation. That means less oxygen and nourishment for the baby. The worst of these chemicals are nicotine and carbon monoxide.</td>
</tr>
<tr>
<td>13)</td>
<td>VO: Nicotine is the addictive chemical in tobacco. It narrows blood vessels, reduces blood supply to the womb and to baby. When a pregnant woman is smoking, the nicotine makes her baby's heart beat faster than normal, making it difficult for the baby to get enough nourishment.</td>
</tr>
<tr>
<td>14)</td>
<td>VO: Carbon monoxide in cigarettes is the same chemical that pollutes the air from car exhausts.</td>
</tr>
<tr>
<td>15)</td>
<td>VO: The carbon monoxide inhaled from a cigarette replaces some of the life-giving oxygen in the mother's blood, and can starve the baby of its oxygen supply by up to a quarter: the same oxygen that baby needs to survive, grow and develop properly.</td>
</tr>
<tr>
<td>16)</td>
<td>VO: When you smoke a cigarette your baby is affected immediately.</td>
</tr>
<tr>
<td>17)</td>
<td>VO: Its breathing alters and over time, its activity in the womb decreases and it reacts more slowly.</td>
</tr>
<tr>
<td>18)</td>
<td>But, apart from harming the baby's blood supply, worse things can happen: for a few women, smoking can increase the chances of your baby dying.</td>
</tr>
<tr>
<td>19)</td>
<td>VO: Smoking damages the placenta, which is the baby's lifeline to it's mother. The placenta may not attach properly, or end up in the wrong position and cause bleeding, or it may even separate before the baby is born.</td>
</tr>
<tr>
<td>20)</td>
<td>VO: These effects can lead to an emergency situation where the baby may need to be delivered urgently, or by an operation - a Cesarian.</td>
</tr>
<tr>
<td>21)</td>
<td>In a small number of cases, the baby may not survive the birth.</td>
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</table>
VO: A small number of babies require special care after birth, often because they're born before they should be: premature. Pregnant women who smoke are more likely to have a premature baby, and these babies, because they're often sickly, are more likely to end up in the special care nursery.

VO: Their lungs aren't well developed, and they are more likely to have breathing problems.

VO: They weigh less and are less physically developed. This means they run a higher risk of dying in the first few weeks of life.

VO: When babies of smoking mothers are born at full term, the babies are, on average, slightly smaller in weight, length, and brain size than other babies.

VO: We know that breastfeeding is the best for your baby in those first important months, but mothers who have smoked during pregnancy have more trouble breastfeeding than non-smokers.

VO: Although cot death is rare, if you smoke while you're pregnant and after birth, your baby is twice as likely to die from cot death.

And don't be fooled by the old excuse about being a light smoker; even light smokers increase the risk of these health problems.

Well all this is bad enough, so why don't we quit?

1st: I can't quit....I've tried, I'm too addicted.

2nd: I know, that's exactly how I felt, you remember. But when I was pregnant with Grant, I really wanted to stop. I missed smoking at first, but the worst part was over in a few days, and in less than a fortnight there was no physical craving. I was hard to live with for the first week, I suppose (you'll have to ask Terry about that), but that's because I was withdrawing and fighting the temptation to smoke. The stop-smoking program helped me over that stage.

1st: Anyway, why do I even need to quit, I only smoke ultramilds?
2nd: Yes, but my doctor says that when you smoke ultramilds, you smoke more and you draw back further. Low tar doesn't mean lower levels of poisonous chemicals. You're still getting plenty of cyanide and carbon monoxide.

1st: Yeah, but heaps of women I know who smoke have healthy babies.

2nd: But some don't. You know it's a bit like gambling with your baby. Smoking increases the likelihood that your baby could be born dead, premature, and have lung problems. What about cot death...twice as likely. And it could be born with a low birth weight, really small.

1st: But it'd be good to have a small baby, it'd be a lot easier coming out.

2nd: Yes but if it's small, it's far more likely to be sickly and under developed...that's not a good start to life, is it? The smaller the baby, the more likely something will go wrong.

1st: But Joshua turned out okay, and I smoked when I was pregnant with him.

2nd: Sure...but look, Josh has had lots of coughs and colds, hasn't he? And what about the doctor saying he thinks Josh has asthma? That could be because you smoked, you know.

1st: But I've cut down, surely I don't need to stop completely...

2nd: Actually, you've made a start in cutting back a lot; but it is pretty hard to stay cut down, if we're honest, isn't it? You need to totally stop if we're going to be sure. Even a few smokes a day increases the chance of problems for your baby, and cutting down means you're closer to quitting totally, anyway.

1st: I don't know, I get cranky when I try to quit and I know I'll put on weight.

2nd: I didn't, remember when I gave up? I was pregnant just like you, but I was really careful about what I ate, and because I felt better, I started to get back into shape. The doctor said that two thirds of people who give up don't even put on weight anyway.
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<tr>
<th>VISION</th>
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<tbody>
<tr>
<td>44)</td>
<td>1st: Yeah, well, it's too much all at once, what with the kids and David, smoking's my only relaxation.</td>
</tr>
<tr>
<td>45)</td>
<td>2nd: But you can reward yourself in other ways if you give up. Put aside the money you'd spend on smokes and spend it on you...get some new clothes, or come to lunch with Tracey and me. What do you smoke now, 10 to 15 a day?</td>
</tr>
<tr>
<td>46)</td>
<td>1st: Yeah...so?</td>
</tr>
<tr>
<td>47)</td>
<td>2nd (slowly): You'll save about $300 in six months.</td>
</tr>
<tr>
<td>48)</td>
<td>1st: You're kidding me.</td>
</tr>
<tr>
<td>49)</td>
<td>It's true...smoking does cost a lot, in money and health...your health and the health of your baby growing inside you right now.</td>
</tr>
<tr>
<td>50)</td>
<td>If you quit smoking now, you'll give your baby the best chance of healthy growth while you're pregnant, a normal birth, and good health in those first critical years of life. And remember, two thirds (that's over half) of smokers who quit don't even gain weight.</td>
</tr>
<tr>
<td>51)</td>
<td>VO: Quit now...for you and your baby, and make a fresh start.</td>
</tr>
<tr>
<td>52)</td>
<td>VO (male): To help you make that fresh start, a program has been developed that other pregnant mothers have found very helpful when they successfully gave up smoking. This program will suggest ways of coping with those first few days, so that you can take one day at a time.</td>
</tr>
<tr>
<td>53)</td>
<td>VO: We know it may not be easy to quit smoking, but today, right now, make a firm decision...quit completely...no loopholes, no cutting down...a fresh start. That's the first step on the first day.</td>
</tr>
<tr>
<td>54)</td>
<td>VO: Next, make a list of all the reasons why you're quitting, and stick them on the mirror and fridge. Read them aloud every day or anytime you're tempted. Think positive. Think of yourself as a non-smoker.</td>
</tr>
<tr>
<td>55)</td>
<td>VO: Then, throw away your cigarettes, lighters and ashtrays, and remove the temptation.</td>
</tr>
</tbody>
</table>
VO: Next, tell your family and friends that you have decided to quit because you're pregnant, and ask for their support and help. Choose a special, non-smoking friend for extra help while you're quitting.

VO: Now for the second day. First, change your habits or daily routines so that you can avoid situations when you usually smoke. Eat in a new place, sit in a different chair, and avoid clubs or parties, especially in this first week after you stop.

VO: Practise saying 'no' to an offer of a cigarette.

VO (female): No thanks. I've quit. No thanks, I'm not smoking because I'm pregnant.

VO: Start a health bank. Deliberately put aside the money you would spend on cigarettes into a piggy bank. When its full, use the money to buy yourself something.

VO: Let's have a quick look at what we've covered. First, make the decision to quit and stick to it. Write out your reasons for quitting, throw out the temptations, make up a butt jar, and ask your family and friends for help. On Day 2, start changing habits and routines, practise saying no, and start a health bank with the money you'd spend on cigarettes.

VO: Now...what do you do when you face temptation? Remember the five 'D's.

VO: Delay. At each urge to smoke, think to yourself "not now, not today".

VO: Drink water. It is good to drink at least 3 glasses of water a day when you're pregnant. Doing this can also take your mind off smoking for a crucial minute.

VO: Deep breathing. Practise a simple relaxation technique. Take deep breaths in and say quietly to yourself as you breathe out: "relax".

VO: Do something different so that your time is diverted into a constructive activity. Take a walk, have a shower or bubble bath, chew some sugarless gum, do some light exercise, or have a fresh fruit snack.
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<th>VISION</th>
<th>AUDIO</th>
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<tbody>
<tr>
<td>68. MWS Lisa - zoom to MCU Baby Background.</td>
<td>VO: Some light exercise, such as swimming or walking, will help to improve your heart and lungs, and it will help you to keep in trim.</td>
</tr>
<tr>
<td></td>
<td>VO: Discuss it. Phone up or visit your chosen special non-smoking friend for support if the going gets really tough. Having someone to lean on can help to make it easier.</td>
</tr>
<tr>
<td></td>
<td>VO: You know that you want to give your baby the best chance of a healthy start to life. There is no better time than now for you to stop smoking and make a fresh start.</td>
</tr>
<tr>
<td></td>
<td>VO: Your doctor or midwife will talk to you more about this vital decision, and help you to carry it through.</td>
</tr>
</tbody>
</table>
SIX DANGERS OF SMOKING IN PREGNANCY

1. POISONOUS CHEMICALS IN SMOKED.

2. PROBLEMS WITH PREGNANCY AND BIRTH. 80% INCREASE IN SPONTANEOUS ABORTIONS

3. INCREASED RISK OF BABY BEING BORN TOO SOON (PREMATURE) 35% INCREASE IN DEATHS OF NEW BORN BABIES

4. POOR GROWTH AND DEVELOPMENT 100% INCREASE IN LOW BIRTH WEIGHT BABIES

5. BREASTFEEDING DIFFICULTIES

6. COT DEATH 100% INCREASE

HAVE YOU THOUGHT ABOUT QUITTING?

BY STOPPING SMOKING YOU WILL DO MORE TO INCREASE YOUR CHANCE OF HAVING A HEALTHY LABOUR AND BABY THAN BY OTHER SINGLE ACTION.
ARE YOU AT RISK?

- IT'S GOOD TO HAVE A SMALL BABY

- IT'S HIGHLY UNLIKELY MY BABY WILL BE UNHEALTHY

- THE AMOUNT I SMOKE IS TOO LITTLE TO HARM MY BABY

- SMOKING ULTRA MILD CIGARETTES WILL NOT HARM MY BABY

- IF I CUT DOWN THERE IS NO NEED TO QUIT COMPLETELY
ARE YOU WORRIED ABOUT QUITTING?

. I AM ADDICTED TO CIGARETTES

. I USE CIGARETTES TO COPE WITH WORRY OR STRESS

. PREGNANCY IS TOO STRESSFUL A TIME TO QUIT

. I WILL MISS THE ENJOYMENT OF SMOKING

. I FIND IT HARD TO FILL IN TIME

. MOST OF MY FRIENDS SMOKE

. I WILL PUT ON TOO MUCH WEIGHT
10. YOUR DECISION

I, .................................., decided to quit smoking completely today.

MY SIGNATURE: ..............................

WITNESS SIGNATURE: ..............................

DATE: ..............................
11. **FRESH START - DAY 1**

1. **DEFINITE DECISION - STOP COMPLETELY**

2. **LIST OF REASONS**

3. **BUTT JAR**

4. **THROW OUT CIGARETTES, LIGHTERS**

5. **CHOOSE SOMEONE TO HELP**
12. FRESH START - NEXT FEW DAYS

1. CHANGING HABITS OR ROUTINES

2. PRACTICE SAYING 'NO'

3. HEALTH BANK

4. TELL RELATIVES AND FRIENDS
13. **SUPPORT PERSON – HOW CAN YOU HELP?**

* FOR SMOKERS

- GIVE UP SMOKING DURING PREGNANCY
- NOT SMOKE AT HOME

* FOR ALL SUPPORT PERSONS

- ENCOURAGEMENT WITH FRESH START PROGRAMME
- SUPPORT DURING WITHDRAWAL
- EXTRA JOBS AROUND THE HOUSE
- SET ASIDE DISCUSSION TIME
- SPECIAL TREAT FOR QUITTING
14. **THE 5 D'S**

1. Delay

2. Drink water

3. Deep breathing

4. Do something different

5. Discuss it
15. ANY QUESTIONS?
CONGRATULATIONS

YOU CAN JOIN MANY OTHER PREGNANT SMOKERS
WHO HAVE QUIT SUCCESSFULLY

YOU ALSO BECOME ELIGIBLE FOR A MAJOR
PRIZE IF YOUR URINE STAYS CLEAR OF
TOBACCO CHEMICALS

17. Take home material

18. Confidence
Fresh Start Stop Smoking Programme
For Pregnant Women

The decision to quit smoking in pregnancy is the most important step a woman can take to improve her chance of having a healthy baby and a normal labour.

If you stop smoking completely the risk to your baby reduces greatly - often almost to the non-smoker level. The benefits are greatest if you quit in the first half of pregnancy. However there are also real benefits from stopping later in the pregnancy.

DANGERS OF SMOKING IN PREGNANCY
There are six main reasons why smoking is harmful during pregnancy.

1. POISONOUS CHEMICALS
Cigarettes contain many poisonous chemicals. The worst of these are nicotine, carbon monoxide and cyanide. These highly dangerous chemicals enter the bloodstream and are carried across into the baby's blood.

Nicotine narrows blood vessels and reduces the supply of blood to the womb and baby. This makes it harder for the baby to get sufficient nourishment. While the mother is smoking nicotine also stresses the baby's heart by making it beat faster.

Carbon monoxide is the same gas that pollutes the air from car exhausts. Carbon monoxide replaces some of the life-giving oxygen in the mother's blood and can reduce the baby's supply by up to one quarter.

The combined effect of these chemicals is that the baby is starved of oxygen and nourishment. In the womb, babies of smokers are less active and react more slowly than children of non-smokers.

2. PROBLEMS WITH PREGNANCY AND BIRTH
Smoking damages the placenta which is the baby's lifeline to the mother. The placenta may not attach properly or end up in the wrong position causing serious bleeding. It may even separate before the baby is born.

These effects can lead to an emergency situation where the baby may need to be delivered urgently, or by an operation - a cesarian. In a small number of cases, the baby may not survive the birth.
3. GREATER RISK OF A PREMATURE BABY
The chance of having a premature baby are very much increased. Because they are born before
they are ready, premature babies are less physically developed. Their lungs do not work as well, and
they are more likely to be sickly and to have trouble breathing. Premature babies more frequently
require special care in a humidicrib after birth. This means they run a higher risk of dying in the first
few weeks of life.

4. POOR GROWTH AND DEVELOPMENT
Babies of smoking mothers born at full term are, on average, slightly smaller in weight, length and
brain size than other babies. This slight growth retardation is still present and can be measured when
the children are attending primary school. Effects on intelligence appear to persist even when these
children reach their early twenties.

5. PROBLEMS WITH BREASTFEEDING
Doctors agree that breastfeeding gives babies the best start in life. Unfortunately smoking reduces a
mother's ability to breastfeed successfully.

6. COT DEATH
Although cot death is rare, smoking during pregnancy means that your baby is twice as likely to die
from cot death. The increased risk is greatest in the first eight weeks after birth.
Why Do Pregnant Women Smoke When They Know It's Dangerous?

REJECTING THE RISK

"Smoking isn't a Problem"

Because many smokers have apparently healthy babies, a woman may decide that smoking is not a serious risk. The link between smoking and common problems in pregnancy and babies may not always be made. Just because a smoking woman has already had a healthy baby or knows of other women who have, does not mean the risks are not very real. The child may have been even better and brighter if the women had not smoked. A pregnant woman who smokes is gambling with her own health and the unborn child's. Smoking definitely increases the chance of things going wrong.

LIGHT SMOKERS "It won't happen to me"

Some women feel that because they are light smokers (1-10 per day) smoking is not a problem. However, tobacco is a drug like alcohol or aspirin and there is NO safe level in pregnancy.

ULTRAMILD SMOKERS

Others who smoke 'ultramild' (low tar) brands feel these are pretty safe. However, we know that 'ultramild' smokers tend to smoke more, inhale more deeply or put the filter further into their mouth. 'Ultramild' cigarettes still contain plenty of carbon monoxide in the smoke which cuts down on the baby's oxygen supply.

CUTTING DOWN

The only way to eliminate the serious risks to you and your baby is to stop completely. Smokers who cut down tend to gradually increase their smoking to their old level especially when stressful situations arise.

FEARS RELATED TO QUITTING

Many women who want to quit are worried about problems they may face. Some common fears are:

"I'm too addicted"

People who smoke are often addicted and will have withdrawal symptoms when they quit. Remember however, the discomfort is short term and the worst is over in 3-5 days.

"I'm worried about gaining too much weight"

Only one third of smokers put on weight when they quit. If you are one of these you should gain very little extra weight if you watch what you eat. Increasing your level of physical activity can also counter this problem. If you are faced with a craving to eat more, chew sugarless gum or have a health snack like fruit, celery or carrot sticks.

"It's too stressful"

The deep breathing exercises and other parts of the 'Fresh Start Programme' can help you to cope with smoking. Read the brochure available on relaxation and stress management as well if this is a big problem for you. Remember smoking puts a lot of stress on your unborn baby.
A FRESH START
STOP SMOKING
PROGRAM
FOR PREGNANT
WOMEN
THE FRESH START STOP SMOKING PROGRAMME

Now that you have read about the dangers of smoking in pregnancy and considered some common fears women have about quitting we would like to introduce the 'Fresh Start Programme'. This programme has been developed using an approach that other pregnant women have found helpful when they successfully gave up smoking. It suggests ways of coping with those first few days, so that you can take one day at a time.

TICK EACH OF THE STEPS AS YOU DO THEM!

FIRST DAY

Step 1: The Decision
Make a firm decision to quit completely. Don't try to cut down or leave yourself any loopholes. Be positive that you are stopping 'cold turkey'. Start thinking of yourself as a non smoker.

Step 2: List of Reasons
Write down a list of all the reasons why you are quitting. Stick them on a mirror or fridge and read them aloud every day or anytime you're tempted to smoke

Step 3: Butt Jar
With your last ash tray full of cigarettes make up a butt jar. Tip the ashtray contents into a jar half full of water and screw the lid down. Over the next few days or weeks screw the lid off the jar a few times each day and take a deep breath while you think to yourself how 'yukky' the chemicals in cigarettes are.

Step 4: Throw out Cigarettes
Go through your home and clear out your cigarettes, lighters and ashtrays. If you don't want to throw out your ashtrays at least put them away.

Step 5: Choose Someone to Help
Decide on a special person who can give you some extra support while you are quitting and ask that person to be involved. This person will often be in addition to your partner.

FILL IN THE NAME OF YOUR CHOSEN PERSON HERE .................................................................................... 
NEXT FEW DAYS

Step 1: Changing Habits or Routines
Think about your habits or daily routines which may be associated with smoking and try to change these. Avoid situations where you usually smoke. Eat in a new place, sit in a different chair for coffee breaks, answer the phone with the hand that usually holds your cigarette. Steer clear of clubs or parties in this first week after you stop.

Step 2: Practise Saying No
Rehearse what you will say when refusing the offer of a cigarette. Practise saying aloud: "No thanks. I've quit." "No thanks. I'm not smoking because I'm pregnant."

Step 3: Health Bank
Start a health bank. Deliberately put aside the money you would spend on cigarettes into a piggy bank. When it's full use the money to buy yourself something special as a reward.

Step 4: Tell Relatives and Friends
Tell your family and friends that you have decided to quit smoking to increase the chance of a healthy pregnancy and baby.
IF THE GOING GET'S ROUGH - USE THE 5D's

If the going gets rough and you are faced with a strong temptation to have a cigarette use the 5D's approach.

1. DELAY - at each urge to smoke think to yourself 'not now, not today'. Sometimes with even a short delay the desire to have 'just one cigarette' will pass.

2. DRINK WATER - It is good to drink at least 6 glasses of water a day when you are pregnant. Doing this can also take your mind off smoking for an important minute.

3. DEEP BREATHING - Practise a simple relaxation technique. Take a deep breath in and say quietly to yourself as you breathe out: 'relax'.

4. DO SOMETHING DIFFERENT - Do something different so that you are thinking of a constructive activity. Take a walk, have a shower or bubble bath, chew some sugarless gum, or have a fresh fruit snack. Some light exercise, such as swimming or walking, will help to improve your heart and lungs. It will also assist you to keep in trim.

5. DISCUSS IT - If the craving for a cigarette gets really strong discuss it with your partner if he is available or phone up or visit your chosen friend for support. Having someone to lean on can make it easier to cope without a cigarette.

YOUR DECISION TO STOP SMOKING

I, .......................................................... decided to quit smoking completely today.

My signature: ..........................................................

Witness Signature: ..........................................................

Date: ..........................................................

CONGRATULATIONS

Now you have decided to quit smoking THINK POSITIVE. Use the "Fresh Start Programme" including the 5D's Approach to stay stopped. Remember many other pregnant women like you have successfully quit and given themselves and their babies a healthy "Fresh Start".
SUPPORT PERSON - HOW CAN YOU HELP?

Now that your partner/friend/relative has decided to quit smoking we'd like you to consider how you can assist. You can really help her quit.

Please tick which of the suggestions listed you will do.

**FOR SMOKERS**

1. I will give up smoking during the pregnancy
   - [ ]

2. I will not smoke at home during the pregnancy
   - [ ]

**FOR ALL SUPPORT PERSONS**

1. I will encourage her to follow the Fresh Start Programme
   - [ ]

2. I will be supportive when she is withdrawing from smoking.
   List how .................................................................
   - [ ]

3. I will do extra jobs around the house to lighten her load.
   List jobs .................................................................
   - [ ]

4. I will set aside time to discuss problems she is having quitting.
   List times ............................................................
   - [ ]

5. I will give her a special treat to reward her for quitting.
   List suggestions ..................................................
   - [ ]

Support Person's Signature: .............................................................

Date: ............................................................
NON SMOKING COMPETITION

CONGRATULATIONS ON YOUR DECISION TO QUIT SMOKING.

BECAUSE ITS SUCH AN IMPORTANT STEP AND WE KNOW THAT IT MAY BE DIFFICULT FOR YOU, WE WILL BE RUNNING A COMPETITION EVERY THREE MONTHS TO REWARD SUCCESSFUL QUITTERS. ALL EX-SMOKERS WHO TELL US THEY HAVE QUIT AND WHOSE URINE TESTS CLEAR OF TOBACCO CHEMICALS AT THEIR SECOND VISIT WILL GO INTO A DRAW FOR A MAJOR PRIZE. A MAJOR PRIZE WILL BE AWARDED EVERY THREE MONTHS. YOU WILL HAVE A CHOICE OF ONE OF THE FOLLOWING PRIZES:

* A SIESTA 'JENNY LYNN' PINE CRADLE COMPLETE WITH MATTRESS, PILLOW, LINER, CRADLE QUILT, PILLOW CASE, AND MOSQUITO NET.

* SIX MONTHS FREE HIRE OF A BABY CAPSULE

* A PROFESSIONAL 15 MINUTE VIDEO OF YOU AND YOUR NEW BABY OR A FREE FAMILY PORTRAIT PLUS A $100 K-MART SHOPPING VOUCHER

* TWO WEEKS OF NAPPY SERVICE - PROVISION OF NAPPIES AND THEIR LAUNDERING (50 NAPPIES PER WEEK)

N.B Your chances of winning is very high, about 1 in 20 or better since the number of women in the competition is quite small

THE WINNER WILL BE NOTIFIED BY PHONE OR MAIL IMMEDIATELY AFTER THE PRIZE IS DRAWN.

* * * * * * * * * *

WE WISH TO THANK THE FOLLOWING BUSINESSES FOR THEIR DONATIONS:

BARRADS OF CARDIFF

K-MART

CHILD-SAFE CAPSULE HIRE, CENTRAL COAST

ROMA'S VIDEO RE-PLAYS, LAMBTON

CUPID'S NAPPY SERVICE, MAYFIELD

* Prizes can be collected or delivered two weeks before the baby is due
Dear

As you know, your partner visited the Antenatal Clinic to-day and has agreed to stop smoking. She has also become involved in our Fresh Start Stop Smoking Programme. We believe that her decision to quit smoking is a very important one. It really reduces the risk of problems in the pregnancy and sickness in the baby.

As part of the program she has taken home with her some information and helpful hints which we hope will make it easier for her to stop smoking. Even so, it may be a difficult time over the next few days.

Your partner will need extra help during this time. By offering her your full support in her decision to stop smoking you will be helping her a great deal. Positive help and encouragement from someone close is really valuable at this stage.

We would like you to read the Fresh Start Programme information your partner has brought home from the clinic. Contained in the folder you will find a Support Person sheet which we would like you to complete. The sheet lists some suggested ways that you could constructively help your partner to remain a non-smoker during the pregnancy. This can then be displayed prominently e.g. on the fridge to remind you both of your commitment.

We have every confidence that with your support, your partner will become a non-smoker. By stopping smoking, your partner will definitely increase her chances of having a healthy baby.

Best wishes,

CLINIC MIDWIFE
Dear

At your recent visit to the Antenatal Clinic, we discussed how smoking is an important cause of sickness and problems to babies in Australia.

As a result of this discussion, you agreed to stop smoking completely and to use the Fresh Start Stop Smoking Programme to help you quit.

I am writing to remind you that your decision to quit smoking completely is vital. There is no safe level of cigarette smoking in pregnancy and I urge you to follow the "Fresh Start" Programme carefully. It is especially useful to use the 5D's approach outlined in the manual if you are faced with a strong temptation to have a cigarette. If there are times when you are finding it very hard not to smoke, talk it over with your support person or contact the Clinic Sister.

The worst part of quitting is over in 3-5 days. You should be over the hardest part now.

As a reminder of your decision to quit, I am enclosing a "100% Non Smoker" sticker. I suggest you display this sticker in a prominent location in your home. By quitting smoking you have definitely increased the chance of having a healthier baby.

Finally, could I remind you, if possible, to bring your chosen support person with you to your next appointment at the clinic.

Yours sincerely,

CLINIC MIDWIFE
100% Non Smoker Sticker included with follow-up letter for Fresh Start Group patients.
MIDWIFE CHECKLIST - INTERVENTION GROUP (Pink Sticker)

Please circle the correct response for each item:

HAVE YOU

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Appropria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CONFIRMED THE PATIENT'S CURRENT CIGARETTE INTAKE</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. INVOLVED SUPPORT PERSON FROM THE OUTSET</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. EXPRESSED CONCERN ABOUT THE PATIENT'S SMOKING</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. DISCUSSED SIX MAJOR RISKS OF SMOKING IN PREGNANCY</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. COUNTERED EXCLUSIONARY CRITERIA EMPLOYED BY PATIENT</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. ENCOURAGED PATIENT TO DISCUSS FEARS AND BARRIERS TO QUITTING</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. REASSURED PATIENT'S FEARS ABOUT QUITTING</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. DISCUSSED PREVIOUS ATTEMPTS AT QUITTING</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. RECOMMENDED THE PATIENT QUIT COMPLETELY USING ABRUPT CESSATION</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. ASKED THE PATIENT TO SIGN THE DECISION FORM</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. DESCRIBED DAY 1 OF FRESH START PROGRAMME</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. DESCRIBED NEXT FEW DAYS OF FRESH START PROGRAMME</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. COMPLETED THE FORM WITH SUPPORT PERSON</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. DISCUSSED THE USE OF THE FIVE D'S APPROACH</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. ASKED THE PATIENT (AND SUPPORT PERSON IF PRESENT) FOR QUESTIONS</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. MENTIONED THE URINANALYSIS AND PRIZES</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. PROVIDED THE PATIENT WITH</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- FRESH START MANUAL</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- CHEWING GUM</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- STRESS PAMPHLET</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- WEIGHT PAMPHLET</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- OTHER ........................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. EXPRESSED CONFIDENCE IN PATIENT'S SUCCESS</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19. TICKED STAGE 1 AND CONTRACT ON STICKER</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20. Recorder the SMOKING INTERVENTION AND LABELLED CASSETTE WITH STUDY NUMBER</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21. OBSERVED THE PATIENT SIGNING THE DECISION FORM (CONTRACT)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

* * * * * * * * *
Please circle the correct option in relation to the intervention just concluded:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Not Disagree</th>
<th>Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt the smoking intervention took an acceptable time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I felt comfortable delivering the intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I had serious difficulty getting the woman to agree to quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I felt the intervention was a waste of time in this case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I feel it is likely that this patient will quit smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Smoking Study

DOCTOR CHECKLIST - INTERVENTION GROUP (Pink Sticker)

Please circle the correct response for each item:

HAVE YOU

1. CONFIRMED WITH THE PATIENT HER CURRENT CIGARETTE INTAKE
   - Yes No Not Appropriate
   - 1 2 3

2. MENTIONED THE FRESH START PROGRAM AND MIDWIFE COMPONENT
   - Yes No Not Appropriate
   - 1 2 3

3. OUTLINED THE MAJOR RISKS OF SMOKING IN PREGNANCY
   - Yes No Not Appropriate
   - 1 2 3

4. TAILORED THE SMOKING EDUCATION TO THE PATIENT'S OBSTETRIC RISK
   - Yes No Not Appropriate
   - 1 2 3

5. STRONGLY ENDORSED THE MERITS OF QUITTING COMPLETELY
   - Yes No Not Appropriate
   - 1 2 3

6. EMPHASISED THE IMPORTANCE OF THE 'COLD TURKEY' METHOD
   - Yes No Not Appropriate
   - 1 2 3

7. ASKED THE SUPPORT PERSON TO ASSIST THE PATIENT
   - Yes No Not Appropriate
   - 1 2 3

8. EXPRESSED CONFIDENCE IN THE PATIENT'S ABILITY TO QUIT
   - Yes No Not Appropriate
   - 1 2 3

9. RECORDED THE SMOKING INTERVENTION AND LABELLED CASSETTE WITH STUDY NUMBER
   - Yes No Not Appropriate
   - 1 2 3

*** *** *** *** *** *** ***

Please circle the correct option in relation to the intervention just concluded:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt the smoking intervention took an acceptable time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt the intervention was a waste of time in this case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### BEHAVIOURAL SMOKING INTERVENTION RATING SCALE (MIDWIFE)

**Tape Number:**
- [ ]

**Tape Side 1 or 2 (please circle):**
- [ ]

**Study Number:**
- [ ]

**Total Intervention Time:**
- [ ]

**Note:** Items do not need to be covered in the order listed.

<table>
<thead>
<tr>
<th>OPENING</th>
<th>DID THE MIDWIFE -</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confirm patient has seen video</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Confirm patient's smoking status</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Ask patient about previous attempts at quitting smoking</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Express personal concern about the patient's smoking</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Confirm patient's friend/partner/relative (i.e. support person's) smoking status if present</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask patient about their knowledge of the risks of smoking and/or refers to knowledge section of questionnaire</td>
</tr>
<tr>
<td>2. Mentions smoking is a problem in pregnancy or refers to risk sheet/pamphlet</td>
</tr>
<tr>
<td>3. Inform patient about specific risks of smoking</td>
</tr>
<tr>
<td>3.1 Poisonous chemicals in tobacco smoke, e.g. nicotine or carbon monoxide</td>
</tr>
<tr>
<td>3.2 Problems with pregnancy and birth, e.g. caesarian, miscarriage, abortion, stillbirth or placental problems</td>
</tr>
<tr>
<td>3.3 Greater risk of a premature baby - born too soon</td>
</tr>
<tr>
<td>3.4 Poor growth and development of baby - physical or mental</td>
</tr>
<tr>
<td>3.5 Problems with breast feeding</td>
</tr>
<tr>
<td>3.6 Cot death</td>
</tr>
<tr>
<td>4. Mention the benefits of quitting, e.g. healthy labour or baby</td>
</tr>
<tr>
<td>5. Inform patient of fallacies about smoking in pregnancy e.g. good to have a smaller baby, smoke too little to cause harm or low tar not harmful etc., see protocol</td>
</tr>
</tbody>
</table>
6. Inform patient if she was unable to quit completely, she should cut down to the lowest level possible  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7. Ask patient if she foresees difficulties or has fears about quitting, e.g. gaining weight, withdrawal or coping with stress etc., see protocol  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

8. Reassures patient about fears or offers suggestions  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

DECISION TO QUIT  

1. Asks patient for a definite decision to quit, i.e. asks patient to sign a contract or make definite quit date  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

PATIENT COUNSELLING  

1. Mentions Fresh Start Programme  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. Describes Fresh Start Day 1 -  
   - Stop completely  
   - List of reasons  
   - Butt jar of used cigs  
   - Throw out cigs, etc.  
   - Choose someone to help  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. Describes Fresh Start next few days -  
   - Change habits/routines  
   - Practice saying "No" or gave suggestions of how to refuse  
   - Start health bank with ex-smoking money  
   - Tell relatives and friends  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

4. Involves support person - asks person of ways she/he could be helpful (if present)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

5. Shows support person the Support Person How Can You Help page to fill in (if present)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

6. Discuss the role of the support person with woman (if not present)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7. Goes through the 5 D's with patient -  
   - Delay  
   - Drink water  
   - Deep breathing  
   - Do something different  
   - Discuss it  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

8. Suggest attendance at special smoking cessation course, e.g. Quit For Life  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. Gave smoking cessation (not weight or stress) pamphlets other than Fresh Start Manual  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
CONCLUSION

1. Ask if there were any questions/queries the patient or support person wanted answered
   Yes No N/A
   1 2 3

2. Mention that she would have a chance of winning a prize if she can stop smoking
   Yes No N/A
   1 2 3

3. Mention the urine analysis to take place at her next visit
   Yes No N/A
   1 2 3

4. Provide stress pamphlet(s) if this was mentioned as a concern by patient
   Yes No N/A
   1 2 3

5. Provide weight pamphlet(s) if this was mentioned as a concern by patient
   Yes No N/A
   1 2 3

6. Give patient chewing gum
   Yes No N/A
   1 2 3

7. Give patient Fresh Start Manual/Folder
   Yes No N/A
   1 2 3

8. Express confidence in the patient’s ability to quit
   Yes No N/A
   1 2 3

9. Mentions reminder letter will be sent to encourage patient
   Yes No N/A
   1 2 3

10. Give letter to take home for partner, if not present
    Yes No N/A
        1 2 3

11. Congratulates patient on deciding to quit and/or becoming a non-smoker
    Yes No N/A
        1 2 3

INTERACTION AND DELIVERY

OVERALL INTERACTION SKILLS

Did the midwife -

1. Show empathy - sensitivity to patient’s feelings
   Yes No N/A
   1 2 3

2. Show regard/concern for the patient generally
   Yes No N/A
   1 2 3

3. Encourage patient participation, questions (other than in conclusion)
   Yes No N/A
   1 2 3

COMPLIANCE AIDING STRATEGIES

1. Minimise complexity
   Yes No N/A
   1 2 3

2. Tailor treatment plan to patient’s abilities and lifestyle
   Yes No N/A
   1 2 3

LANGUAGE

Did the midwife -

1. Sound self-assured - did not show confusion/embarrassment
   Yes No N/A
   1 2 3

2. Have a clear audible voice
   Yes No N/A
   1 2 3

3. Avoid technical language or explain its use
   Yes No N/A
   1 2 3
**BEHAVIOURAL SMOKING INTERVENTION RATING SCALE (DOCTOR)**

Tape No. ............
Tape Side 1 or 2 (please circle)
Study Number ............
Total Intervention Time ............ ............ minutes seconds

**Note:** Items do not need to be covered in the order listed.

<table>
<thead>
<tr>
<th>OPENING</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID THE DOCTOR -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Confirm patient is a smoker</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Confirm patient’s current cigarette intake</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Inform patient briefly about the Fresh Stop Smoking Programme and/or that she will be seeing a video and talking to the midwife</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT EDUCATION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID THE DOCTOR...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. say smoking is a problem in pregnancy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. mention specific health risks of smoking in pregnancy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Problems with pregnancy and birth, e.g. caesarian, abortion, stillbirth or placental problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.2 Greater risk of a premature baby - born too soon</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.3 Poor growth and development of baby - physical or mental</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.4 Problems with breast-feeding</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.5 Cot death</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. say cigarette smoke contains poisonous chemicals, e.g. nicotine or carbon monoxide</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Inform patient if she was unable to quit completely, she should cut down to the lowest level possible</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUITTING COLD TURKEY</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID THE DOCTOR -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Strongly endorse the benefits of quitting completely (cold turkey) rather than cutting down</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
PATIENT COUNSELLING

1. Fallacies why patient believes smoking is not a serious problem (only if additional to education items above) 1 2 3
2. Fears/worries the patient has about quitting 1 2 3
3. Previous attempts at quitting 1 2 3
4. Techniques for stopping smoking -
   4.1 List of reasons 1 2 3
   4.2 Butt jar 1 2 3
   4.3 Throw out cigs etc. 1 2 3
   4.4 Change habits/routines 1 2 3
   4.5 Practice saying "No" 1 2 3
   4.6 Health bank 1 2 3
   4.7 Tell relatives and friends 1 2 3
   4.8 Delay 1 2 3
   4.9 Drink water 1 2 3
   4.10 Deep breathing 1 2 3
   4.11 Do something different 1 2 3
   4.12 Discuss it 1 2 3
5. Chance of winning a prize 1 2 3
6. Attendance at special smoking cessation course, e.g. Quit For Life 1 2 3

SUPPORT PERSON

1. Ask a support person (e.g. mother/friend/partner) to assist patient in quitting smoking 1 2 3
2. Suggest that a support person be involved, if not present 1 2 3

CONCLUSION

1. Express confidence in the patient's ability to quit 1 2 3
2. Reiterate the health benefits of quitting for pregnancy, labour or baby

LANGUAGE

1. Sound self-assured i.e. did not show confusion/embarrassment 1 2 3
2. Avoid technical language or explain its use 1 2 3

END
FIRST STAGE QUESTIONNAIRE

INSTRUCTIONS

Read the questions and answer each one carefully. Answer all of the questions.

Some questions on the following pages can be answered by circling the number which best describes how you feel.

Example: Are you happy with the food you eat?

<table>
<thead>
<tr>
<th>Very Happy</th>
<th>Happy</th>
<th>Do Not Mind</th>
<th>Not Happy</th>
<th>Very Unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

This person is not happy with the food they eat.

Other questions ask for general information about you. Again, simply circle the number next to the answer you have chosen.

Example: Do you have a telephone in your home?

Yes       No
1         2

This person does not have a telephone in their home.

Other questions ask you to write your answer in the space provided.

Example: How many glasses of cola soft drinks do you drink each day?

...3...

This person drinks 3 glasses of cola each day.

You may now go ahead and complete the questionnaire. Remember to answer every question. If you are not sure what to do, please ask for help at the desk. Someone will be happy to assist you.

THANK YOU

PLEASE RETURN THIS QUESTIONNAIRE WHEN COMPLETED TO THE MIDWIFE WHO GAVE IT TO YOU
1. QUESTIRNAIRE-SECTION TO BE COMPLETED BY PATIENT

1. PLEASE WRITE TODAY'S DATE

2. WHAT IS YOUR DATE OF BIRTH

3. ARE YOU OF ABORIGINAL OR TORRES STRAIT/ISLANDER ORIGIN?
   - Yes Aboriginal
   - Yes Torres Strait/Islander

4. HOW WOULD YOU BEST DESCRIBE YOUR EMPLOYMENT SITUATION AT THE MOMENT?
   - Employed full time
   - Normally employed full time but on maternity leave
   - Employed part time/casual
   - Normally employed part time/casual but on maternity leave
   - Unemployed
   - Student (full time or part time)
   - Permanently unable to work/ill
   - Sickness/Pension Benefits
   - House duties

5. IF CURRENTLY EMPLOYED, WHAT IS YOUR PRESENT JOB? IF YOU ARE NOT CURRENTLY WORKING WHAT WAS THE LAST JOB YOU HAD?
   - JOB TITLE/DESCRIPTION

6. DO YOU HAVE A REGULAR GP? (GENERAL PRACTITIONER, LOCAL DOCTOR)
   - Yes
   - No

7. HAS A DOCTOR EVER ASKED YOU TO STOP SMOKING?
   - Yes
   - No

8. HAVE YOU SEEN A DOCTOR ABOUT THIS PREGNANCY?
   - Yes
   - No

9. HAS A DOCTOR ASKED YOU TO STOP SMOKING IN THIS PREGNANCY?
   - Yes
   - No
   - I have not seen a doctor during this pregnancy

10. HAS A DOCTOR ASKED YOU TO CUT DOWN ON SMOKING IN THIS PREGNANCY?
    - Yes
    - No
    - I have not seen a doctor during this pregnancy

11. HOW OLD WERE YOU WHEN YOU FIRST STARTED SMOKING? 

12. HOW MANY YEARS HAVE YOU BEEN A DAILY SMOKER?
13. How often did you normally smoke before this pregnancy?
- Every day: 1
- Most days: 2
- 2-3 days per week: 3
- Once a week: 4
- Less than once a week: 5

14. How many cigarettes did you smoke?
- Yesterday: □
- 2 days ago: □
- 3 days ago: □

15. Does your present partner smoke regularly?
- Yes: 1
- No: 2
- Don't know: 3
- I do not have a partner at present: 4

16. What brand of cigarettes do you smoke?
(Full name e.g., Peter Jackson Extra Mild)

17. Is this your first pregnancy?
- Yes: 1
- No: 2

18. If this is your first pregnancy, have you smoked cigarettes in a previous pregnancy?
- Yes: 1
- No: 2

19. Do you believe that smoking in pregnancy could be harmful to the unborn child?
- Definitely harmful: 1
- Very harmful: 2
- Rather harmful: 3
- Not harmful: 4
- Don't know: 5

20. How worried are you about the effects smoking may have on your baby?
- Very worried: 1
- Moderately worried: 2
- A little worried: 3
- Not at all worried: 4

21. Do you think smoking during pregnancy could increase the risk of:
- Damages to the sac containing baby (placental damage): 1
- Spontaneous abortion - miscarriage: 1
- Cesarian section: 1
- Baby being born too soon (premature birth): 1
- Low birth weight: 1
- Slower physical and mental growth of baby: 1
- Breathing problems and sickness in infant: 1
- Lower intelligence when the baby grows up: 1
- Problems with breast feeding: 1
- Congenital heart and lung disease: 1

Don't know: □
22. PLEASE INDICATE HOW TRUE THE FOLLOWING STATEMENTS ARE FOR YOU.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s good to have a smaller baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It’s highly unlikely that my baby will be unhealthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The amount I smoke is too little to cause harm to my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>If I stop smoking, it’s likely that my baby will be healthier</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Smoking low tar (ultra mild) cigarettes will not harm my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>If I cut down on my smoking there is no need to quit completely</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I am exposed to too much smoke from other people</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I might as well keep smoking myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

23. HAVE YOU CHANGED YOUR LEVEL OF SMOKING SINCE YOU FOUND OUT YOU WERE PREGNANT?

<table>
<thead>
<tr>
<th>Increased</th>
<th>Decreased</th>
<th>Stared</th>
<th>Decreased</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot</td>
<td>A Little</td>
<td>Same</td>
<td>A Little</td>
<td>A Lot</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

24. HOW IMPORTANT ARE THE FOLLOWING IN ENCOURAGING YOU TO SMOKE?

<table>
<thead>
<tr>
<th>Important</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not At All Important</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am addicted to cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I use cigarettes to cope with worry or stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I smoke because pregnancy is a more stressful time than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I enjoy smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I smoke to fill in my time when bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I smoke because most of my friends do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I would put on too much weight if I quit smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

25. HAVE YOU TRIED TO QUIT SMOKING COMPLETELY SINCE YOU FOUND OUT YOU WERE PREGNANT?

- Yes (1)
- No (2)

26. ASIDE FROM THIS PREGNANCY, HAVE YOU EVER TRIED TO STOP SMOKING?

- Yes (1)
- No (2)

27. IF YES, HOW LONG WERE YOU ABLE TO STOP?

- [ ] [ ] weeks

28. DO YOU HAVE AN ADULT RELATIVE OR FRIEND WITH YOU AT THE CLINIC TODAY?

- Yes (1)
- No (2)

29. IF YES, PLEASE CIRCLE THEIR RELATIONSHIP TO YOU

1. Partner
2. Mother
3. Sister
4. Friend
5. Other (please specify) ........................................... (8) (9)

30. IF YES, WILL THIS PERSON BE AN IMPORTANT HELP TO YOU DURING THE PREGNANCY AND AFTER THE BABY IS BORN?

- Yes (1)
- No (2)
Midpoint questionnaire

Question 6 was included in the Fresh Start Group questionnaire but not in the Control Group questionnaire.
1. Please write to day’s date ..................

2. What is your date of birth?..................

3. Do you believe that smoking in pregnancy could be harmful to the unborn child?

<table>
<thead>
<tr>
<th>Definitely</th>
<th>A little</th>
<th>Maybe</th>
<th>Not at all</th>
<th>Don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

4. Do you think smoking during pregnancy could increase the risk of:

   | Damage to the car containing baby (placental damage) | 1 | 2 | 3 | 0 | 0 | 5 |
   | Spontaneous abortion - miscarriage                    | 1 | 2 | 3 | 0 | 0 | 5 |
   | Cesarean section                                      | 1 | 2 | 3 | 0 | 0 | 5 |
   | Baby being born too soon (premature birth)            | 1 | 2 | 3 | 0 | 0 | 5 |
   | Low birth weight                                      | 1 | 2 | 3 | 0 | 0 | 5 |
   | Slower physical and mental growth of baby             | 1 | 2 | 3 | 0 | 0 | 5 |
   | Breathing problems and sickness in infant             | 1 | 2 | 3 | 0 | 0 | 5 |
   | Lower intelligence when the baby grows up             | 1 | 2 | 3 | 0 | 0 | 5 |
   | Problems with breast feeding                          | 1 | 2 | 3 | 0 | 0 | 5 |
   | Sudden infant death syndrome                           | 1 | 2 | 3 | 0 | 0 | 5 |

5. Please indicate whether you agree or disagree with each of the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t Know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

   | It’s good to have a smaller baby                     | 1 | 2 | 3 | 0 | 0 | 5 |
   | It’s highly unlikely that my baby will be unhealthy  | 1 | 2 | 3 | 0 | 0 | 5 |
   | Light smoking does not cause harm to unborn babies   | 1 | 2 | 3 | 0 | 0 | 5 |
   | Stopping smoking increases the chance of having a healthy baby | 1 | 2 | 3 | 0 | 0 | 5 |
   | Smoking low tar (ultra mild) cigarettes does not harm unborn babies | 1 | 2 | 3 | 0 | 0 | 5 |
   | Cutting down on smoking removes the need to quit completely | 1 | 2 | 3 | 0 | 0 | 5 |
   | If you are exposed to a lot of smoke from other people, you might as well keep smoking yourself | 1 | 2 | 3 | 0 | 0 | 5 |

6. Please indicate how true each of the following statements about the quit smoking programme are for you:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The anti-smoking advice made me feel guilty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>I was pleased to receive advice about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>I felt the video was informative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>The doctor’s information was not very clear</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>The competition encouraged me to try and quit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>I did not find the manual helpful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>I disagreed being told to quit smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>The involvement of a support person was helpful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>I felt the midwife/midwife understood my situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>The quit smoking program was a waste of time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Theounselance was useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

   | I did not receive advice                             | 1 | 2 | 3 | 2 | 0 | 5 |
   | I did not receive the manual                         | 1 | 2 | 3 | 2 | 0 | 5 |
   | The programme did not encourage to quit              | 1 | 2 | 3 | 2 | 0 | 5 |
   | I was not told to quit                               | 1 | 2 | 3 | 2 | 0 | 5 |
   | No support person was involved                       | 1 | 2 | 3 | 2 | 0 | 5 |
   | The midwife/midwife did not understand my situation | 1 | 2 | 3 | 2 | 0 | 5 |
   | I did not receive the programme                      | 1 | 2 | 3 | 2 | 0 | 5 |
   | I was not offered chewing gum                        | 1 | 2 | 3 | 2 | 0 | 5 |
6. Continued…..

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>My support person did not provide the needed help</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The quit program materials to try and stop smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. HAS A MIDWIFE (NURSE) AT THIS CLINIC TALKED TO YOU ABOUT YOUR SMOKING? PLEASE CIRCLE THE CORRECT OPTION.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>I Can't Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife asked me to stop smoking</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Midwife asked me to cut down on smoking</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

8. HAS A DOCTOR AT THIS CLINIC TALKED TO YOU ABOUT YOUR SMOKING? PLEASE CIRCLE THE CORRECT OPTION.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>I Can't Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor asked me to stop smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Doctor asked me to cut down on smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. HAS A MIDWIFE (NURSE) OR DOCTOR AT THIS CLINIC GIVEN YOU ADVICE ABOUT HOW TO STOP SMOKING?

<table>
<thead>
<tr>
<th>Advice</th>
<th>Yes</th>
<th>No</th>
<th>I Can't Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Helpful</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Only Somewhat Helpful</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Not At All Helpful</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

10. IF YES, HOW HELPFUL WAS THIS ADVICE?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Yes</th>
<th>No</th>
<th>I Can't Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Helpful</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Only Somewhat Helpful</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Not At All Helpful</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

11. HAVE YOU SMOKED ANY CIGARETTES AT ALL SINCE YOUR FIRST VISIT TO THE CLINIC?

<table>
<thead>
<tr>
<th>Cigarettes</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

12. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC?

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, by stopping abruptly (&quot;cold turkey&quot;)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Yes, by gradually cutting down over a few days</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>No, I did not try to stop completely</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

13. IF YES, WHEN DID YOU TRY TO STOP SMOKING?

**You may circle more than one option if you have tried more than once.**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1-2 weeks after the first clinic visit</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2-4 weeks after the first clinic visit</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>More than 4 weeks after the first clinic visit</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

14. HAVE YOU MANAGED TO STOP SMOKING FOR AT LEAST ONE DAY SINCE YOUR FIRST VISIT TO THE CLINIC?

<table>
<thead>
<tr>
<th>Days</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

15. IF YES, WHAT IS THE LONGEST PERIOD OF DAYS YOU HAVE BEEN WITHOUT SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC?

<table>
<thead>
<tr>
<th>Days</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
16. HOW MUCH DID THE FOLLOWING PEOPLE INFLUENCE YOUR DECISION TO TRY AND STOP SMOKING ON THIS OCCASION? PLEASE CIRCLE THE CORRECT OPTION FOR EACH PERSON.

<table>
<thead>
<tr>
<th>Person</th>
<th>Very Influential</th>
<th>Quite Influential</th>
<th>A Little Influential</th>
<th>Not At All Influential</th>
<th>Not Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other relative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinic doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinic midwife</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. HAVE YOU SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS?

Yes: 1 No: 2

******************************************************************************
IF NO, GO TO QUESTION 23

IF YES, GO TO NEXT QUESTION, QUESTION 18

******************************************************************************

IF YOU HAVE NOT SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS
PLEASE GO TO QUESTION 23. IF YOU HAVE SMOKED ONE OR MORE CIGARETTES
IN THE PAST SEVEN DAYS PLEASE CONTINUE.

18. HOW MANY CIGARETTES DID YOU SMOKE?

Yesterday: 
2 days ago: 
3 days ago: 

19. WHAT BRAND OF CIGARETTES ARE YOU SMOKING NOW?
(Please name e.g. Peter Jackson Extra Milds)

******************************************************************************

20. HAVE YOU CHANGED THE NUMBER OF CIGARETTES YOU SMOKE PER DAY
SINCE YOUR LAST VISIT TO THE CLINIC?

<table>
<thead>
<tr>
<th>Increased</th>
<th>Increased</th>
<th>Stayed</th>
<th>Decreased</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot</td>
<td>A Little</td>
<td>Same</td>
<td>A Little</td>
<td>A Lot</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8 9

21. HOW HARD DO YOU THINK IT WOULD BE FOR YOU TO STOP SMOKING COMPLETELY NOW?

<table>
<thead>
<tr>
<th>Impossible</th>
<th>Very</th>
<th>Quite</th>
<th>Not Too</th>
<th>Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Hard</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8 9
22. Please indicate how important each item was in causing you to resume or continue smoking after your last visit to the clinic:

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not making a really strong decision to stop smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being on my own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in the company of someone smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being offered a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being tense or worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thinking a lot about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Craving for a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Feeling low because of the pregnancy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Having family problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not really believing smoking may be harmful to my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being worried about gaining too much weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other not listed above (please write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

If you have smoked one or more cigarettes in the past seven days, please do not answer more questions. Please answer the questions on the other pages only if you have not smoked in the past seven days. Thank you for your cooperation.
### 21. How hard was it for you to stop smoking on this occasion?

<table>
<thead>
<tr>
<th></th>
<th>Very Hard</th>
<th>Quite Hard</th>
<th>Not Hard</th>
<th>Very Easy</th>
<th>Quite Easy</th>
<th>Not at All Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### 24. How sure are you that you will remain a non smoker for the rest of your pregnancy?

<table>
<thead>
<tr>
<th></th>
<th>Very Sure</th>
<th>Quite Sure</th>
<th>A Little Sure</th>
<th>Not At All Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 25. How much did the following people influence your decision to stop smoking on this occasion?  
**Please circle the correct option.**

<table>
<thead>
<tr>
<th></th>
<th>Very Influential</th>
<th>Quite Influential</th>
<th>A Little Influential</th>
<th>Not At All Influential</th>
<th>Not Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other relative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinic doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinic midwife (Nurse)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 26. Are there any situations or times when you feel the urge to smoke strongly?

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### 27. If yes, please circle how important each item is in promoting the urge to smoke.

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being on my own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in the company of someone smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being offered a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being tense or worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thinking a lot about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Feeling low because of the pregnancy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Craving for a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Having family problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not really believing smoking may be harmful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being worried about gaining too much weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other not listed above (please write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**END OF QUESTIONNAIRE**
End-of-pregnancy questionnaire

Questions 4, 18, 23 and 24 were included in the Fresh Start Group questionnaire but not in the Control Group questionnaire.
1. PLEASE WRITE TO-DAY'S DATE  

2. WHAT IS YOUR DATE OF BIRTH?  

3. DO YOU THINK SMOKING BY A MOTHER AFTER HER BABY IS BORN COULD INCREASE THE RISK OF:

   - Breathing problems and sickness in the infant
   - Colour blindness in the infant
   - Problems with breast feeding
   - Measles in the infant
   - Sudden infant death syndrome

4. PLEASE INDICATE HOW TRUE EACH OF THE FOLLOWING STATEMENTS ABOUT THE QUIT SMOKING PROGRAM ARE FOR YOU:

   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

   a. The quit smoking program was a waste of time
   b. The quit program motivated me to try and stop smoking

5. APART FROM AT THE CLINIC HAVE YOU RECEIVED ANY QUIT SMOKING ADVICE OR HELP DURING THIS PREGNANCY?

   Yes  
   No  

6. IF YES, PLEASE CIRCLE THE CORRECT OPTION FOR EACH ITEM:

7. HAVE YOU SMOKED ANY CIGARETTES AT ALL SINCE YOUR FIRST VISIT TO THE CLINIC?

   Yes  
   No  

8. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC?

   Yes, by stopping abruptly ("cold turkey")
   Yes, by gradually cutting down over a few days
   No, I did not try to stop completely
9. IF YES, WHEN DID YOU TRY TO STOP SMOKING?
YOU MAY CIRCLE MORE THAN ONE OPTION IF YOU HAVE TRIED
MORE THAN ONCE:
- On the day of the first clinic visit
- On the day after the first clinic visit
- 2-7 days after the first clinic visit
- 1-2 weeks after the first clinic visit
- 2-4 weeks after the first clinic visit
- More than 4 weeks after the first clinic visit

10. HAVE YOU MANAGED TO STOP SMOKING FOR AT LEAST ONE DAY
SINCE YOUR FIRST VISIT TO THE CLINIC?
Yes  8
No   9

11. IF YES, WHAT IS THE LONGEST PERIOD OF DAYS YOU HAVE BEEN
WITHOUT SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC?
WRITE THE NUMBER OF DAYS

12. HAVE YOU SMOKED ONE OR MORE CIGARETTES IN THE PAST
SEVEN DAYS?
Yes  8
No   9

13. HOW MANY CIGARETTES DID YOU SMOKE?
Yesterday
2 days ago
3 days ago

14. WHAT BRAND OF CIGARETTES ARE YOU SMOKEING?
(Please name e.g. Peter Jackson Extra Mild)

15. HAVE YOU CHANGED THE NUMBER OF CIGARETTES YOU SMOKE PER DAY
SINCE YOUR FIRST VISIT TO THE CLINIC?

16. HOW HARD DO YOU THINK IT WOULD BE FOR YOU TO STOP
SMOKING COMPLETELY NOW?

17. HOW MUCH WOULD YOU LIKE TO STOP SMOKING COMPLETELY NOW?

18. PLEASE INDICATE HOW IMPORTANT EACH ITEM IS IN CAUSING YOU TO CONTINUE SMOKING NOW:

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not making a really strong decision to stop smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being on my own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in the company of someone smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being offered a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being tense or worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thinking a lot about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Craving for a cigarette</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Feeling low because of the pregnancy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Having family problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not really believing smoking may be harmful to my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being worried about gaining too much weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other not listed above (please write)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**IF YOU HAVE SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS, PLEASE DO NOT ANSWER MORE QUESTIONS. PLEASE ANSWER THE QUESTIONS ON THE GREEN PAGES ONLY IF YOU HAVE NOT SMOKED IN THE PAST SEVEN DAYS.**

THANK YOU FOR YOUR COOPERATION

19. HOW HARD WAS IT FOR YOU TO STOP SMOKING ON THE MOST RECENT TIME YOU QUIT?

<table>
<thead>
<tr>
<th>Very Hard</th>
<th>Quite Hard</th>
<th>Not Too Hard</th>
<th>Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

20. HOW SURE ARE YOU THAT YOU WILL REMAIN A NON-SMOKER FOR THE REST OF YOUR PREGNANCY?

<table>
<thead>
<tr>
<th>Very Sure</th>
<th>Quite Sure</th>
<th>A Little Sure</th>
<th>Not At All Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

21. DO YOU INTEND TO REMAIN A NON-SMOKER AFTER THE BABY IS BORN?

Yes

No

22. IF YES, HOW SURE ARE YOU THAT YOU WILL REMAIN A NON-SMOKER AFTER THE BABY IS BORN?

<table>
<thead>
<tr>
<th>Very Sure</th>
<th>Quite Sure</th>
<th>A Little Sure</th>
<th>Not At All Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

23. ARE THERE ANY SITUATIONS OR TIMES WHEN YOU FEEL THE URGE TO SMOKE STRONGLY?

Yes

No
24. IF YES, PLEASE CIRCLE HOW IMPORTANT EACH ITEM IS IN PROMOTING THE URGE TO SMOK:

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at All Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being on my own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in the company of someone smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being offered a cigarette</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Being in social situations</td>
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<td>4</td>
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<tr>
<td>Being tense or worried</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thinking a lot about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Feeling low because of the pregnancy</td>
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<td>4</td>
</tr>
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<td>Craving for a cigarette</td>
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<td>Having family problems</td>
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<td>4</td>
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<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>Other not listed above (please write)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

END OF QUESTIONNAIRE
Postpartum questionnaire

Question 21 was included in the Fresh Start Group questionnaire but not in the Control Group questionnaire.
We would like to check some of your personal details:

1. WHAT IS YOUR NAME? ........................................................................................................
2. WHAT IS YOUR ADDRESS? ....................................................................................................
3. WHAT IS YOUR PHONE NUMBER? .........................................................................................

We would like to contact you in one year's time to see how you are going. To help us locate you if you move, could you please give us the address and phone number of a friend or relative who would be likely to know your whereabouts?

4. NAME OF CONTACT PERSON: ..............................................................................................
5. THEIR RELATIONSHIP TO YOU: ..............................................................................................
6. THEIR ADDRESS: ......................................................................................................................
7. THEIR PHONE NUMBER: .........................................................................................................

8. IN THE NEXT YEAR, DO YOU ANTICIPATE RETURNING TO A JOB FROM WHICH YOU HAVE TAKEN MATERNITY LEAVE?
   Yes 1 Please write down the phone number of your work, if appropriate
   No 2
   (write work phone no.)

9. PLEASE WRITE TODAY'S DATE..............................

10. WHAT IS YOUR DATE OF BIRTH..............................................

11. ARE YOU BREAST FEEDING YOUR BABY (EVEN ONE FEED A DAY)?
   Yes 1
   No 2

12. DO YOU BELIEVE THAT SMOKING IN PREGNANCY COULD BE HARMFUL TO THE UNBORN CHILD?

   Definitely
   Very Harmful
   Harmful
   May be Harmful
   Definitely
   Not Harmful
   Don't Know

   1 2 3 4 5

13. DO YOU THINK SMOKING BY A MOTHER AFTER HER BABY IS BORN COULD INCREASE THE RISK OF:

   Don't
   Know
   \(\text{Breathing problems and sicknesses in the infant} \quad 1 \ 2 \ 3 \ 4 \ 5\)
   \(\text{Coloured blindness in the infant} \quad 1 \ 2 \ 3 \ 4 \ 5\)
   \(\text{Problems with breast feeding} \quad 1 \ 2 \ 3 \ 4 \ 5\)
   \(\text{Measles in the infant} \quad 1 \ 2 \ 3 \ 4 \ 5\)
   \(\text{Sudden infant death syndrome} \quad 1 \ 2 \ 3 \ 4 \ 5\)
14. PLEASE INDICATE HOW TRUE EACH OF THE FOLLOWING STATEMENTS ABOUT SMOKING ARE FOR YOU:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Neither Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think the health risks of smoking have been exaggerated</td>
<td>1 2 3 4 5 9</td>
<td></td>
</tr>
<tr>
<td>Smoking is a much bigger cause of death than other health risks</td>
<td>1 2 3 4 5 9</td>
<td></td>
</tr>
<tr>
<td>Smoking is a very big cause of death in Australia</td>
<td>1 2 3 4 5 9</td>
<td></td>
</tr>
<tr>
<td>More Australian women are dying from smoking-related diseases now than ever before</td>
<td>1 2 3 4 5 9</td>
<td></td>
</tr>
</tbody>
</table>

15. WHEN YOU WERE PREGNANT, DID A MIDSIDE (NURSE) AT THIS CLINIC TALK TO YOU ABOUT YOUR SMOKING? PLEASE CIRCLE THE CORRECT OPTION.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife asked me to stop smoking</td>
<td>1 2 3</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Midwife asked me to cut down on smoking</td>
<td>1 2 3</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

16. WHEN YOU WERE PREGNANT, DID A DOCTOR AT THIS CLINIC TALK TO YOU ABOUT YOUR SMOKING? PLEASE CIRCLE THE CORRECT OPTION.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor asked me to stop smoking</td>
<td>1 2 3</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Doctor asked me to cut down on smoking</td>
<td>1 2 3</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

17. WHEN YOU WERE PREGNANT, DID A MIDSIDE (NURSE) OR DOCTOR AT THIS CLINIC GIVE YOU ADVICE ABOUT HOW TO STOP SMOKING?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I can't remember</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

18. IF YES, HOW HELPFUL WAS THIS ADVICE?

<table>
<thead>
<tr>
<th>Very Helpful</th>
<th>Quite Helpful</th>
<th>A Little Help</th>
<th>Not at All</th>
<th>No Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 9</td>
<td>8 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. WHEN YOU WERE PREGNANT, DID A MIDSIDE (NURSE) OR DOCTOR AT THIS CLINIC TELL YOU ABOUT A QUIT SMOKING COURSE?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I can't remember</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

20. IF YES, DID YOU ATTEND ANY SESSIONS IN THE QUIT SMOKING COURSE?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

21. PLEASE INDICATE HOW TRUE EACH OF THE FOLLOWING STATEMENTS ABOUT THE ANTENATAL CLINIC'S QUIT SMOKING PROGRAMME ARE FOR YOU:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Neither Agree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>I did not receive the program</td>
</tr>
<tr>
<td>The quit smoking program was a waste of time</td>
<td>1 2 3 4 5 6 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quit program motivated me to try and stop smoking</td>
<td>1 2 3 4 5 6 9</td>
<td></td>
<td>I did not receive the program</td>
</tr>
<tr>
<td>The anti-smoking advice made me feel guilty</td>
<td>1 2 3 4 5 6 9</td>
<td></td>
<td>I did not receive advice</td>
</tr>
<tr>
<td>The competition encouraged me to try and quit</td>
<td>1 2 3 4 5 6 9</td>
<td></td>
<td>I did not know about the competition</td>
</tr>
</tbody>
</table>
22. HAVE YOU SMOKED ANY CIGARETTES AT ALL SINCE YOUR FIRST VISIT TO THIS CLINIC?
   Yes 1
   No 2

******************************************************************************
IF NO, GO TO QUESTION 38
IF YES, GO TO NEXT QUESTION, QUESTION 23
******************************************************************************

IF YOU HAVE NOT SMOKED A CIGARETTE SINCE YOUR FIRST VISIT TO THE CLINIC, PLEASE GO TO QUESTION 38. IF YOU HAVE SMOKED A CIGARETTE SINCE YOUR FIRST VISIT TO THE CLINIC, PLEASE CONTINUE.

23. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC BY STOPPING ABRUPTLY ("COLD TURKEY")?
   Yes 1 Please note the number of times
   (write number of times)
   No 2

24. IF YES, WHEN DID YOU TRY TO STOP SMOKING USING THE "COLD TURKEY" METHOD?
   YOU MAY CIRCLE MORE THAN ONE OPTION IF YOU HAVE TRIED MORE THAN ONCE

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>1-4 weeks after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>More than 4 weeks after the first clinic visit but before the baby was born</td>
<td>1</td>
</tr>
<tr>
<td>After the baby was born</td>
<td>1</td>
</tr>
</tbody>
</table>

25. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC BY GRADUALLY CUTTING DOWN?
   You may circle more than one option if you have tried more than once.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>1-4 weeks after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>More than 4 weeks after the first clinic visit but before the baby was born</td>
<td>1</td>
</tr>
<tr>
<td>After the baby was born</td>
<td>1</td>
</tr>
</tbody>
</table>

26. IF YES, WHEN DID YOU TRY TO STOP SMOKING BY GRADUALLY CUTTING DOWN?
   YOU MAY CIRCLE MORE THAN ONE OPTION IF YOU HAVE TRIED MORE THAN ONCE

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
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</tr>
<tr>
<td>1-4 weeks after the first clinic visit</td>
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</tr>
<tr>
<td>More than 4 weeks after the first clinic visit but before the baby was born</td>
<td>1</td>
</tr>
<tr>
<td>After the baby was born</td>
<td>1</td>
</tr>
</tbody>
</table>

27. HOW MUCH DID THE FOLLOWING INFLUENCE YOUR DECISION TO TRY AND STOP SMOKING ON THE MOST RECENT OCCASION?
   PLEASE CIRCLE THE CORRECT OPTION FOR EACH ITEM.

<table>
<thead>
<tr>
<th>Very Influential</th>
<th>Quite Influential</th>
<th>A Little Influential</th>
<th>Not at All Influential</th>
<th>Not at All Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic doctor</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic midwife</td>
<td>(Nurse)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newspapers,</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>magazines or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. HAVE YOU MANAGED TO STOP SMOKING FOR AT LEAST ONE DAY SINCE YOUR FIRST VISIT TO THE CLINIC?
   Yes 1
   No 2
29. IF YES, WHAT IS THE LONGEST PERIOD OF DAYS YOU HAVE BEEN WITHOUT SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC?

WRITE THE NUMBER OF DAYS

30. HAVE YOU SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS?
   Yes  
   No 2

*****************************************************************************

IF No, go to Question 18
IF Yes, go to Next Question, Question 31
*****************************************************************************

IF YOU HAVE NOT SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS, PLEASE CONTINUE.

51. HOW MANY CIGARETTES DID YOU SMOK?

Yesterday

2 days ago

3 days ago

12. WHAT BRAND OF CIGARETTES ARE YOU SMOKING NOW?
   (Tell name e.g. Peter Jackson Extra Mild)

53. HAVE YOU CHANGED THE NUMBER OF CIGARETTES YOU SMOKE PER DAY SINCE YOUR BABY WAS BORN?
   Increased
   Increased
   Increased
   Increased
   5

54. HOW HARD DO YOU THINK IT WOULD BE FOR YOU TO STOP SMOKING COMPLETELY NOW?
   Extremely Hard
   Hard
   Regular
   Easy
   5

55. HOW MUCH WOULD YOU LIKE TO STOP SMOKING COMPLETELY NOW?
   A Lot
   A Little
   Not At All
   All
   5

56. HOW LIKELY DO YOU THINK IT IS THAT YOU WILL STOP SMOKING IN THE NEXT 6 MONTHS?
   Very Likely
   Likely
   A Little
   Not At All
   5

37. PLEASE INDICATE HOW IMPORTANT EACH ITEM IS IN CAUSING YOU TO CONTINUE SMOKING NOW
   Very Important
   Important
   Not at all Important
   Don't Know
   4

Thinking it is pointless to stop smoking now the baby is born

Not making a really strong decision to stop smoking

Being on my own

Being bored

Being in the company of someone smoking

Being offered cigarettes

Being in social situations

Not really believing smoking could harm me personally

Feeling tense or worried

Thinking a lot about smoking

Craving for cigarettes

Feeling low because of the new baby

Having family problems
17. Continued.....

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not really believing smoking may be harmful to my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being worried about gaining too much weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other not listed above (Please write)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Not usually believing smoking may be harmful to my baby

Being worried about gaining too much weight

Other not listed above (Please write)

Not necessarily believing smoking may be harmful to my baby

Being worried about gaining too much weight

Other not listed above (Please write)

18.

If you have smoked one or more cigarettes in the past seven days, please do not answer more questions. Please answer the questions on the green pages only if you have not smoked in the past seven days.

Thank you for your cooperation.

<table>
<thead>
<tr>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>this section to be completed only by women who have not smoked in the past seven days.</td>
</tr>
<tr>
<td>this section to be completed only if women who have not smoked in the past seven days.</td>
</tr>
</tbody>
</table>

34. How hard was it for you to stop smoking on the most recent time you quit?

<table>
<thead>
<tr>
<th>Very Hard</th>
<th>Quite Hard</th>
<th>Not Too Hard</th>
<th>Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

39. How much did the following influence your decision to stop smoking? Please circle the correct option for each item.

<table>
<thead>
<tr>
<th>Very Influential</th>
<th>Quite Influential</th>
<th>A Little Influential</th>
<th>Not at all Influential</th>
<th>Not Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Clinic doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Clinic midwife (Nurse)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Newspapers, magazines or television</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other (please write)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

40. How sure are you that you will remain a non-smoker from now on?

<table>
<thead>
<tr>
<th>Very Sure</th>
<th>Quite Sure</th>
<th>A Little Sure</th>
<th>Not at all Sure</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

41. Are there any situations or times when you feel the urge to smoke strongly?

Yes | 1 |
No | 2 |
42. IF YES, PLEASE CIRCLE HOW IMPORTANT EACH ITEM IS IN
PROMOTING THE USER TO SMOKE

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very Important</th>
<th>Quite Important</th>
<th>Not at all Important</th>
<th>Don't Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking it is pointless to remain stopped now the baby is born</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being on my own</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in the company of someone smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being offered cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being in social situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not really believing smoking could harm me personally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being tense or worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thinking a lot about smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Craving for cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Feeling low because of the new baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Having family problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not really believing smoking may be harmful to my baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Being worried about gaining too much weight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other not listed above (Please write)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

END OF QUESTIONNAIRE
THANK YOU FOR YOUR COOPERATION
ANTENATAL STUDY

PHONE - FOLLOW UP

PATIENT'S NAME:

...........................................................

PATIENT'S ADDRESS:

...........................................................

...........................................................
1. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC BY STOPPING ALL ATCEPTLY ("COLD TURKEY")?  
   Yes 1 → Please note the number of times  
   No 2

2. IF YES, WHEN DID YOU TRY TO STOP SMOKING USING THE "COLD TURKEY" METHOD?  
   YOU MAY CIRCLE MORE THAN ONE OPTION IF THE WOMAN HAS TRIED MORE THAN ONCE

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>1-4 weeks after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>More than 4 weeks after the first clinic visit but before the baby's birth</td>
<td>1</td>
</tr>
<tr>
<td>*After the baby was born</td>
<td>1</td>
</tr>
</tbody>
</table>

(Only relevant to Stage 4 or if baby born)

3. HAVE YOU TRIED TO STOP SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC BY GRADUALLY CUTTING DOWN OVER A FEW DAYS?  
   Yes 1 → Please note the number of times  
   No 2

4. IF YES, WHEN DID YOU TRY TO STOP SMOKING BY GRADUALLY CUTTING DOWN?  
   YOU MAY CIRCLE MORE THAN ONE OPTION IF THE WOMAN HAS TRIED MORE THAN ONCE

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>On the day after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>2-7 days after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>1-4 weeks after the first clinic visit</td>
<td>1</td>
</tr>
<tr>
<td>More than 4 weeks after the first clinic visit but before the baby's birth</td>
<td>1</td>
</tr>
<tr>
<td>*After the baby was born</td>
<td>1</td>
</tr>
</tbody>
</table>

(Only relevant to Stage 4 or if baby born)

5. HAVE YOU SMOKED ANY CIGARETTES AT ALL SINCE YOUR FIRST VISIT TO THE CLINIC?  
   Yes 1  
   No 2
6. IF YES, WHAT IS THE LONGEST PERIOD YOU HAVE BEEN WITHOUT SMOKING SINCE YOUR FIRST VISIT TO THE CLINIC? 

7. DID YOU SMOKE ANY CIGARETTES IN THE WEEK BEFORE YOUR LAST VISIT TO THE CLINIC? 

Yes

No

8. DID A MIDLIFE AT THE CLINIC TALK TO YOU ABOUT YOUR SMOKING AT YOUR LAST VISIT? 

Yes

No

9. IF YES, .I CAN'T REMEMBER

If SMOKING

Did the midwife ask you to stop smoking? 

1  2  3  8

Did the midwife ask you to cut down (not stop) 

1  2  3  8

If NOT SMOKING

Did the midwife ask you about your smoking? 

1  2  3  8

Did the midwife praise/endorse your non-smoking? 

1  2  3  8

10. DID A DOCTOR AT THE CLINIC TALK TO YOU ABOUT YOUR SMOKING AT YOUR LAST VISIT? 

Yes

No

11. IF YES, 

If SMOKING

Did doctor ask you to stop smoking? 

1  2  3  8

Did doctor ask you to cut down (not stop) 

1  2  3  8

If NOT SMOKING

Did the doctor ask you about your smoking? 

1  2  3  8

Did the doctor praise/endorse your non-smoking? 

1  2  3  8

12. HAVE YOU SMOKED ONE OR MORE CIGARETTES IN THE PAST SEVEN DAYS? 

Yes 

No

13. IF YES, HOW MANY CIGARETTES DID YOU SMOKE? 

Yesterday

2 days ago

3 days ago

14. Say to the woman who is not smoking: "Would it be possible for me to drop in at your home to collect a urine sample tomorrow or the day after? This will enable us to check your exposure to tobacco products."

Yes, home visit acceptable

No, home visit not acceptable

15. "When would suit you?" 

Write the proposed visit details.

DAY: ..................

DATE: ..................

TIME: ............ am / pm

16. "Can I just check your address?" Are you still living at

(The address at the top of page 1) 

Yes

No
7. If not - "What is your new address?"

THAT'S THE END OF MY QUESTIONS.
THANK YOU VERY MUCH FOR YOUR COOPERATION.
Photograph of a competition winner in the Fresh Start Group with Anne Melmeth, Nurse Unit Manager (left) and Jennifer Byrne, Research Assistant (right).