Supporting Information

Supplementary tables
This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

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Contents

Table 1. Which Way? Aboriginal and Torres Strait Islander women’s survey .................. 3

Table 2. Smoking characteristics among women living in urban areas and regional/remote areas ................................................................. 11

Table 3. Distribution of Urge frequency and Urge strength by Heaviness of Smoking Index (HSI) categories ......................................................... 13
### Table 1. Which Way? Aboriginal and Torres Strait Islander women’s survey

| Questions                                                                 | Comments                                                                 |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| **Eligibility**                                                          |                                                                          |
| By selecting "yes", you are agreeing to participate in this survey, and have read and understood the Participant Information Sheet | *Sheet provided as PDF link*  
*No selection causes termination of survey* |
| o Yes                                                                     |                                                                          |
| o No                                                                      |                                                                          |
| **Please select gender**                                                 |                                                                          |
| o Female                                                                  |                                                                          |
| o Male                                                                    |                                                                          |
| o Other (prefer not to say)                                              | *Male or Other selection causes termination of survey*                   |
| **Are you Aboriginal and/or Torres Strait Islander?**                   |                                                                          |
| o No                                                                      | *No selection causes termination of survey*                             |
| o Yes, Aboriginal                                                         |                                                                          |
| o Yes, Torres Strait Islander                                             |                                                                          |
| o Yes, Aboriginal and Torres Strait Islander                              |                                                                          |
| **What is your age?**                                                    |                                                                          |
| **Demographics**                                                         |                                                                          |
| 1. Would you say you are:                                                |                                                                          |
| o A current smoker at least one cig per day                              | *End survey if someone who has never smoked, or never smoked regularly* |
| o A current smoker but less than one cig per day (including 'social smoker' or occasional smoker) |                                                                          |
| o An ex-smoker who used to smoked at least one cigarette per day         |                                                                          |
| o An ex-smoker who used to smoked less than one cigarette per day        |                                                                          |
| o Someone who has never smoked, or never smoked regularly                |                                                                          |
| 2. If a smoker, what do you smoke?                                      |                                                                          |
| o Factory rolled cigarette                                               | *Shown if above question indicated currently smoking in any frequency.* |
| o Roll your own cigarettes                                               |                                                                          |
| o E-cig (vaping)                                                         |                                                                          |
| o Chew tobacco                                                           |                                                                          |
| o Other (please tell me more about your "other" answer)                  |                                                                          |
| 3. What state do you live in?                                           |                                                                          |
| o NSW                                                                     |                                                                          |
| o QLD                                                                     |                                                                          |
| o SA                                                                      |                                                                          |
| o NT                                                                      |                                                                          |
| o WA                                                                      |                                                                          |
| o TAS                                                                     |                                                                          |
| o ACT                                                                     |                                                                          |
4. What is your postcode?

5. Do you use an Aboriginal Health Service(s)?
   - Yes
   - No

6. Which Aboriginal Medical Service do you use?
   *Shown if answered Yes for question 5
   *Shown as an optional response

7. What education level have you completed?
   - Primary school, or up to year 9
   - Year 10-11
   - Year 12
   - Current student at university/TAFE/apprentice
   - Trade certificate
   - University degree

8. How many children currently live in your household? (if you are pregnant and have children living in your household, please select both)
   - None
   - 1-2
   - 3 or more
   - I'm currently pregnant

   *Multiselect option
   *If selection of “none” participant is unable to select 1-2, or 3 or more.

9. How old is each child? eg: 12, 3, 7

   *Only shown if previous question indicated children were living in the house

   *“These questions are about smoking”
   *Questions only shown if indicated currently smoking (in any frequency) in question 1.

10. How many cigarettes do you usually smoke per day (on the days you smoke)?

11. On the mornings that you have a smoke, how soon do you have it after waking up?
   - More than 60 minutes
   - 31-60 minutes
   - 6-30 minutes
   - Within 5 minutes

12. How much of the time have you felt the urge to smoke in the last 24 hours?
   - Not at all
   - A little of the time
| Question                                                                 | Options                                                                 | Notes                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| **13. In general, how strong are your urges to smoke (in the last 24 hrs)?** | - Some of the time  
- A lot of the time  
- Almost all the time  
- All the time |                                                                         |
|                                                                         | - No urges  
- Slight  
- Moderate  
- Strong  
- Very strong  
- Extremely strong |                                                                         |
| **“Now some questions about your experiences with quitting”**            |                                                                         |                                                                         |
| **14. In the last month, have you tried to cut down the number of smokes you have each day?** | - Yes  
- No | Shown if indicated in Q1 to be currently smoking in any frequency. |
| **15. How long ago was your last quitting attempt?**                    | - Days  
- Weeks  
- Months  
- Never |                                                                         |
| **16. Were any of your quit attempts because you were pregnant?**        | - Yes  
- No | Shown if Q15 indicated previous attempt at quitting |
| **17. Were you able to stay smoke-free the whole way through your pregnancy?** | - Stayed smoke-free whole way through  
- Smoked occasionally  
- Smoke-free for several months  
- Cut down  
- Other (please tell me more_______) | Shown if Q16 indicated previous attempt at quitting a result of pregnancy. |
| **18. Can you tell me a bit about trying to quit when pregnant?**       |                                                                         | Shown if Q16 indicated previous attempt at quitting a result of pregnancy. |
| **19. Of all the times you tried to quit smoking, what was the longest period you stayed completely off the smokes for?** | - Hours | Shown if Q15 indicated previous quitting attempt |
|   |   |**20.** On your most recent quit attempt, did you stop smoking suddenly or did you gradually cut down your smokes? |
|---|---|---|
|   |   | o Stopped suddenly |
|   |   | o Cut down gradually |

|   |   |**21.** Have you ever used any type stop-smoking medications? |
|---|---|---|
|   |   | o Yes |
|   |   | o No |

|   |   |**22.** What stop-smoking medications have you used? Select all that apply: |
|---|---|---|
|   |   | o NRT: Nicotine gum |
|   |   | o NRT: Nicotine patch |
|   |   | o NRT: Nicotine lozenges |
|   |   | o NRT: Nicotine (sublingual) tablets |
|   |   | o NRT: Other nicotine replacement product |
|   |   | o Champix (varenicline), |
|   |   | o Zyban (buproprion) |
|   |   | o Other prescribed stop-smoking medication (specify)_______ |
|   |   | o Other medication (please specify)_______ |

|   |   |**23.** What is the main reasons why not? (you can select more than one) |
|---|---|---|
|   |   | o Haven't heard of stop smoking medications, or don't know much about them |
|   |   | o Not interested in quitting, or not ready to quit |
|   |   | o Don't think it will work |
|   |   | o Availability |
|   |   | o Concerns about side-effects |
|   |   | o Cost |
|   |   | o Medical advice not to use them |
|   |   | o Prefer not to use medicines |
|   |   | o Wanting to quit on my own, without help |
|   |   | o Worried about getting addicted to them |
|   |   | o Inconvenience of going to fill a prescription |
|   |   | o Think it’s better to quit cold turkey |
|   |   | o Other reason (please tell me more about your “other” answer _______) |

- **Shown if Q15 indicated previous quitting attempt**
- **Shown if Q14 indicated reduction attempt**
- **Shown if use was indicated in Q21**
- **Shown if non-use was indicated in Q21**
24. Do you think there should be a program specially for Aboriginal women to help them quit smoking before, during and after pregnancy?
   - Yes
   - No
   - Maybe

25. If you decided you wanted to make a quit attempt, where would you rather receive support: (tick any that apply)
   - Face to face at my Aboriginal Health Service
   - Face to face with a non-Aboriginal service
   - Over the phone
   - Online
   - Other (please tell me more about your "other" answer)

26. What type of program do you think would help Aboriginal women quit smoking? (tick any that apply)
   - Support Group at Aboriginal Health Service
   - Support Group somewhere else
   - Exercise program
   - Yoga
   - Phone app
   - Facebook support group
   - Acupuncture
   - Text message support
   - Cultural program
   - Bush medicine
   - One on one counselling face to face
   - One on one counselling online
   - One on one counselling over video
   - Quitline (one on one counselling over the phone)
   - Free NRT mailed out
   - Incentives (please enter below) ______
   - Quitcoach
   - Caseworker support
   - Arts/Craft activities
   - Other Idea (please enter below) ________

27. Out of the options you chose before, how would you rank the programs? (1st being the most helpful and 3rd being the last preference)
   - Support Group at Aboriginal Health Service
   - Support Group somewhere else
   - Exercise program
   - Yoga
   - Phone app
   - Facebook support group

Only options that were selected by participant in Q26 shown with maximum of 3 choices programmed.
Displayed as matrix with the following responses for each option:
- 1<sup>st</sup> preference
- 2<sup>nd</sup> preference
- 3<sup>rd</sup> preference
- Acupuncture
- Text message support
- Cultural program
- Bush medicine
- One on one counselling face to face
- One on one counselling online
- One on one counselling over video
- Quitline (one on one counselling over the phone)
- Free NRT mailed out
- Incentives (please enter below) ______
- Quitcoach
- Caseworker support
- Arts/Craft activities
- Other Idea (please enter below) ________

28. Who would you like to receive quit smoking support from?
- Doctor
- Nurse
- Midwife
- Aboriginal Health Worker
- My community - not health service
- Someone I don't know

29. Where do you get most of your information about smoking and quitting from? (tick any that apply)
- Doctor
- Aboriginal Health Worker
- Aboriginal Health Service
- Facebook ads
- Tv commercials
- Cigarette packets
- Word of mouth
- Family and Friends
- Google
- Other (please tell me more about your “other” answer ______)

Secondary survey

30. Please check the devices you own: (you can select more than one)
- iPad/tablet
- Laptop or home computer
- Smart phone (iPhone or android)
- Mobile phone (calls/text only)
- I do not have access to any of these

31. Do you have access to the internet (e.g. Wi-Fi) on your phone or other computer in the following locations? Tick more than one answer if applicable

Multiselect option
1. Home
2. Workplace
3. Commuting / Travel
4. Community Centre
5. I don't have internet access anywhere
6. Somewhere else (Please tell me where else you have internet access)

32. In the last 12 months, how often have you accessed social media (including Facebook, Instagram, Snapchat or other)?
   - Every day
   - A few times per week
   - About once a week
   - Less than once a week
   - Not at all

“These questions are about your interest in using a mobile phone or tablet to improve your health”

33. Do you currently use your mobile phone for anything to do with your health? (Tick any that apply)
   - I use telehealth e.g. Talk to a health worker on the phone for advice or treatment
   - I use text messages to communicate with health workers or have used a text messaging service for health e.g. to quit smoking
   - I read posts or watch videos about health on social media
   - I use Google to find health information
   - I use health apps (e.g. MyFitnessPal, MyQuitBuddy, Calm)
   - I use a health tracker (e.g. steps/kms, heartrate, sleep patterns)
   - No, I don't use my phone for health
   - Other (please tell me more about your “other” answer ______)

34. What type of mobile health would you like to use in the future if available? (tick any that apply)
   - Phone calls to talk to a health worker
   - Video conferencing to video call with a health worker
   - A text messaging service e.g. to help quit smoking or exercise or remind me to do something for my health
   - Social media e.g. Facebook to learn more health facts and tips
- Health apps e.g. MyFitnessPal, My Quit Buddy, Calm
- Health tracker (e.g. steps/kms, heart rate, sleep patterns)
- No, I wouldn't use my phone for health in the future
- Other (please explain _____)

35. Do you feel confident to talk with a doctor/health worker about the following health topics?
- Eating/diet
- Reducing alcohol
- Exercise
- Family violence
- Quitting smoking
- Cannabis or other drug use
- Mental health
- Women's health (e.g. pap smear, contraception)
- Child's health

Matrix format with the following responses as options for all:
- Yes
- No
- Not relevant

36. If you would like to go in the draw for an iPad add your email address here

Optional response
Table 2. Smoking characteristics among women living in urban areas and regional/remote areas

| Current-smokers only (N=269) | Urban % (N=212) | Regional/remote % (N=216) |
|------------------------------|-----------------|--------------------------|
| Cigarettes/day (CPD)         |                 |                          |
| 0-5 CPD                      | 28.8            | 35.8                     |
| 6-10 CPD                     | 35.6            | 32.9                     |
| 11+ CPD                      | 35.6            | 31.4                     |
| How soon do you smoke after waking? |         |                          |
| >60 minutes                  | 23.5            | 29.9                     |
| 31-60 minutes                | 20.5            | 15.3                     |
| 6-30 minutes                 | 32.6            | 36.5                     |
| Within 5 minutes             | 23.5            | 18.3                     |
| Heaviness of Smoking Index (HSI) category |     |                          |
| Low dependence               | 37.1            | 40.2                     |
| Moderate dependence          | 46.2            | 45.3                     |
| High dependence              | 16.7            | 14.6                     |
| What do you smoke? (multi-selection) |     |                          |
| Factory rolled cigarettes    | 68.9            | 74.5                     |
| Roll your own cigarettes     | 40.2            | 45.3                     |
| E-cigarettes/other           | 9.9             | 9.5                      |
| How much of the time have you felt the urge to smoke in the last 24 hours (urge frequency)* | | |
| Low frequency                | 43.2            | 62.0                     |
| High frequency               | 56.8            | 38.0                     |
| How strong are your urges to smoke in the last 24 hours (urge strength) | | |
| Low strength                 | 50.8            | 62.0                     |
| High strength                | 49.2            | 38.0                     |
| In the last month, have you tried to cut down the number of smokes you have each day? | | |
| Yes                          | 60.6            | 68.6                     |
| No                           | 39.4            | 31.4                     |
| Current- and ex-smokers (N=428) |                 |                          |
| Have you ever used any type of stop-smoking medication?* |     |                          |
| Yes                          | 41.5            | 30.1                     |
| No                           | 58.5            | 69.9                     |
| How long ago was your last quit attempt? |         |                          |
| Days                         | 9.9             | 13.0                     |
| Weeks                        | 15.6            | 17.1                     |
| Months                       | 65.1            | 59.7                     |
| Never                        | 9.4             | 10.2                     |
For those who have made a quit attempt, what is your longest period of not smoking? (N=381)

|        |          |        |
|--------|----------|--------|
| Years  | 38.6     | 35.4   |
| Months | 32.3     | 30.7   |
| Weeks  | 10.6     | 14.1   |
| Days   | 15.9     | 15.6   |
| Hours  | 2.7      | 4.2    |

For those who have made a quit attempt, was your last attempt to quit smoking sudden or gradual? (N=386)

|                          |          |        |
|--------------------------|----------|--------|
| Cut down gradually       | 41.2     | 39.7   |
| Stopped suddenly         | 58.9     | 60.3   |

Percentages are within remoteness group. * Statistically significant (P-value<0.05).
Table 3. Distribution of Urge frequency and Urge strength by Heaviness of Smoking Index (HSI) categories

| HSI % (n) | Low urge frequency, Low urge strength | Low urge frequency, High urge strength | High urge frequency, Low urge strength | High urge frequency, High urge strength | Total (n) |
|-----------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----------|
| Low       | 67.3 (70)                            | 9.6 (10)                              | 7.7 (8)                               | 15.4 (16)                             | 104       |
| Moderate/High | 32.1 (53)                         | 5.5 (9)                               | 12.7 (21)                             | 49.7 (82)                             | 165       |

Percentages are within HSI category.