



Research and Evaluation Unit

‘Face the Facts’

Campaign Evaluation 2010

November 2010

Executive summary

The *Face the Facts* communications strategy was launched through national mass media in April 2009. The aim of the communications strategy was to dispel some of the myths that prevent people from quitting smoking or resisting smoking initiation, and to educate target audiences where a lack of correct information hindered cessation and tobacco resistance.

In February and March 2008, before the launch of *Face the Facts*, the Health Sponsorship Council (HSC) carried out a nationwide benchmark survey with a sample of 1,000 New Zealanders. A follow-up survey was conducted in April and May 2010, with a sample of 1,300 New Zealanders. The follow-up survey was designed to compare New Zealanders' knowledge and beliefs about tobacco and its use, and attitudes towards tobacco regulations after *Face the Facts* had been in the media, with those measured in the benchmark survey before the strategy was launched. The follow-up survey also measured the recall, engagement, and impacts of *Face the Facts*.

Almost eight in ten (78%) respondents recalled seeing or hearing *Face the Facts*. Among them, a large majority (96%) saw it on television. The survey showed positive findings on people's engagement with *Face the Facts*. The advertisements (ads) grabbed people's attention (74%) and made them think (71%). People thought the ads were believable (95%) and that they learnt something new from the ads (52%). People did not find the advertisements boring (73%). The ads did not make people feel uncomfortable (71%).

The findings also showed that *Face the Facts* made people more supportive of things that can be done to reduce smoking (68%) and more concerned with the impacts of smoking (65%). *Face the Facts* made some people discuss the ads with others (31%) and realise that smoking is worse than they thought (48%). They also made some people want to support or encourage others to quit smoking (56%), and over one-third (37%) said the ads had put them off smoking.

A majority of smokers and recent quitters¹ who had seen or heard *Face the Facts* reported that the ads had made them think about quitting (70%) and become less likely to smoke around kids (64%). Some smokers and recent quitters said the ads had prompted them to quit or to try quitting (39%) or to ring the Quitline (9%).

Compared to before the *Face the Facts* campaign, there were significant increases in some knowledge areas – a smaller proportion of people believed that 'the dangers of smoking have been exaggerated', 'the dangers of second-hand smoke have been exaggerated', and 'smoking is not more risky than a lot of other things that people do'.

¹ Recent quitters are defined as those who had ever smoked but stopped smoking in the past 12 months.

Compared to before the *Face the Facts* campaign, there was a significant increase in people's support for 'a complete ban on displays of cigarettes and tobacco inside shops' and 'a ban on the sale of cigarettes and tobacco in New Zealand in ten years time'.

This report presents topline results from the follow-up survey, and compares changes from the benchmark survey where relevant. Additional analysis will be undertaken to provide more in-depth understanding on the impact of *Face the Facts* on people who had seen or heard specific advertisements from the campaign.

Author and acknowledgements

This report was written by Judy Li, intermediate researcher (Tobacco Control), Research and Evaluation Unit, Health Sponsorship Council (HSC).

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Introduction and aims

Campaign background

The adult-targeted communications strategy, *Face the Facts*, was launched by the Health Sponsorship Council (HSC) in 2009. The overriding goal of *Face the Facts* was to put tobacco on the ‘radar’ of New Zealanders and to heighten tobacco’s priority as a health issue. The more specific objectives of the campaign were to:

- Increase New Zealanders’ knowledge and awareness of specific issues surrounding tobacco and its use.
- Dispel some of the myths that prevent people from quitting smoking or resisting tobacco initiation, and replace with factual information.
- Prompt quit attempts (a secondary objective).

To determine knowledge deficits about tobacco use, a brief review of the evidence of tobacco myths and lack of knowledge was undertaken by HSC’s Research and Evaluation Unit, with assistance from researchers in the tobacco control sector. This review identified several myths and counteracting facts. Initially, it was envisaged that these would be used to develop a ‘myth-busting’ communications strategy, whereby a ‘myth’ would be addressed by showing the myth with a corresponding fact. Creative concepts and the myth-fact device were tested with the audience through qualitative research. Focus group participants reported that the myth-busting device was not necessary and that, to have impact, people wanted the facts presented directly and simply. Therefore, the myths did not appear in the creative execution of *Face the Facts*.

Most of the facts included in *Face the Facts* directly correspond to the myths identified in the review, eg, the fact that nicotine replacement therapy (NRT) is safe directly dispels the myth that NRT is unsafe. For some facts, however, the link between the myth and the fact was not as direct. For example, around one-third of New Zealand people who smoke believe the myth that the dangers of smoking have been exaggerated. The corresponding fact, 5,000 New Zealanders die from smoking every year, was designed to counteract that myth by communicating the scale of the tobacco problem.

The communications strategy was launched through national mass media in April 2009. A series of 15-second television commercials (TVCs) showed a black and white photograph with a voiceover stating the fact. The fact was also presented in words visually, being superimposed on the photograph. Each TVC showed the phrase “Smoking. Face the Facts” and each closed by directing people to the *Face the Facts* website (www.facethefacts.org.nz). The photograph was intended to create emotional engagement. *Face the Facts* was also presented in various other media such as radio, billboard, print, and Adshels (bus shelters) (see Appendix A).

Evaluation of the *Face the Facts* campaign

In February and March 2009, before the launch of *Face the Facts*, HSC carried out a nationwide benchmark telephone survey of 1,000 New Zealanders.² The survey was designed to benchmark people's knowledge and beliefs around specific *Face the Facts* messages, as well as support for stronger tobacco regulations. To evaluate the *Face the Facts* outcomes, a nationally representative follow-up survey was conducted in March and April 2010.

Research aims

The primary purpose of the follow-up survey was to assess:

- advertising recall
- advertising message take-out
- advertising engagement
- advertising impact
- knowledge of the facts about smoking or quitting smoking that relate to the facts provided in the campaign
- the priority of tobacco as a health issue (relative to other health concerns)
- public support for stronger tobacco regulations.

The secondary purpose of the follow-up survey was to explore whether there were differences in recall and responses to *Face the Facts* when it was on-air and off-air. As such, the survey was in field in March 2010 for two weeks while *Face the Facts* was still on-air, and then for three weeks in April when *Face the Facts* was off- air. Media placement for *Face the Facts* was planned to coincide with the timing of this survey.

To coincide with the research approach used in previous campaign impact evaluations, the methodology and results presented in this report refer to the sample interviewed when *Face the Facts* was off-air.³ Results used in this report are compared against the benchmark responses where relevant.

² Health Sponsorship Council (2009). *Topline results: Face the Facts benchmark survey*. Wellington: Health Sponsorship Council.

³ Differences between the samples surveyed while *Face the Facts* was on-air or off-air will be examined in a later report.

Method

Sampling

The sampling method for the follow-up survey replicated the benchmark survey (see Appendix B for the methodology and sample of the benchmark survey). The sample frame was all residential phone numbers contained in the hardcopy of White Pages, with phone numbers chosen in a systematic, randomised way. Sample sizes for each phone book area were determined, pro-rata to the population count from the 2006 Census, to ensure a nationwide spread of interviews. Quota sampling was used to ensure a relatively proportional balance of respondents by age and gender.

All interviewing was conducted by telephone, with calls being made between 5.00pm and 8.30pm on weekdays and 9.30am and 8.30pm on weekends. An initial call was followed by up to three callbacks made on different days and at different times, to try to interview the sampled person. To be eligible to participate in the survey, people had to:

- be aged 18 to 65
- be a usual resident in the household
- have the last birthday in the household.

Two samples were collected for the follow-up survey, one of 300 respondents during two weeks at the end of March 2010 when *Face the Facts* was still on-air (phase 1), and one of 1000 respondents during April 2010 after the ads had been off-air for three weeks (phase 2). This report presents the results from the phase 2 data collection.

Characteristics of the benchmark and the phase 2 follow-up sample (unweighted) are tabled side-by-side for comparison (see Tables 1-6).

Table 1: Smoking status⁴

Smoking status	Benchmark		Follow-up	
	n	%	n	%
Never smoker	335	34	338	34
Current smoker	141	14	144	14
Ex-smoker	504	50	507	51

⁴ Respondents were asked a series of close-ended questions to determine their current smoking status. Current smokers were defined as those who currently smoked at least monthly, while ex-smokers were those who had 'ever smoked' but they do not smoke monthly. The remaining respondents were identified as never smokers.

Not stated	20	2	11	1
Total	1,000	100	1,000	100

Table 2: Ethnicity

Ethnicity	Benchmark		Follow-up	
	n	%	n	%
Māori	72	7	79	8
Non-Māori	926	93	920	92
Not stated	2	0	1	0
Total	1,000	100	1,000	100

Table 3: Gender

Gender	Benchmark		Follow-up	
	n	%	n	%
Female	511	51	518	52
Male	489	49	482	48
Total	1,000	100	1,000	100

Table 4: Age

Age group	Benchmark		Follow-up	
	n	%	n	%
18-24	78	9	79	8
25-34	170	17	161	16
34-54	494	49	488	49
55-65	258	26	269	27
Not stated	0	0	3	0
Total	1,000	101	1,000	100

Table 5: Parent/caregivers status (of children aged 0-16)

Parent/caregiver status	Benchmark		Follow-up	
	n	%	n	%
Parents/caregivers	423	42	429	43
Non-parents/caregivers	576	58	570	57
Not stated	1	0	1	0
Total	1,000	100	1,000	100

Table 6: Total household income

Household income	Benchmark		Follow-up	
	n	%	n	%
\$20,000 or less	51	5	45	5
\$20,000 - \$40,000	108	11	121	12
\$40,000 - \$60,000	163	16	167	17
Over \$60,000	497	50	507	51
Not stated	181	18	160	16
Total	1,000	100	1,000	101

Response rate

The response rate for the survey was 49%. The response rate calculations used variables recorded by interviewers on the final call to each sampled household (phone number). These variables are outlined in Table 7.

Table 7: Interview outcome categories

Category	Outcomes
Interviews (ai)	Interviews (I)
Not Eligible (bi)	Not eligible (NE), Quota Filled (QF), Business (B), Unavailable during survey period (U)
Eligibility Not Established (ci)	No reply (NR), Answer phone/Fax (AP), Engaged (E), Household Refusal (HR)
Eligible Non Response (di)	Respondent Refusal (RR), Not Available at time of call (NA), Broken Appointment (APT), Language difficulty (L), Partial Interview (P),

Other (OTH)

An estimate of the eligible households is calculated for the i th interviewer.

$$a_i + d_i + \frac{c_i \times (a_i + d_i)}{(a_i + b_i + d_i)}$$

The response rate for the i th interviewer is the number of interviews achieved divided by the estimated eligible households.

$$\frac{a_i}{a_i + d_i + \frac{c_i \times (a_i + d_i)}{(a_i + b_i + d_i)}}$$

This reduces to the following for the i th interviewer:

$$\frac{a_i \times (a_i + b_i + d_i)}{(a_i + d_i)(a_i + b_i + c_i + d_i)}$$

The response rate for a group of interviewers was the average of the response rate for the individual interviewers, weighted by the estimated eligible households for each.

Procedure

The follow-up survey was undertaken over the telephone. Answers were recorded on paper questionnaires and then captured into computer software (Blaise). In the case of ‘other specified’ or open-ended questions, coding was undertaken by initially examining the textual answers given by respondents to each open-ended question. Each recurring point or theme was then identified as a code.

Interviews ranged in length from six minutes to 40 minutes, with an average interview duration of 15 minutes.

The follow-up survey results reported here are from data collected when *Face the Facts* was off-air. During this time, some ads aimed at promoting the national cessation services provided by The Quit Group were on-air: *Here to Help* and *Video Diaries – Angela*.

Questionnaire

As the *Face the Facts* follow-up questionnaire largely replicated the questionnaire that was used in the benchmark survey, a full pilot survey was not required. However, questions that prompted people’s recall of *Face the Facts* ads were added to another pilot survey of 30 respondents contracted by HSC, to test whether there were any difficulties with phrasing, vocabulary, understanding, or answering these. No changes were made to the questionnaire as a result of the pilot testing. See Appendix C for the questionnaire.

Data preparation and weighting

Data were adjusted for probability of selection, given that only one person per household was interviewed, regardless of the number of people living there. Differences between the achieved sample and the usually resident population counts from the Census 2006 were adjusted by:

- gender
- age: 18-24⁵, 25-44, 45-65
- prioritised ethnicity: Maori, Pacific, Other.

The approach was the same as for the benchmark survey⁶.

Differences between the benchmark survey and the follow-up survey were compared using a *t*-test. The significance level used for statistical analyses was set to $p = .05$ ⁷.

⁵ The 15-24 age group counts provided by the Census 2006 were adjusted to account for the lower age group being 18-24.

⁶ Results from the benchmark survey have been re-weighted to ensure comparability with the follow-up survey, this may mean there are small differences between results presented here and those presented previously from the Benchmark survey.

Results

Recall

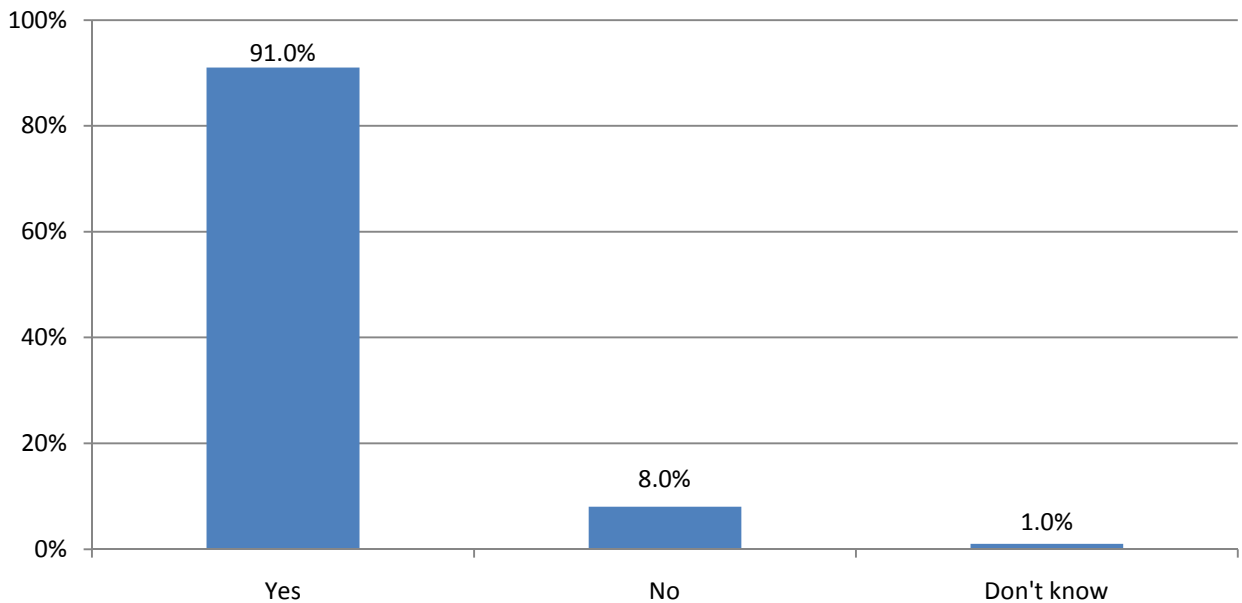
All respondents were asked a series of questions to assess their recall of *Face the Facts*. The location of where they had seen or heard the campaign was also assessed.

Unprompted advertising recall about smoking

Respondents were asked: *Do you recall seeing or hearing any advertising anywhere in the last 12 months about not smoking, quitting smoking, or the harmful effects of smoking?*

Findings: Around nine in ten (91%) respondents recalled seeing or hearing advertising in the last 12 months about not smoking or the harmful effects of smoking (see Figure 1).

Figure 1: Seeing or hearing advertising in the last 12 months about not smoking, quitting smoking, or the harmful effects of smoking



Base = total sample (n=1,000)

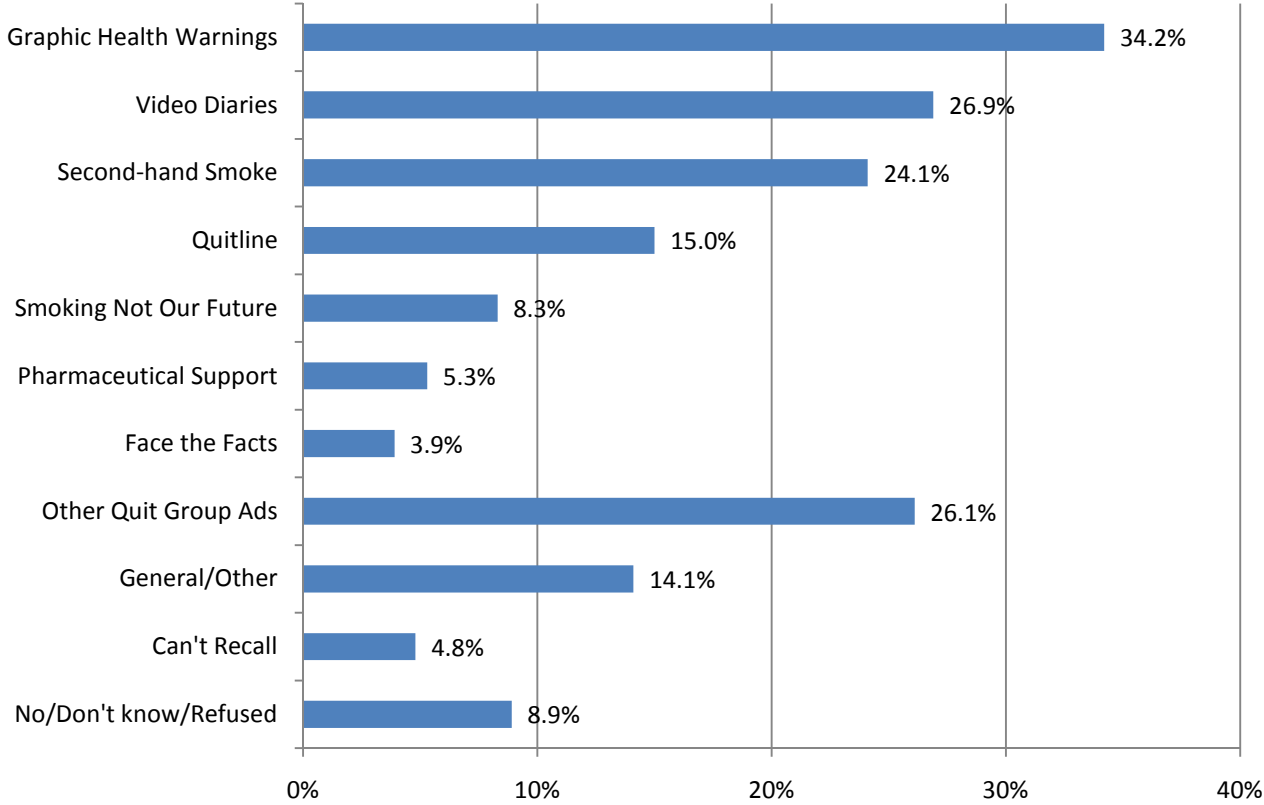
Unprompted recall of *Face the Facts*

Respondents who recalled any advertising about not smoking were asked to describe the three ads that most readily came to mind:

- *Think about those ads, can you please describe the ad that most readily comes to mind?*
- *And can you describe the ad that next comes to mind?*
- *Can you describe any other ads? What scenes, pictures or messages do you remember?*

Findings: Responses were grouped by campaigns. The highest unprompted recall was for the Graphic Health Warnings, recalled by one in three (34%) respondents. Other campaigns that were recalled by at least one in ten respondents were The Quit Group's Video Diaries (27%) and Quitline ads (15%), and HSC's Second-hand Smoke (24%). Around one in 20 respondents (4%) recalled *Face the Facts* ads when they were asked these questions (see Figure 2).

Figure 2: Unprompted recall of advertising in the last 12 months about not smoking, quitting smoking, or the harmful effects of smoking



Base = total sample (n=1,000)⁸

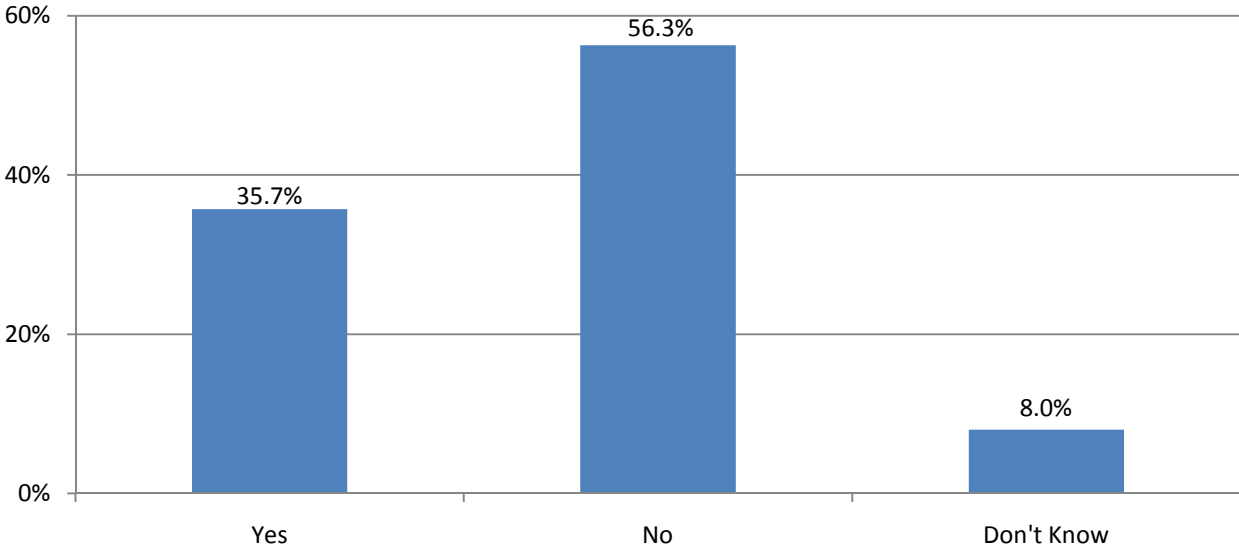
⁸ A sub-sample of participants was asked this question; however the total number of participants (n=1,000) was used as the denominator when calculating the proportion of unprompted recall. This was to ensure that the figure would be comparable with prompted recall.

Semi-prompted recall of *Face the Facts*

All respondents were read out a general description of the *Face the Facts* to assess semi-prompted recall: *There is a series of ads called Face the Facts. Each ad in this series shows a different black and white photograph and a different fact about smoking. The words ‘Smoking: Face the Facts’ are in all of the ads. Have you seen or heard any of these ads anywhere?*

Findings: Around one in three (36%) respondents recalled seeing or hearing *Face the Facts* when they were prompted with the first prompt (see Figure 3).

Figure 3: Whether they had seen or heard of any *Face the Facts* ads, when prompted with the first prompt



Base = total sample (n=1,000)

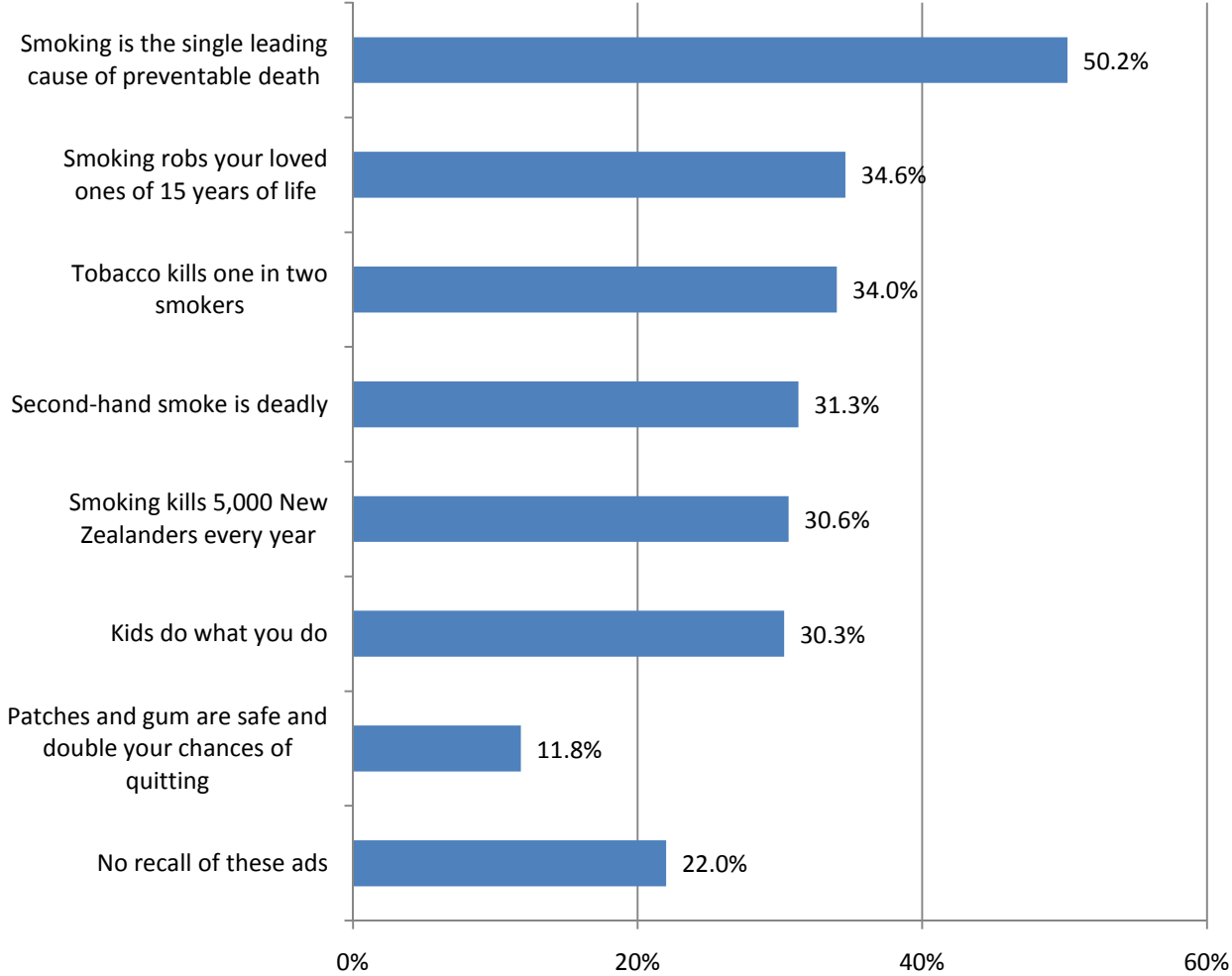
Fully prompted recall of *Face the Facts*

All respondents were asked: *I'm now going to describe the photographs and words in some of the 'Face the Facts' ads in more detail. I'll describe the TV version of the ads, but you may have seen or heard them somewhere else. Thinking about whether you have seen or heard the ad anywhere, just answer 'yes' or 'no' for each.*

They were then read out a full description of seven of the 11 *Face the Facts* TVCs to fully prompt their recall. Each description included the visual composition of the photograph, the voice over, and the message that appeared on the screen. Full details of the prompts used for each ad are in Appendix D.

Findings: Figure 4 shows the recall across the seven ads when respondents were fully-prompted. Four out of five people recalled at least one *Face the Facts* ad from the descriptions that were given. There was a range in recall by respondents depending on the ad. Among all *Face the Fact* ads, 'Smoking is the single leading cause of preventable death' (50%) had the highest recall when fully prompted, followed by 'Smoking robs your loved ones of 15 years of life' (35%) and 'Tobacco kills one in two who smoke' (34%). The ad with the message 'Patches and gum are safe and doubles your chances of quitting' (12%) had the lowest recall (see Figure 4).

Figure 4: Whether respondents have seen or heard specific *Face the Facts* ads, when fully prompted

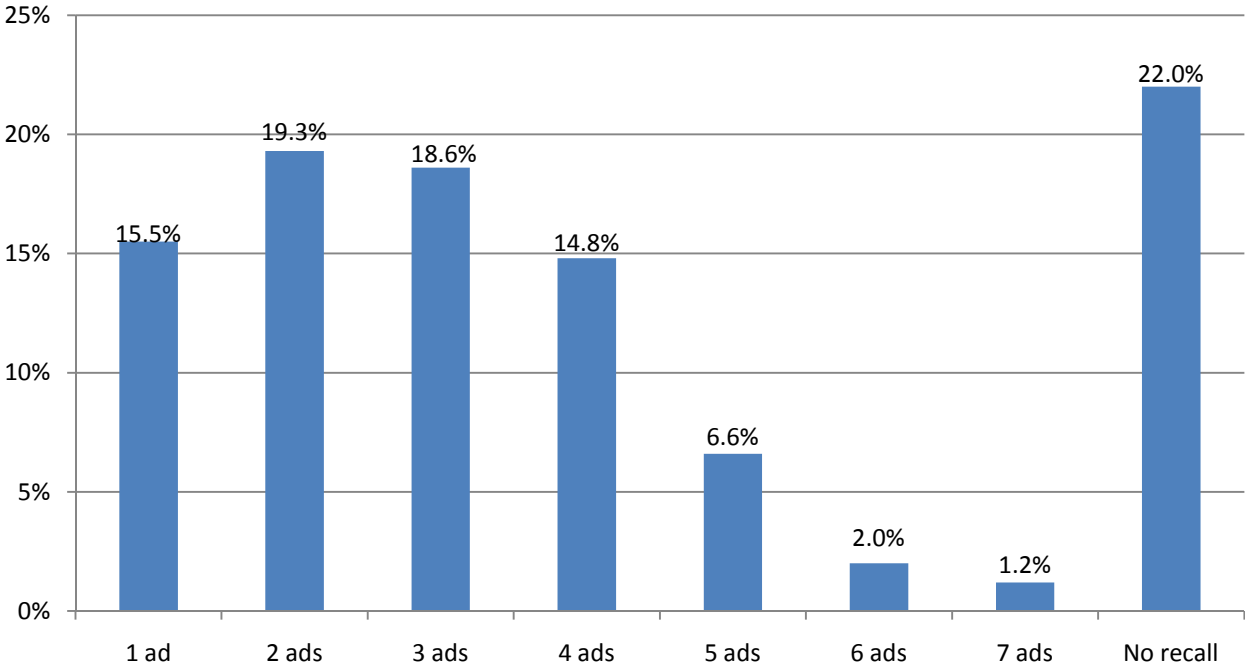


Base = total sample (n=1,000)

Number of different *Face the Facts* ads recalled (fully prompted)

Findings: Around four in ten (43%) of the respondents had seen or heard at least three of the different *Face the Fact* ads when fully prompted (see Figure 5). One-sixth (16%) and one-fifth (19%) had seen or heard one or two of the different ads respectively.

Figure 5: Number of *Face the Facts* ads seen or heard by respondents when fully prompted

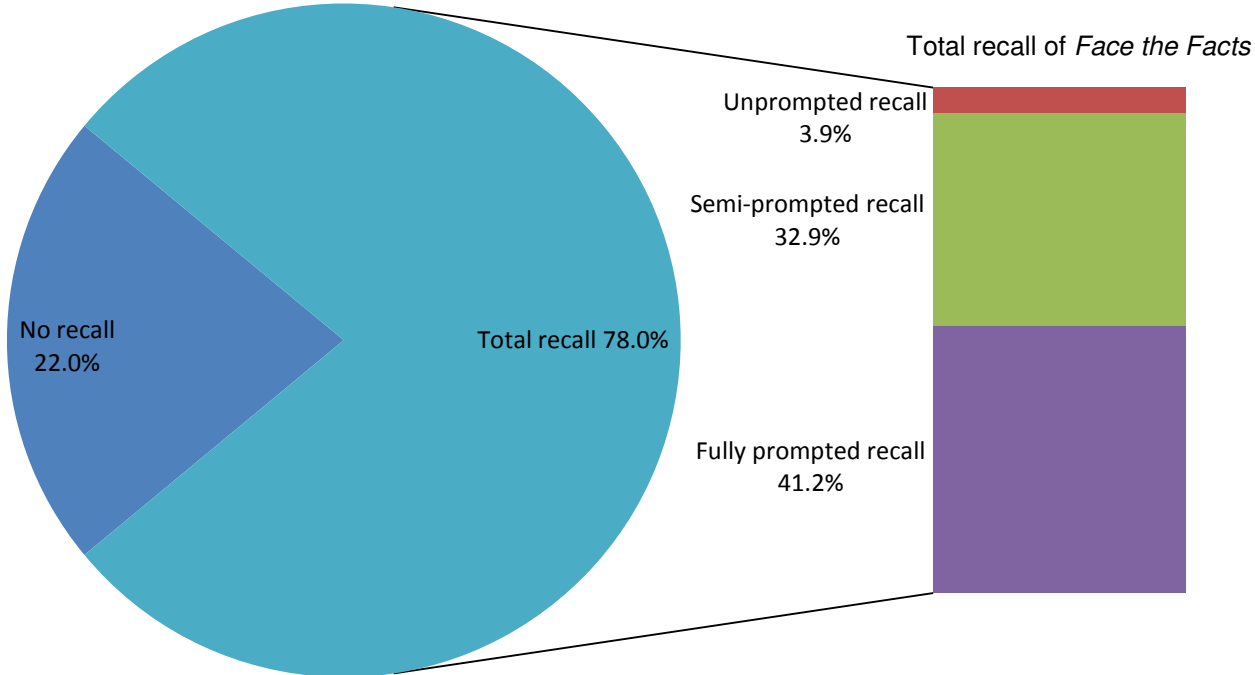


Base = total sample (n=1,000)

Summary of total recall of *Face the Facts*

In summary, 78% of respondents recalled seeing or hearing *Face the Facts*. This included 4% who recalled *Face the Facts* unprompted, 33% when semi-prompted, and 41% when fully prompted. Around one in five (22%) did not recall seeing or hearing any *Face the Facts* ads (see Figure 6).

Figure 6: Summary of total recall of *Face the Facts*



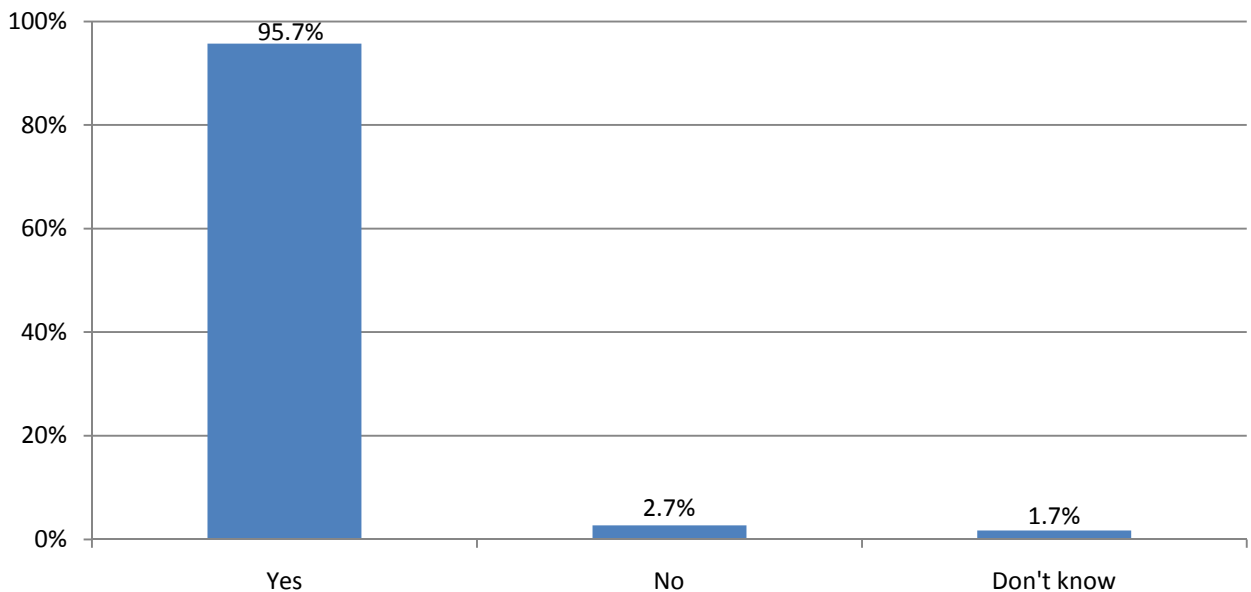
Base = total sample (n=1,000)

Recall of television advertising

Respondents who recalled *Face the Facts* (unprompted, semi-prompted, or fully prompted) were asked: *Now that I've described the 'Face the Facts' ads in more detail, do you recall seeing any of these ads on TV?*

Findings: Among those who recalled *Face the Facts*, almost all of them (96%) had seen the ad(s) on TV (see Figure 7).

Figure 7: Total recall of *Face the Facts* on TV



Base = respondents who recalled *Face the Facts* – total recall (n=774)

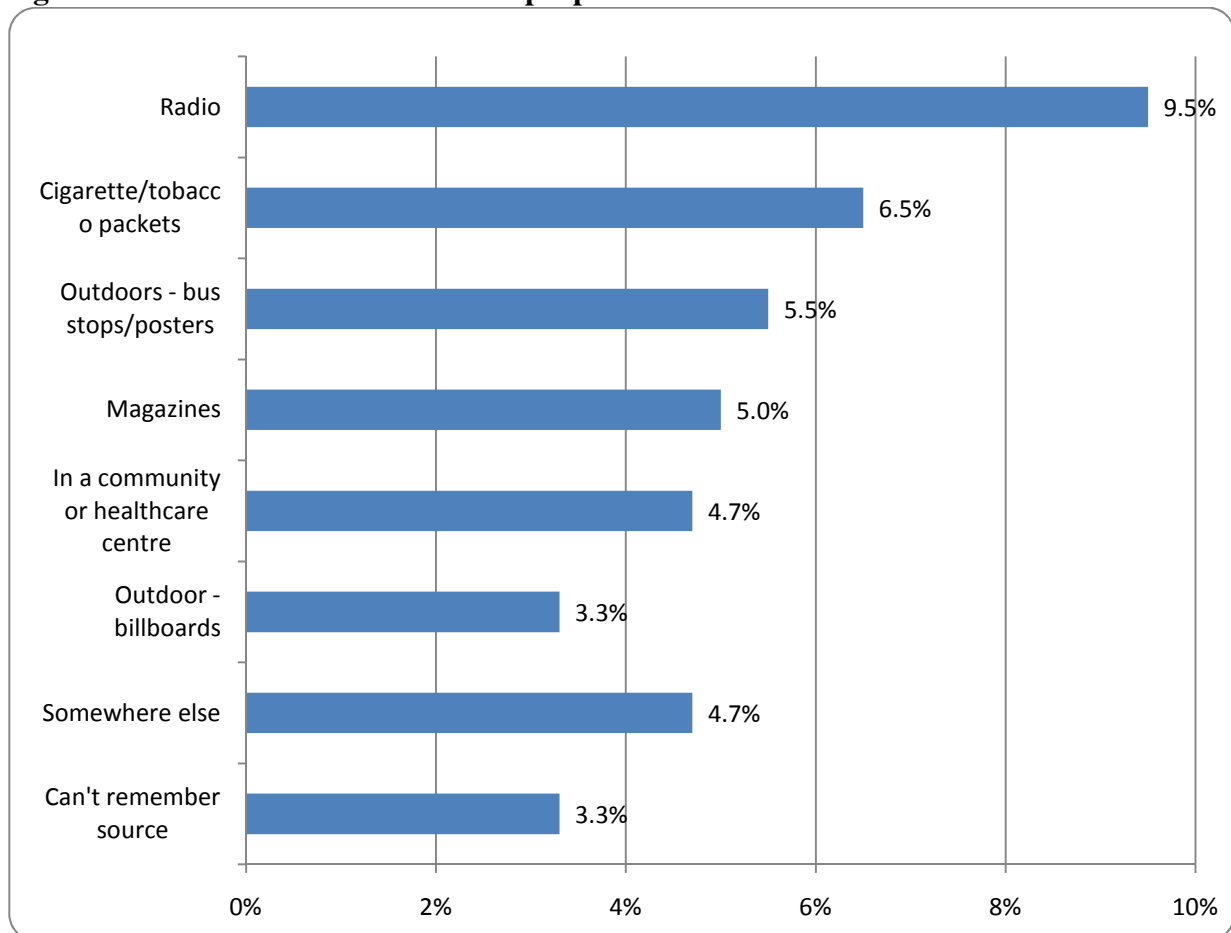
Recall of advertising media

After being asked about ad recall, respondents who recalled *Face the Facts* (unprompted, semi-prompted, or fully prompted) were asked: *Where else have you seen or heard these ads?* Multiple responses were allowed in this question.

Findings: Among those who recalled *Face the Facts*, almost all (96%) recalled seeing it on television. Other media through which people saw or heard the ads were on the radio (10%), on outdoor bus stops or posters (6%), and in magazines (5%) (see Figure 8).

A small proportion of people mentioned that they had seen the *Face the Facts* ads on cigarette/tobacco packets (7%). *Face the Facts* messages were not placed on cigarette/tobacco packets, however the imagery of a corpse with a toe tag was similar to one of the on-pack graphic health warnings and this may have meant these people linked this to the *Face the Facts* ads or the description given for this ad in the survey.

Figure 8: Non-television media where people had seen or heard *Face the Facts*



Base = respondents who recalled *Face the Facts* – total recall (n=774)

The message people took from *Face the Facts*

Among those who recalled *Face the Facts* (unprompted, semi-prompted, and fully prompted), they were asked about the main message they took out from the campaign.

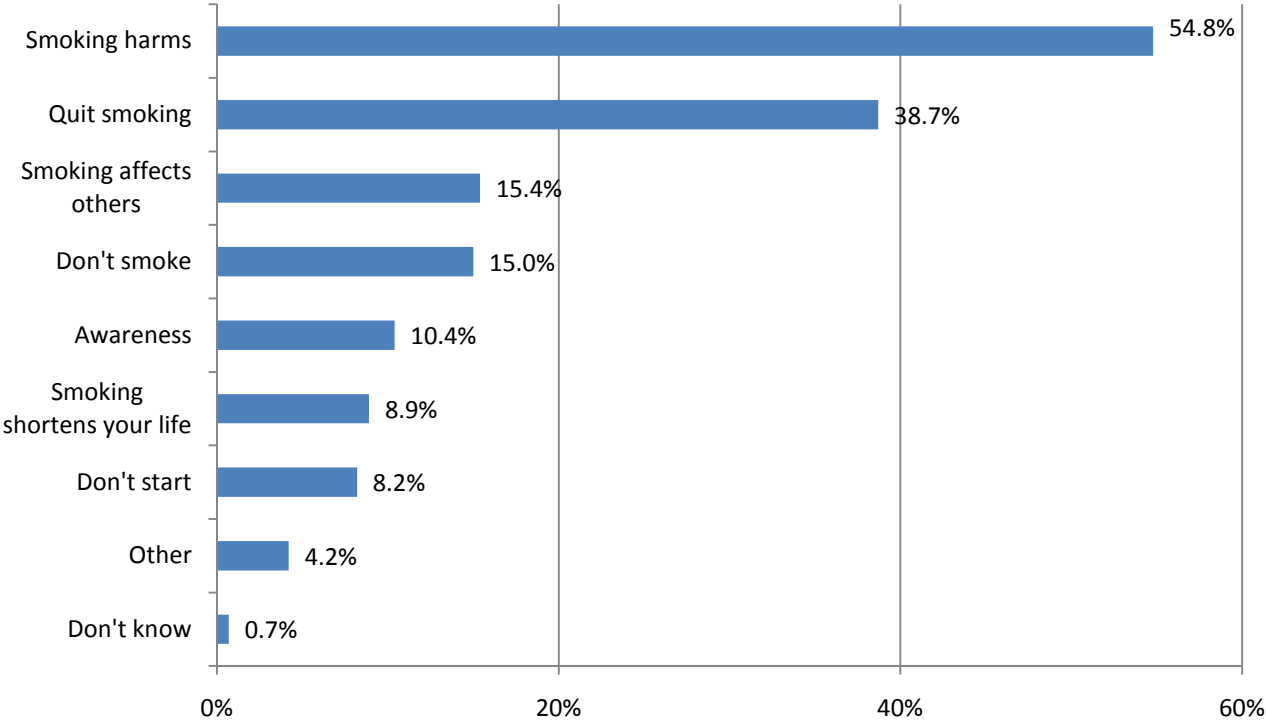
Main message

Respondents who recalled *Face the Facts* (unprompted, semi-prompted, and fully prompted) were asked: *And thinking about the series of 'Face the Facts' ads as a whole, what do you think was the main message of these ads?*

Responses to this open-ended question were recorded fully and then grouped into similar themes. This process means that while the main message was asked for, many responses were coded into more than one group. Figure 9 presents the proportions of people whose interpretations of the main message of *Face the Facts* fit into the different groups.

Findings: The two most common interpretations of the main message of *Face the Facts*, were that smoking harms (55%), and people should quit smoking (39%).

Figure 9: What people thought the main message of *Face the Facts* was



Base = respondents who recalled *Face the Facts* – total recall (n=774)

Engagement with *Face the Facts*

People who recalled *Face the Facts* (unprompted, semi-prompted, and fully prompted), were asked a series of questions to assess their engagement with the campaign.

The ads made me think

Finding: Seven in ten (71%) respondents who recalled *Face the Facts* agreed with the statement: *The ads made me think* (see Figure 10).

The ads grabbed my attention

Finding: Three in four (74%) respondents who recalled *Face the Facts* agreed with the statement: *The ads grabbed my attention* (see Figure 10).

The ads were a bit boring

Finding: One in four (23%) respondents who recalled *Face the Facts* agreed with the statement: *The ads were a bit boring* (see Figure 10).

The ads made me feel uncomfortable

Finding: About three in ten (28%) respondents who recalled *Face the Facts* agreed with the statement: *The ads made me feel uncomfortable* (see Figure 10).

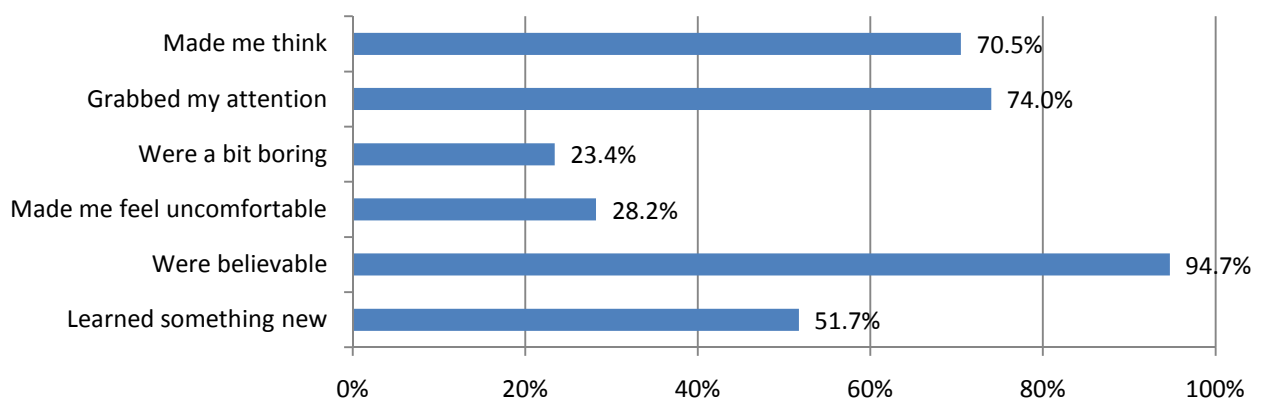
The ads were believable

Finding: Almost all (95%) respondents who recalled *Face the Facts* agreed with the statement: *The ads were believable* (see Figure 10).

I learned something new from the ads

Finding: One-half (52%) of respondents who recalled *Face the Facts* agreed with the statement: *I learned something new from the ads* (see Figure 10).

Figure 10: Engagement of *Face the Facts* ads



Base = respondents who recalled *Face the Facts* – total recall (n=774)

Impact

People who recalled *Face the Facts* (unprompted, semi-prompted, and fully prompted), were asked a series of questions to assess the impact of the campaign.

The ads made me more supportive of things that can be done to reduce smoking

Finding: Two in three (68%) respondents who recalled *Face the Facts* agreed with the statement: *The ads made me more supportive of things that can be done to reduce smoking* (see Figure 11).

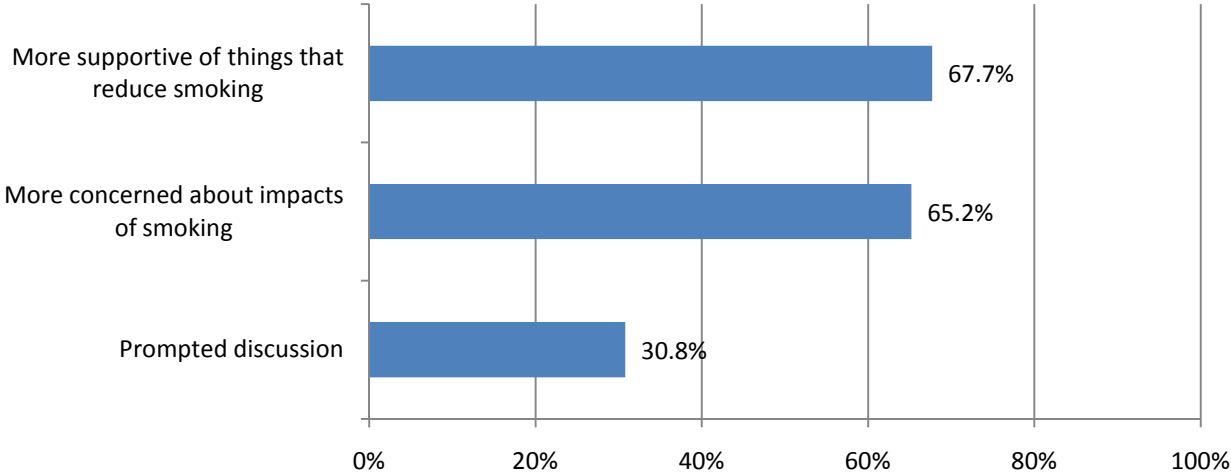
The ads have made me more concerned about the impacts of smoking on New Zealanders

Finding: Two in three (65%) respondents who recalled *Face the Facts* agreed with the statement: *The ads have made me more concerned about the impacts of smoking on New Zealanders* (see Figure 11).

The ads prompted discussion with my family or friends

Finding: Three in ten (31%) respondents who recalled *Face the Facts* agreed with the statement: *The ads prompted discussion with my family or friends* (see Figure 11).

Figure 11: Impact of *Face the Facts* ads



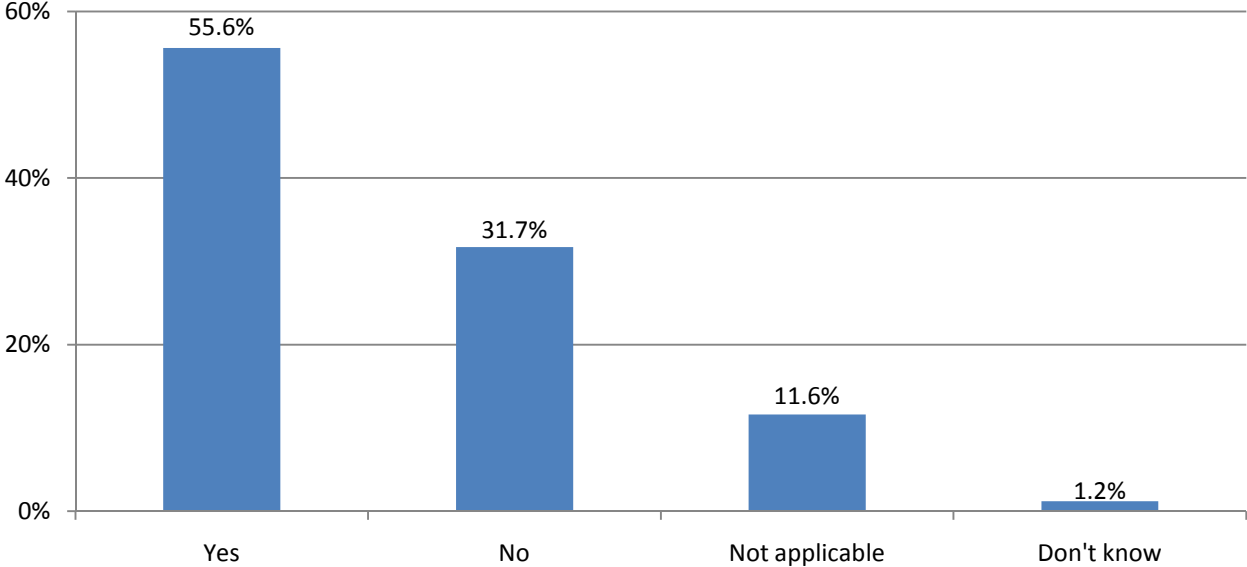
Base = respondents who recalled *Face the Facts* – total recall (n=774)

Support others to quit

Respondents who recalled *Face the Facts* (unprompted, semi-prompted, or fully prompted) were asked to respond ‘yes’ or ‘no’ to the following statement: *The ads made me want to support or encourage a friend or family member to quit.*

Findings: Among those who recalled *Face the Facts*, over one in two (56%) said that *Face the Facts* made them want to support or encourage a friend or family member to quit (see Figure 12).

Figure 12: Whether *Face the Facts* made people want to support or encourage others to quit



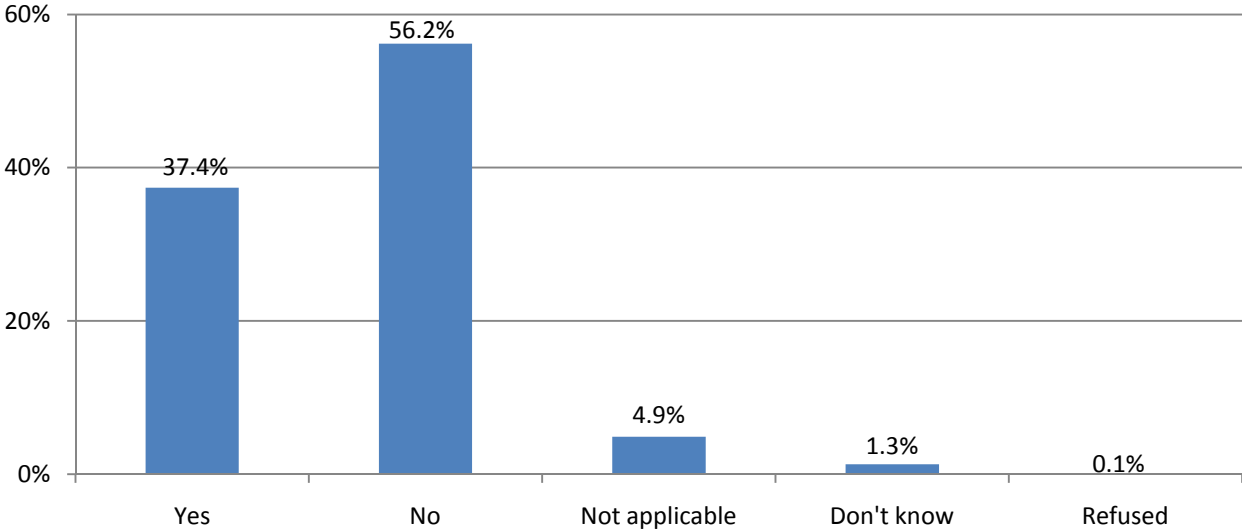
Base = respondents who recalled *Face the Facts* – total recall (n=774)

Put me off smoking

Respondents who recalled *Face the Facts* (unprompted, semi-prompted, or fully prompted) were asked to respond ‘yes’ or ‘no’ to the following statement: *The ads have put me off smoking.*

Findings: Among those who recalled *Face the Facts*, almost four in ten (37%) said that *Face the Facts* put them off smoking (see Figure 13).

Figure 13: Whether *Face the Facts* put people off smoking



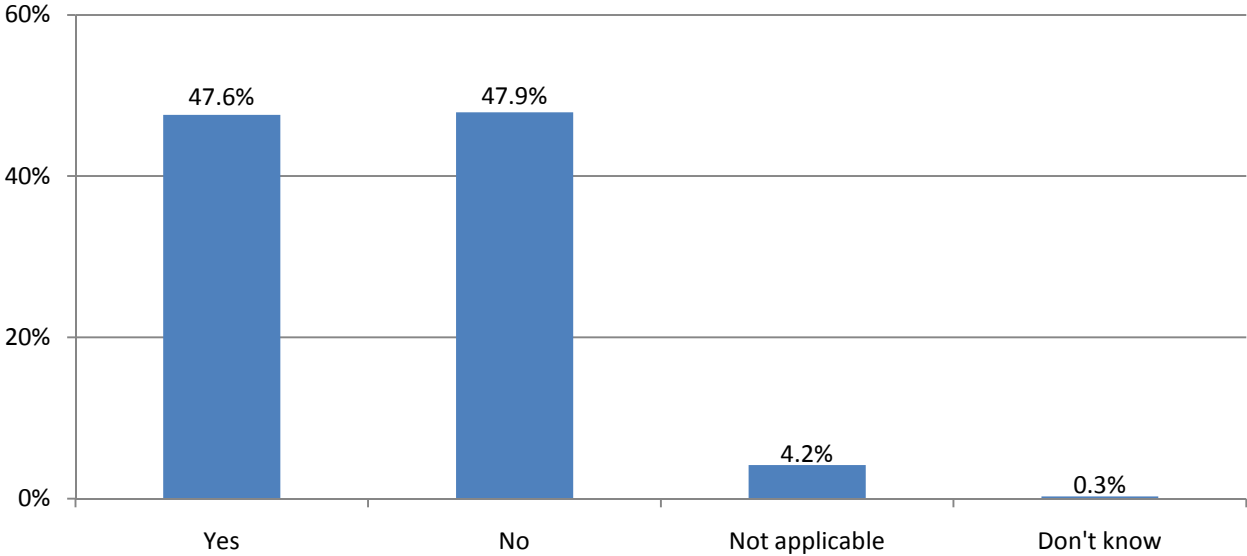
Base = respondents who recalled *Face the Facts*– total recall (n=774)

Smoking is worse than thought

Respondents who recalled *Face the Facts* (unprompted, semi-prompted, or fully prompted) were asked to respond ‘yes’ or ‘no’ to the following statement: *The ads made me realise that smoking is worse than I thought.*

Findings: Among those who recalled *Face the Facts*, there was an even split (both at 48%) of people who said the ads made them realise that smoking is worse than they thought and those who did not (see Figure 14).

Figure 14: Whether *Face the Facts* made people realise that smoking is worse than they thought



Base = respondents who recalled *Face the Facts* – total recall (n=774)

Action taken

Current smokers and recent quitters (people who had quit smoking in the past 12 months) who recalled *Face the Facts* (unprompted, semi-prompted, and fully prompted), were asked a series of questions to assess the actions they had taken as a result of seeing or hearing the campaign.

The ads made me think about quitting

Finding: Over two-thirds (70%) of current smokers and recent quitters who recalled *Face the Facts* answered ‘yes’ to the statement: *The ads made them think about quitting* (see Figure 15).

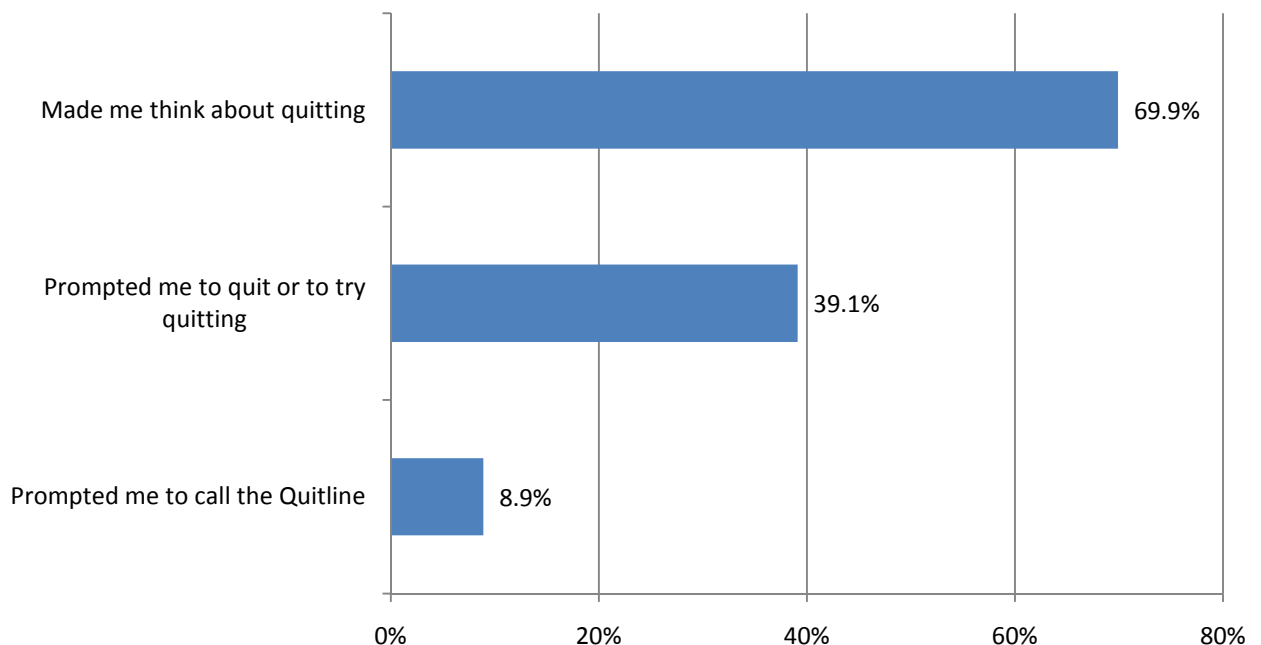
The ads prompted me to quit, or to try quitting

Finding: Two out of five (39%) current smokers and recent quitters who recalled *Face the Facts* answered ‘yes’ to the statement: *The ads prompted me to quit or try quitting* (see Figure 15).

The ads prompted me to call the Quitline

Finding: Almost one in ten (9%) current smokers and recent quitters who recalled *Face the Facts* answered ‘yes’ to the statement: *The ads prompted me to call the Quitline* (Figure 15).

Figure 15: Actions taken as a result of *Face the Facts*

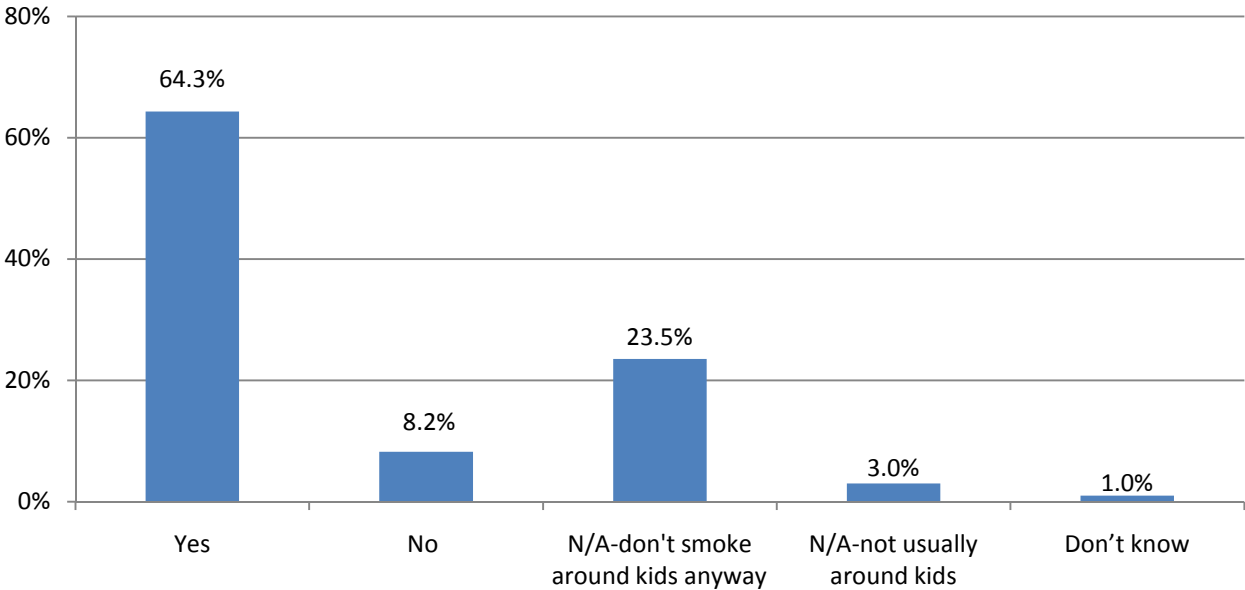


Base = current smokers/recent quitters who recalled *Face the Facts* – total recall (n = 163)

The ads made me less likely to smoke around kids

Findings: Two in three (64%) current smokers and recent quitters answered ‘yes’ to the statements: *the ads made me less likely to smoke around kids* (current smokers) and *when I was still smoking, the ads made me less likely to smoke around kids* (recent quitters) (see Figure 16).

Figure 16: Whether *Face the Facts* made current smokers or recent quitters less likely to smoke around kids



Base = current smokers/recent quitters who recalled *Face the Facts* – total recall (n = 163)

Knowledge around tobacco, smoking, and quitting smoking

All respondents were asked questions to assess their knowledge around tobacco, smoking, and quitting smoking. Some of these questions asked respondents to indicate their agreement or disagreement with a statement, while other questions required a more specific response (eg, number of New Zealanders who die each year due to a smoking-related disease). In this section, results of the follow-up survey will be presented first. They were then compared against the same questions from the benchmark survey.

Myth to dispel: 'The dangers of smoking have been exaggerated'

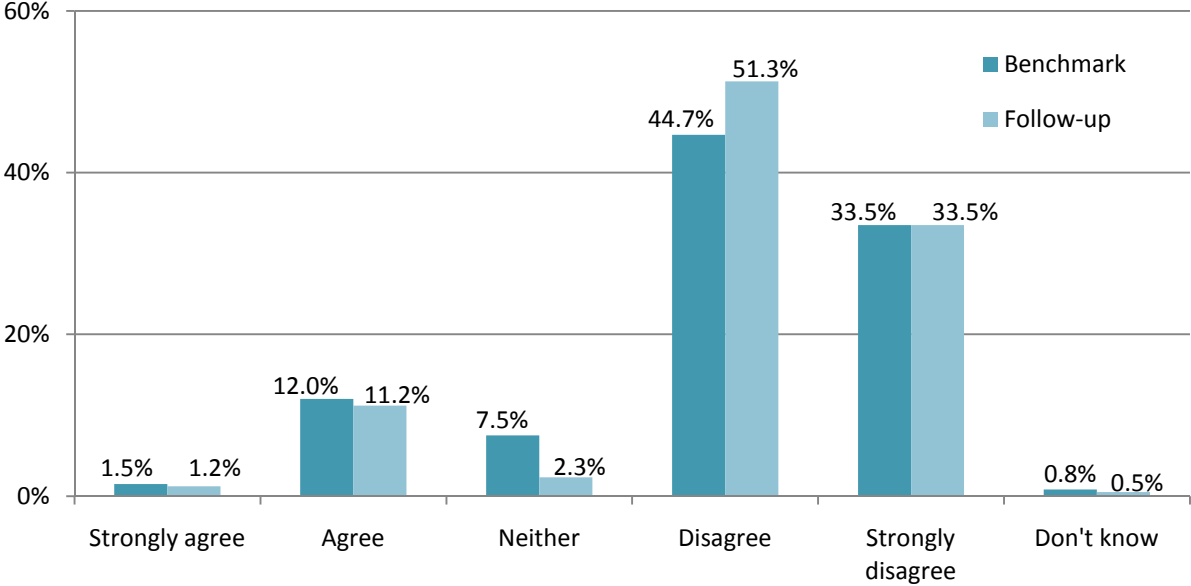
Fact message: Every year, 5,000 New Zealanders die from smoking. That's equivalent to a whole town.

All respondents were asked to indicate their agreement with the statement: *The dangers of smoking have been exaggerated.*

Findings: Over four in five (85%) respondents 'disagreed' (51%) or 'strongly disagreed' (34%) with the statement that 'the dangers of smoking have been exaggerated'. Just over one in ten (12%) respondents 'agreed' (11%) or 'strongly agreed' (1%) with this statement (see Figure 17).

The aim of this message was to put tobacco on the radar of New Zealanders and to improve their knowledge of the scale of the smoking problem. The desirable outcome is an increase in the proportions of people who 'disagreed' or 'strongly disagreed' with this statement. Compared with the benchmark survey, respondents in the follow-up survey were significantly *more* likely to 'disagree' or 'strongly disagree' with that the dangers of smoking have been exaggerated ($p < .05$) (see Figure 17).

Figure 17: Agreement that ‘the dangers of smoking have been exaggerated’



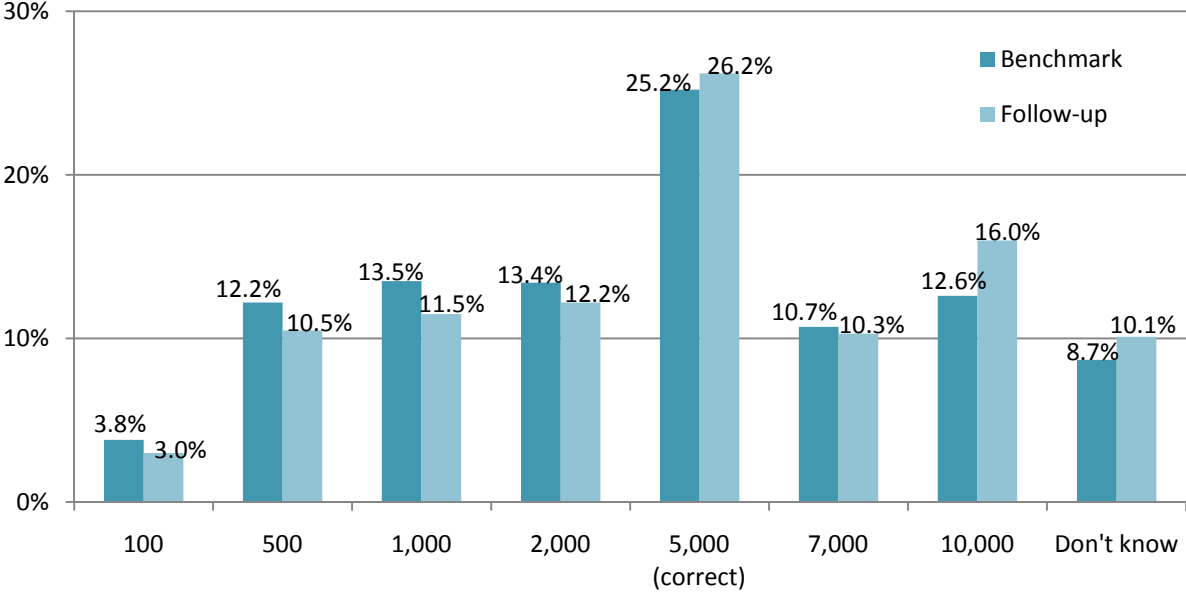
Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

All respondents were also asked: *About how many New Zealanders do you think die each year because of smoking?* Response options were read out to the respondents.

Findings: One in four (26%) respondents correctly answered the number of New Zealanders who die each year because of smoking (5,000). Over one in three (37%) under-estimated the number of deaths, while one in four (26%) over-estimated them. One in ten (10%) respondents were unsure (see Figure 18).

As noted above, the aim of this message was to put tobacco on the radar of New Zealanders and to improve their knowledge of the scale of the smoking problem. The desirable outcome is an increase in the proportions of people who correctly identified ‘5,000’ as the correct response. Compared with the benchmark survey, there was *no significant change* in the proportions of respondents who answered this question correctly ($p > .05$). Similarly, there were *no significant changes* in the proportions of respondents who under- or over-estimated the number of New Zealanders who die from smoking each year (see Figure 18).

Figure 18: Number of New Zealanders who die from smoking each year



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: 'It won't happen to me'

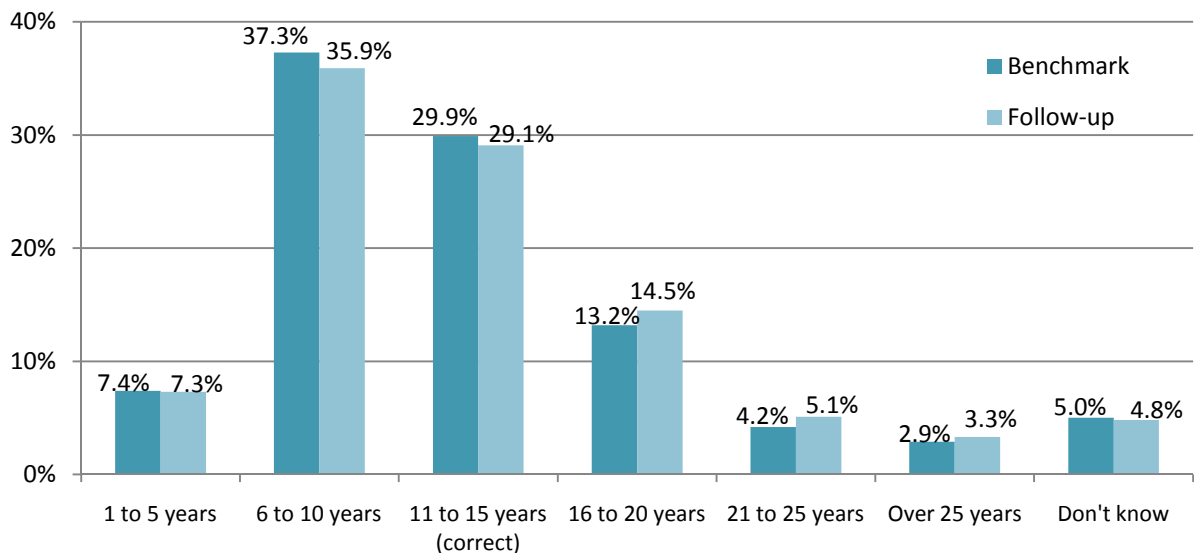
Fact message: Current smokers who die from a smoking-related disease lose on average 15 years of quality life.

All respondents were asked: *For smokers who die of a smoking-related disease, about how many years earlier do you think they die, on average, compared with non-smokers?* Response options were read out to the respondents.

Findings: About three in ten (29%) respondents correctly answered this question as 11 to 15 years. More than two in five (43%) under-estimated the number of years lost from smokers who die from a smoking-related disease, while one in five (23%) over-estimated it (see Figure 19).

The aim of this message was to enhance people's knowledge that smoking causes premature death. The desirable outcome is an increase in the proportions of people who identified '15' as the correct answer (this being the average number of years of life lost). Compared with the benchmark survey, there was *no change* in the proportions of respondents who answered this question correctly ($p > .05$). Similarly, there were *no changes* in the proportions of respondents who under- or over-estimated the average number of years loss from smoking ($p > .05$) (see Figure 19).

Figure 19: Average number of years lost from smoking



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: ‘Nicotine Replacement Therapy (NRT) is not effective’/‘NRT is unsafe’

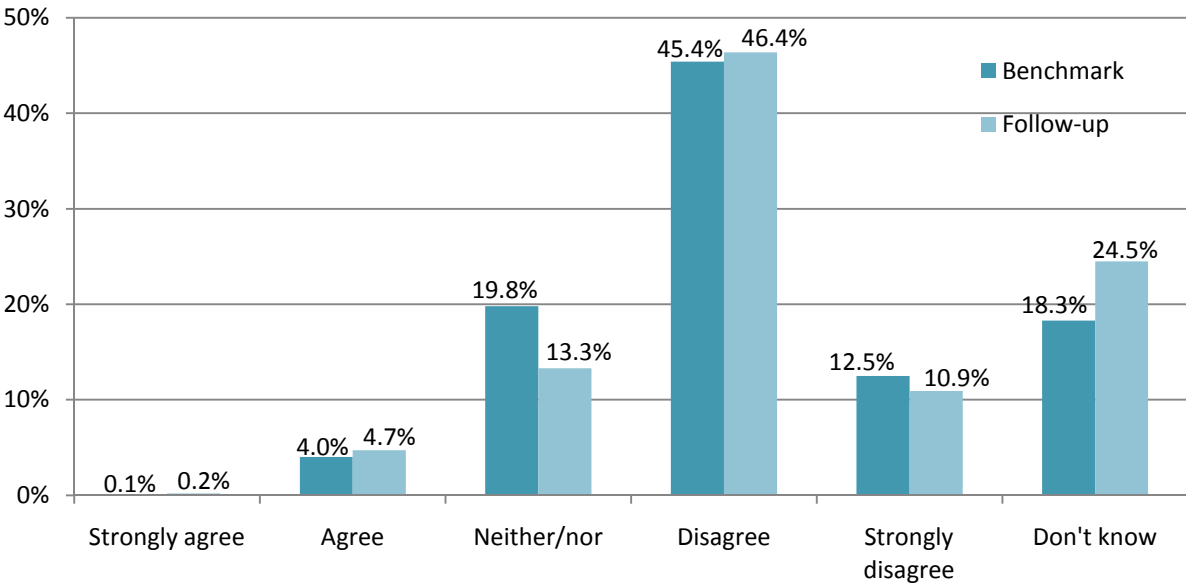
Fact message: If you’re struggling to give up smoking, nicotine patches and gum can help. They’re safe and double your chances of quitting.

All respondents were asked to indicate their agreement with the following statements: *Nicotine patches or gum are more harmful than smoking cigarettes.*

Findings: About six in ten (57%) respondents ‘disagreed’ (46%) or ‘strongly disagreed’ (11%) with the statement. One in 20 (5%) ‘agreed’ (5%) or ‘strongly agreed’ (0.2%) with the statement. Over one in three (36%) either said that they ‘neither agreed nor disagreed’ with the statement (13%) or they were unsure (25%).

The aim of this message was to correct the myth that nicotine patches or gum are as, or more, harmful than smoking cigarettes. The desirable outcome is an increase in the proportions of people who ‘disagreed’ or ‘strongly disagreed’ with this statement. Compared with the benchmark survey, there was *no changes* in the proportions of respondents who ‘disagreed’ or ‘strongly disagreed’ with the statement ($p > .05$) (see Figure 20).

Figure 20: Agreement that ‘nicotine patches or gum are more harmful than smoking cigarettes’



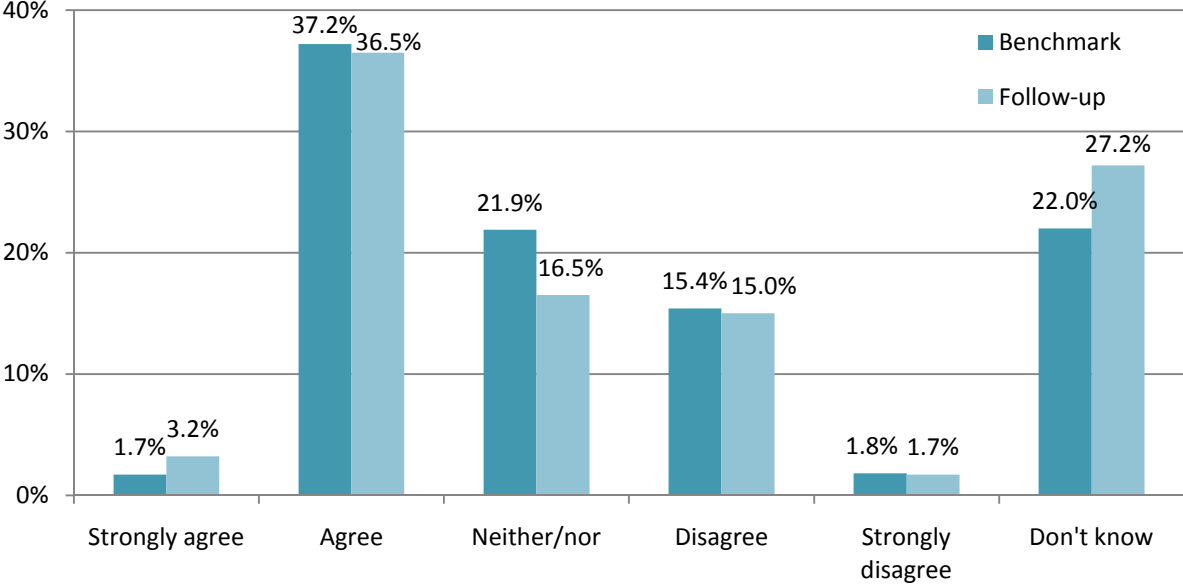
Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

All respondents were also asked to indicate their agreement with the following statements: *Nicotine patches and gum double the chances of quitting smoking successfully.*

Findings: Four in ten (40%) respondents ‘agreed’ (36%) or ‘strongly agreed’ (3%) with the statement. One in six (17%) ‘disagreed’ (15%) or ‘strongly disagreed’ (15%) with this statement. One in six (18%) ‘neither agreed nor disagreed’ and three in ten (27%) were unsure.

The other aim of this message was to educate people on the effectiveness of nicotine patches and gum in improving quit success. The desirable outcome is an increase in the proportion of people who ‘agreed’ or ‘strongly agreed’ with this statement. Compared with the benchmark survey, there was *no changes* in the proportions of respondents who ‘agreed’ or ‘strongly agreed’ with the statement ($p > .05$) (see Figure 21).

Figure 21: Agreement that ‘nicotine patches and gum double the chances of quitting smoking successfully’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: ‘Parents do not influence their children’s smoking’

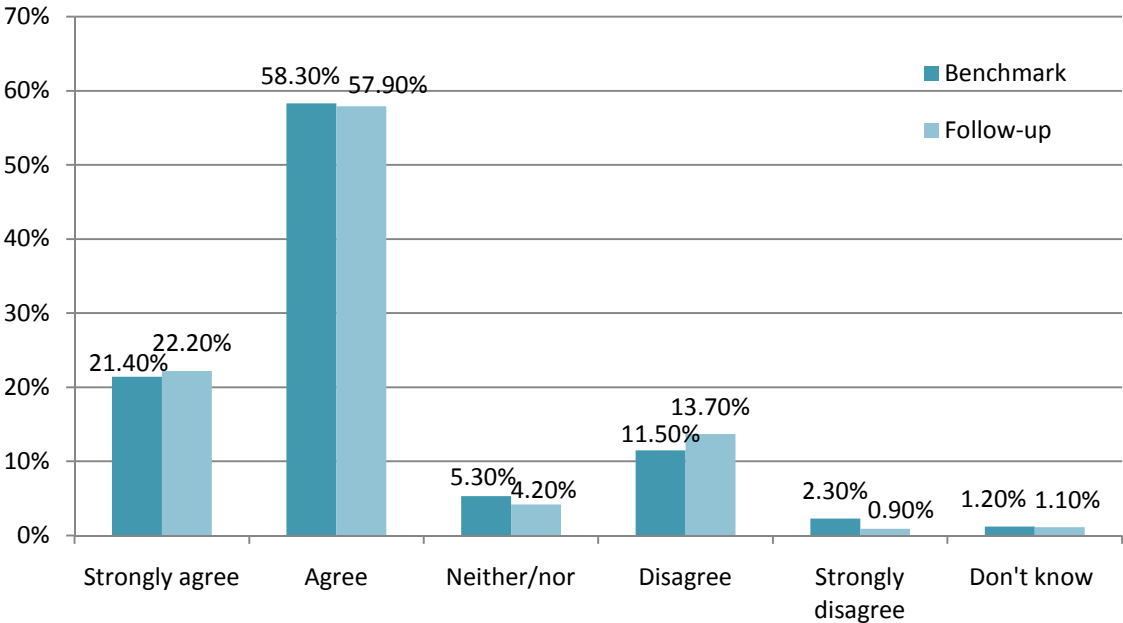
Fact message: Kids who have a parent who smokes are three times more likely to become current smokers. Kids do what you do.

All respondents were asked to indicate their agreement with the following statement: *Children who see their parents smoke are more likely to smoke themselves.*

Findings: Eight in ten (80%) respondents ‘agreed’ (58%) or ‘strongly agreed’ (22%) with the statement that ‘children who see their parents smoke are more likely to smoke themselves’. Around one in six (14%) ‘disagreed’ (14%) or ‘strongly disagreed’ (1%). One in 20 (5%) ‘neither agreed nor disagreed’ (4%) or they were unsure (1%).

The aim of this message was to educate people on the strong influence parents have on children’s smoking. The desirable outcome is an increase in the proportions of people who ‘agreed’ or ‘strongly agreed’ with this statement. Compared with the benchmark survey, there was *no changes* in the proportions of respondents who ‘agreed’ or ‘strongly agreed’ with the statement ($p > .05$) (see Figure 22).

Figure 22: Agreement that ‘children who see their parents smoke are more likely to smoke themselves’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: ‘Second-hand smoke is not that bad for you’

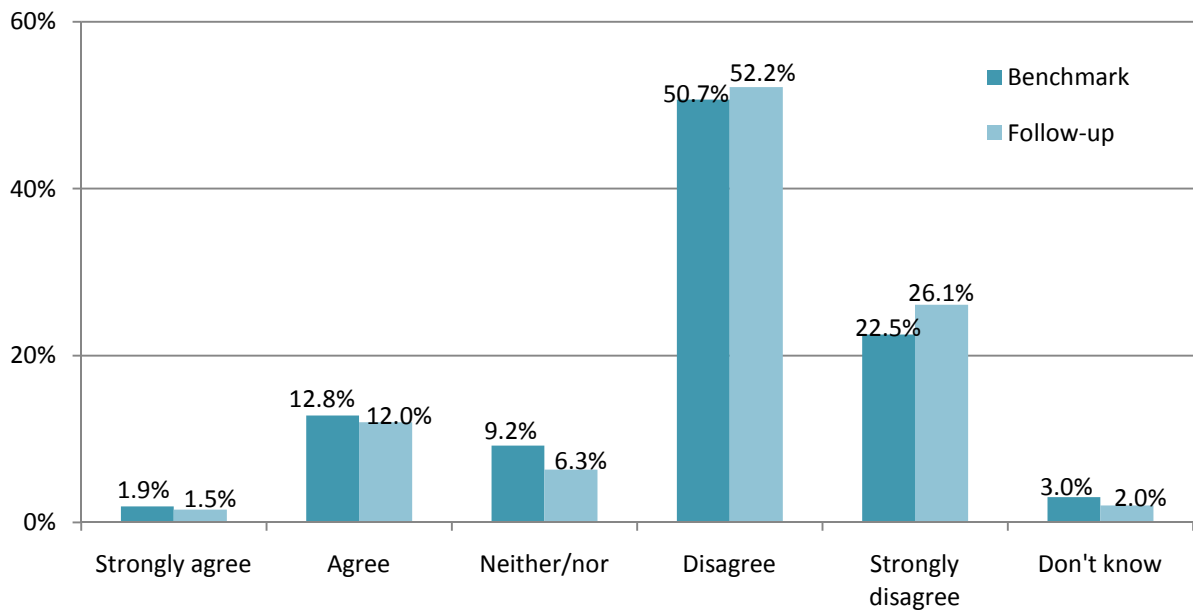
Fact message: Every day, a non-smoker dies from exposure to second-hand smoke. Second-hand smoke is deadly.

All respondents were asked to indicate their agreement with the following statement: *The dangers of second-hand smoke have been exaggerated.*

Findings: About one in eight (78%) respondents ‘disagreed’ (52%) or ‘strongly disagreed’ (26%) with the statement. Fewer than one in six (14%) ‘agreed’ (12%) or ‘strongly agreed’ (2%). Fewer than one in ten (8%) ‘neither agreed nor disagreed’ (6%) with the agreement or they were unsure (2%).

The aim of this message was to improve people’s knowledge around the dangers of second-hand smoke. The desirable outcome is an increase in the proportions of people who ‘disagreed’ or ‘strongly disagreed’ with this statement. Compared with the benchmark survey, respondents in the follow-up survey were significantly *more* likely to ‘disagree’ or ‘strongly disagree’ with the statement ($p < .05$) (see Figures 23).

Figure 23: Agreement that ‘the dangers of second-hand smoke have been exaggerated’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: 'It's my only vice'

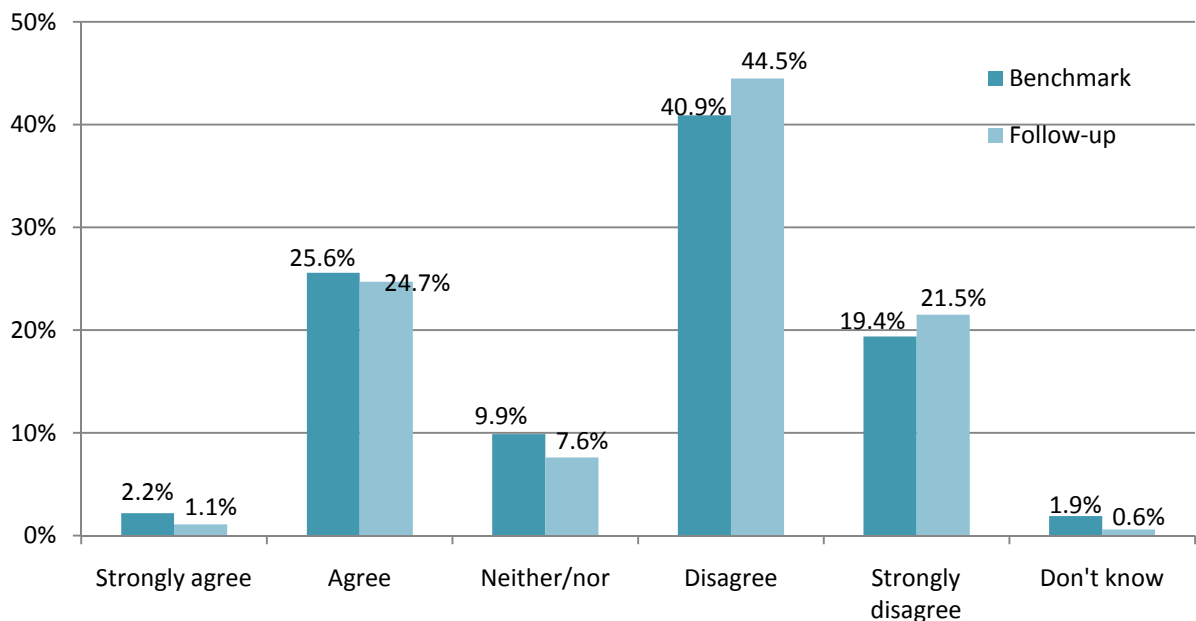
Fact message: Cause of death: Smoking. Age: 56 years. Smoking is the single biggest cause of preventable death.

All respondents were asked to indicate their agreement with the following statement: *Smoking is no more risky than a lot of other things that people do.*

Findings: Two-thirds (66%) 'disagreed' (45%) or 'strongly disagreed' (22%) with the statement. Over one-quarter (26%) 'agreed' (25%) or 'strongly agreed' (1%) with the statement. Less than one-tenth (8%) 'neither agreed nor disagreed' (8%) with the statement or they were unsure (1%).

The aim of this message was to heighten the priority of tobacco relative to other health problems. The desirable outcome is an increase in the proportions of people who 'disagreed' or 'strongly disagreed' with this statement. Compared with the benchmark survey, respondents in the follow-up survey were significantly *more* likely to 'disagree' or 'strongly disagree' with the statement ($p < .05$) significance (see Figure 24).

Figure 24: Agreement that 'smoking is no more risky than a lot of other things that people do'



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Myth to dispel: ‘Cigarette displays don’t influence kids to smoke’

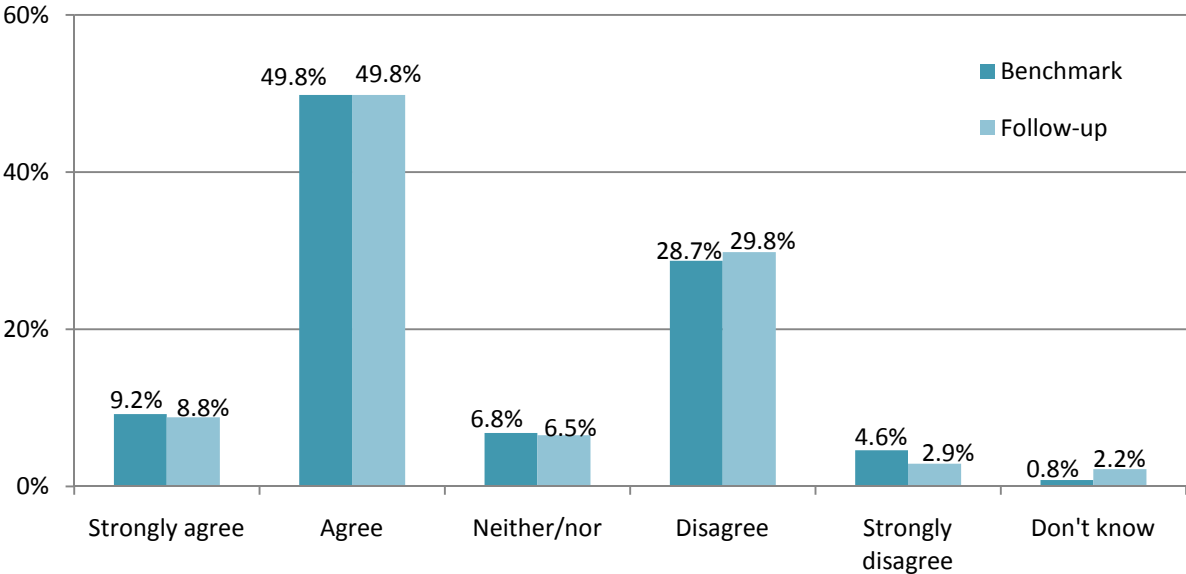
It was originally intended to have one fact message conveying the negative influence cigarette displays have on children’s uptake of smoking. This message would dispel the myth around the lack of influence of cigarette displays on children’s smoking. However, HSC did not proceed with this idea. In the benchmark survey, one question assessed people’s belief around the influence of cigarette displays on children’s smoking. This question was retained in the follow-up survey to act as a comparison group.

All respondents were asked to indicate their agreement with the following statement: *If cigarettes and tobacco were not displayed in shops, children would be less likely to start smoking.*

Findings: About six in ten (59%) respondents ‘agreed’ (50%) or ‘strongly agreed’ (9%) with the statement. One in three (33%) ‘disagreed’ (30%) or ‘strongly disagreed’ (3%) with the statement. Fewer than one in ten (9%) ‘neither agreed nor disagreed’ (7%) with the agreement or they were unsure (2%).

As *Face the Facts* did not have a message around tobacco displays, we did not expect any changes in the proportions of people who ‘disagreed’ or ‘strongly disagreed’ with this statement. Compared with the benchmark survey, there was *no changes* in the proportions of respondents who ‘agreed’ or ‘strongly agreed’ with the statement ($p > .05$) (see Figures 25).

Figure 25: Agreement with the statement that ‘if cigarettes and tobacco were not displayed in shops, children would be less likely to start smoking’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

The priority of tobacco as a health issue

In the benchmark and follow-up surveys, all respondents were asked a question to assess whether they see tobacco as *the* main health issue in New Zealand. Results of the follow-up survey will be presented first, followed by a comparison against responses from the benchmark survey.

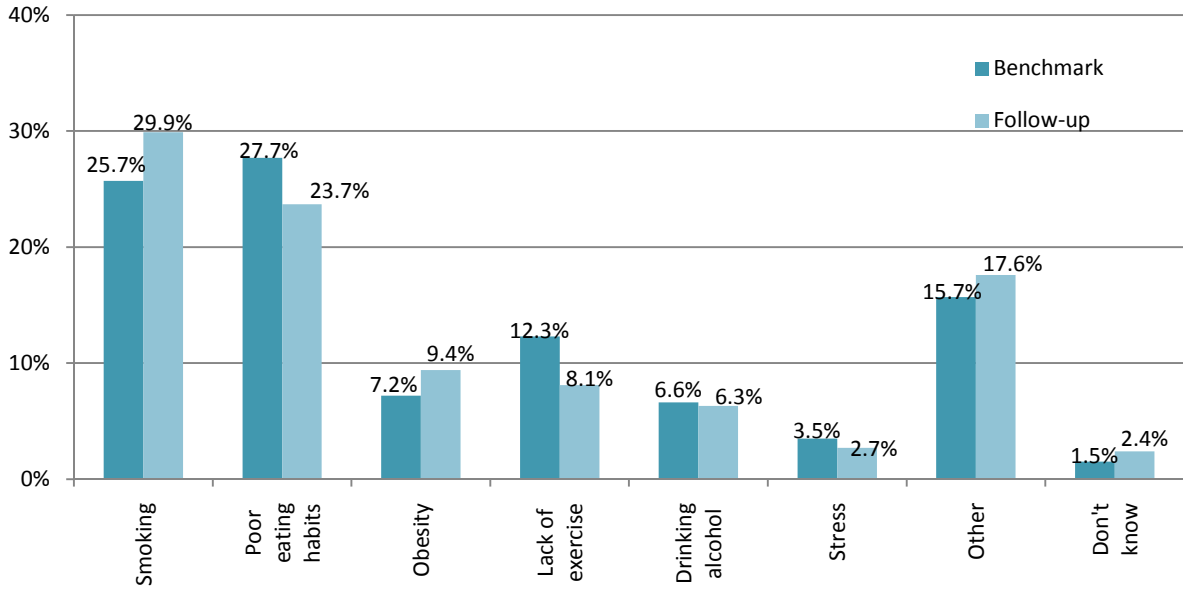
Tobacco and cigarette smoking causes health problems

All respondents were asked: I'd like you to think about things that people do, or don't do, that cause health problems in New Zealand. *What do you think is the main thing that causes health problems?*

Findings: Three in ten (30%) respondents said that tobacco or cigarette smoking was the main thing that causes health problems in New Zealand. Other responses that were given by at least five percent of the sample were around poor eating habits (24%), obesity (9%), lack of exercise (8%) and drinking alcohol (6%).

Compared with the benchmark survey, there was *no change* in the proportions of respondents who think that tobacco/cigarette smoking was the main thing that causes health problems ($p > .05$) (see Figure 26).

Figure 26: What people thought is the main thing that causes health problems



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Support for tobacco regulations

In the benchmark and follow-up surveys, all respondents were asked about their support for various tobacco regulations. They were read a list of statements and asked to indicate whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each. In this section, results of the follow-up survey will be presented first. They were then compared against the same questions from the benchmark survey.

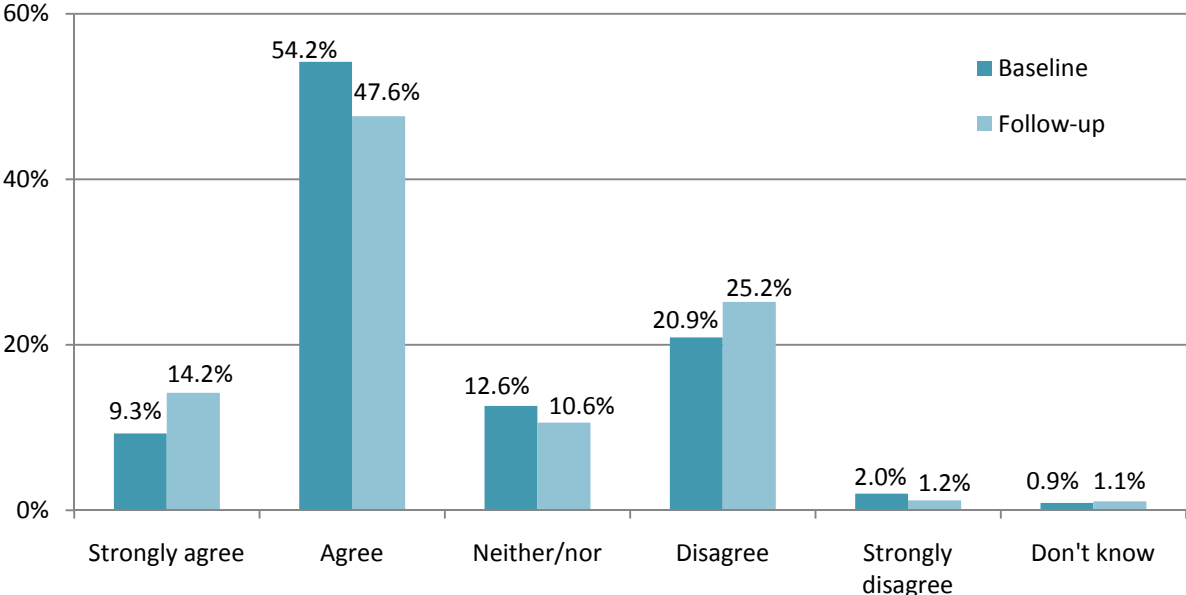
Government should do more to reduce the harm done by smoking

All respondents were asked about their agreement with the statement: *The government should do more to reduce the harm done by smoking.*

Findings: Over six in ten (62%) respondents either ‘agreed’ (48%) or ‘strongly agreed’ (14%) with the statement that ‘the government should do more to reduce the harm done by smoking’. Over one in four (26%) either ‘disagreed’ (25%) or ‘strongly disagreed’ (1%), while around one in ten (11%) ‘neither agreed nor disagreed’ with the statement.

Compared with the benchmark survey, there was *no change* in the proportions of respondents who ‘agreed’ or ‘strongly agreed’ with the statement that ‘the government should do more to reduce the harm done by smoking’ ($p > .05$) (see Figure 27).

Figure 27: Agreement with the statement that ‘the government should do more to reduce the harm done by smoking’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

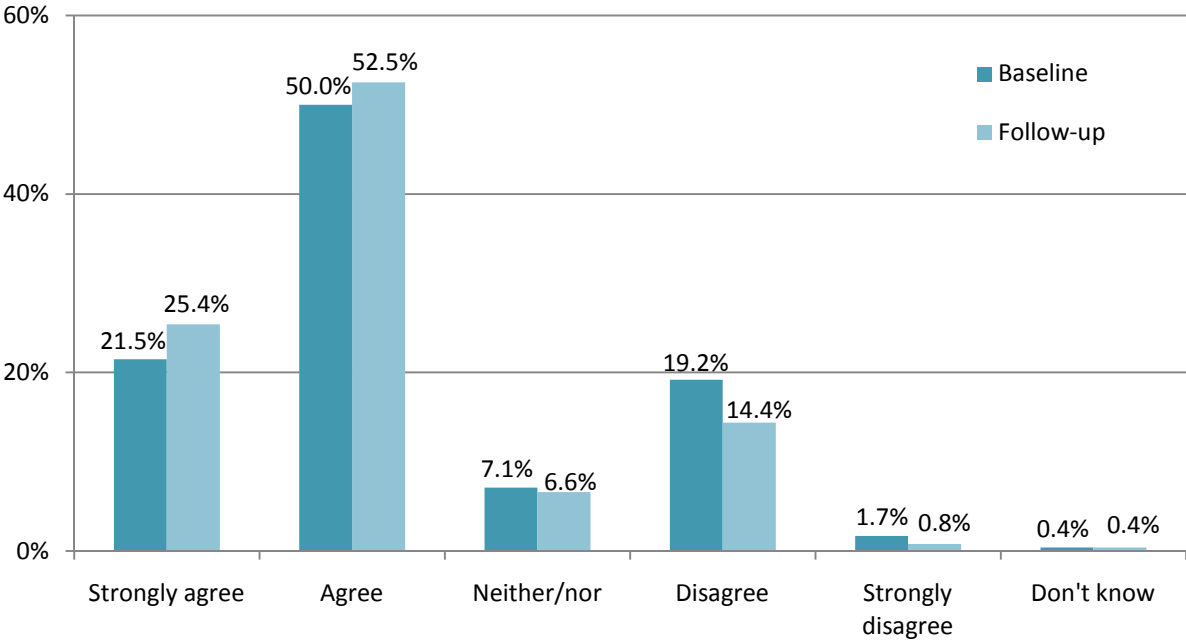
There should be complete bans on displays of cigarettes and tobacco inside shops

All respondents were asked about their agreement with the statement: *There should be complete bans on displays of cigarettes and tobacco inside shops.*

Findings: Almost eight in ten (78%) respondents either ‘agreed’ (53%) or ‘strongly agreed’ (25%) with the statement. Fewer than one in six (15%) ‘disagreed’ (14%) or ‘strongly disagreed’ (1%) with the statement, while fewer than one in ten (7%) ‘neither agreed nor disagreed’.

Compared with the benchmark survey, respondents in the follow-up survey were significantly *more* likely to ‘agree’ or ‘strongly agree’ with the statement that ‘there should be complete bans on displays of cigarette and tobacco inside shops’ ($p < .05$) (see Figure 28).

Figure 28: Agreement that ‘there should be complete bans on displays of cigarette and tobacco inside shops’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

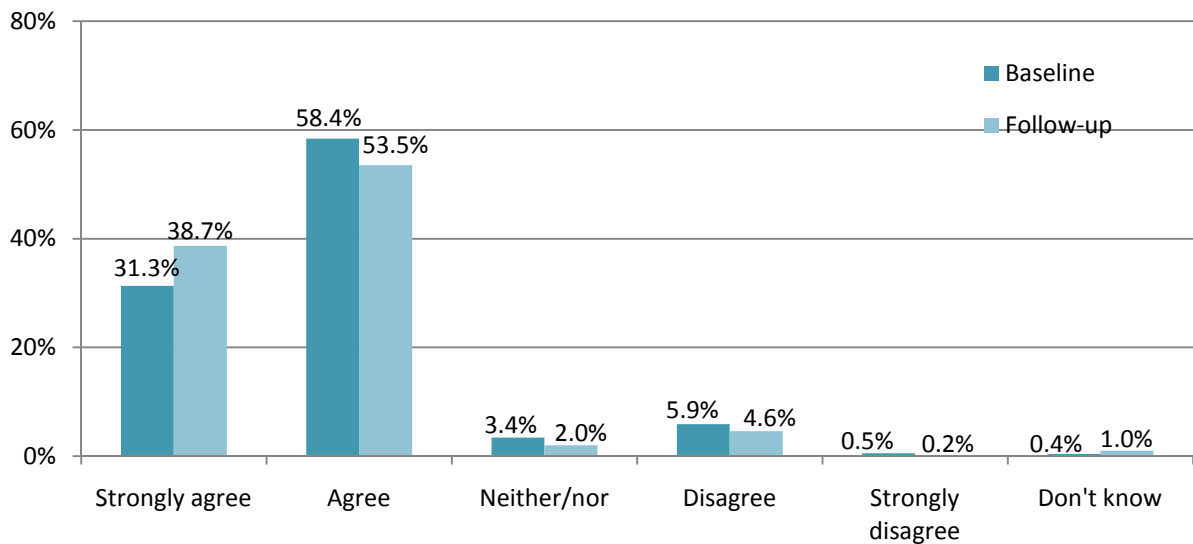
Reducing tobacco smoking will reduce healthcare costs

All respondents were asked about their agreement with the statement: *Reducing tobacco smoking will reduce healthcare costs substantially.*

Findings: Over nine in ten (92%) respondents either ‘agreed’ (54%) or ‘strongly agreed’ (39%) with the statement. One in 20 (5%) ‘disagreed’ (5%) or ‘strongly disagreed’ with it, while a small proportion of respondents ‘neither agreed nor disagreed’ (2%) or replied ‘don’t know’ (1%).

Compared with the benchmark survey, there was *no change* in the proportions of respondents who either ‘agreed’ or ‘strongly agreed’ with the statement that ‘reducing tobacco smoking will reduce healthcare costs substantially’ ($p > .05$). However, there was an *increase* in the proportions of respondents who ‘strongly agreed’ with the statement ($p < .05$) (see Figure 29).

Figure 29: Agreement that ‘reducing tobacco smoking will reduce healthcare costs substantially’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

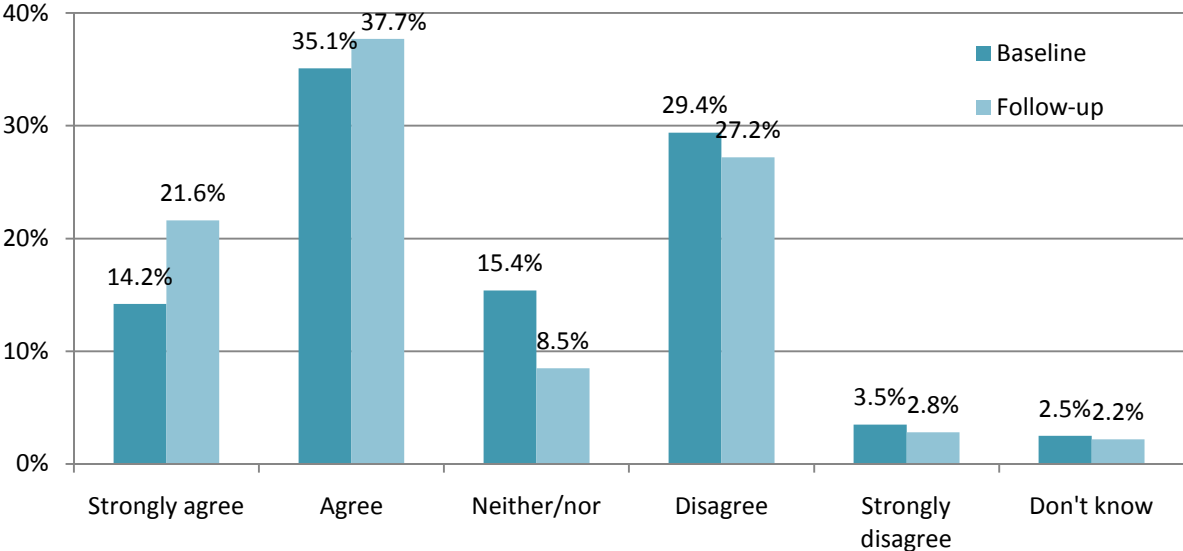
Tobacco should not be available for sale in ten years

All respondents were asked about their agreement with the following statement: *Cigarettes and tobacco should not be sold in New Zealand in ten years time.*

Findings: Six in ten (59%) respondents either ‘agreed’ (38%) or ‘strongly agreed’ (21%) with the statement. Three in ten (30%) ‘disagreed’ (27%) or ‘strongly disagreed’ (3%). Almost one in ten (9%) respondents ‘neither agreed nor disagreed’ with the statement.

Compared with the benchmark survey, respondents in the follow-up survey were significantly *more* likely to agree with the statement that ‘cigarettes and tobacco should not be sold in New Zealand in ten years time’ (p < .05) (see Figure 30).

Figure 30: Agreement that ‘cigarettes and tobacco should not be sold in New Zealand in 10 years time’



Base = total sample (benchmark survey: n=1,000, follow-up survey: n=1,000)

Appendix A. Media schedule April 2009-March 2010

	Television	Radio	Adshel (bus shelter)	Paste up	Magazine	Floor Decal	Billboard
April 09	*5,000 NZers *All cigarettes are deadly	*5,000 NZers *All cigarettes are deadly	*5,000 NZers	*5,000 NZers	*5,000 NZers		
May	*Kids do what you do (father) *NRT	*NRT	*Kids do what you do (ashtray)	*Kids do what you do (ashtray)	*Kids do what you do (ashtray)		
June							
July	*15 years *Rollies						
August	*Consumer product *Financial (cinema)			*Consumer product	*Financial (cinema)		
September	*Leading Cause *Financial (notes)	*Consumer product *Financial (notes)	*Consumer product	*Leading Cause			
October		*Leading Cause *Financial (notes)	*Leading Cause				

November	*Second hand smoke *Financial (notes)						
December					*Financial (notes)	*Kids do what you do (ashtray)	
January 10					*Consumer product *Kids do what you do (ashtray) *15 years	*Kids do what you do (ashtray)	
February	*Consumer product *5,000 NZers				*Kids do what you do (ashtray) *Consumer product		*Consumer product
March	*Consumer product *Kids do what you do (father) *15 years	*Consumer product *5,000 NZers	*Consumer product	*Consumer product			*Consumer product

Appendix B. Benchmark survey methodology and sample

This Appendix presents information on the Benchmark survey methodology and sample characteristics.

Survey method

Interviews were conducted by telephone.

Sample size

1000 interviews, on the basis of one per household.

Sample source

The sample frame was all residential phone numbers contained in the White Pages. Phone numbers were randomly selected from this frame.

Respondent selection

Respondents for interviews were aged 18 to 65 years and had the last birthday in their respective households. Quota sampling was used to ensure a relatively proportional balance of respondents by age and gender.

Call pattern

Both initial calls and call backs were made to cover days of the week, times of the day and weekday versus weekend. These were:

- Weekday 5.00pm - 8.30pm.
- Weekend 9.30am - 8.30pm.

Number of calls

Each respondent received an initial call and then up to three call backs at different times/days if they could not be contacted. Appointments were made with unavailable respondents when possible.

Briefing instructions

Briefings were carried out on a face-to-face basis with teams of interviewers at central locations by NRB supervisors for the different areas.

Survey dates

The interviews were carried out between 18 February and 27 March 2009.

Data capture

The survey data was captured into computer software. In the case of 'other specified' questions, a 100% hand tabulation preceded preparation of a code frame; these codes were

applied to the other answers, and then entered into the software.

Benchmarking/weighting

The data was adjusted for probability of selection, given that only one person per household was interviewed, regardless of the number of people living there. Differences between the achieved sample and the population reflected in the 2006 Census were identified. Benchmark adjustments were then applied using age group, gender and ethnicity.

Response rate

The response rate was calculated the same way as in for the follow-up survey. The response rate for the benchmark survey was 47%.

Appendix C. Follow-up Survey Questionnaire

March/April 2010



START TIME: _____

INTRODUCTION AS PER SCREENER

Q.1 "I'd like you to think about things that people do, or don't do, that cause health problems in New Zealand. What do you think is the main thing that causes health problems?"
(DO NOT READ OUT. CIRCLE ONE ONLY)

- P use01
- Marijuana/cannabis use02
- Other/unspecified drug use03
- Poor eating habits04
- Obesity05
- Tobacco/cigarette smoking06
- Driving behaviour e.g. speeding, drink driving07
- Drinking alcohol08
- Lack of exercise09
- Unprotected sex10
- Other (RECORD) _____ 97
- Don't know98
- Refused99

Q.2 "I am going to read out a list of statements. Please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with each?"
 (STARTING AT THE ASTERISK, READ OUT ALL STATEMENTS. CIRCLE ONE PER LINE)

	Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree	DK	Ref
a. "The dangers of smoking have been exaggerated"	1	2	3	4	5	8	9
b. "Nicotine patches or gum are more harmful than smoking cigarettes"	1	2	3	4	5	8	9
c. "If cigarettes and tobacco were not displayed in shops, children would be less likely to start smoking"	1	2	3	4	5	8	9
d. "The dangers of second-hand smoke have been exaggerated"	1	2	3	4	5	8	9
e. "Nicotine patches and gum double the chances of quitting smoking successfully"	1	2	3	4	5	8	9
f. "Children who see their parents smoke are more likely to smoke themselves"	1	2	3	4	5	8	9
g. "Smoking is no more risky than a lot of other things that people do"	1	2	3	4	5	8	9

Q.3 "For smokers who die of a smoking-related disease, about how many years earlier do you think they die, on average, compared with non-smokers? I will read out some answer options."
 (READ OUT AND CIRCLE ONE. IF UNSURE, PROMPT: "About how many?")

- "1 to 5 years"..... 1
- "6 to 10 years"..... 2
- "11 to 15 years"..... 3
- "16 to 20 years"..... 4
- "21 to 25 years"..... 5
- "Over 25 years"..... 6

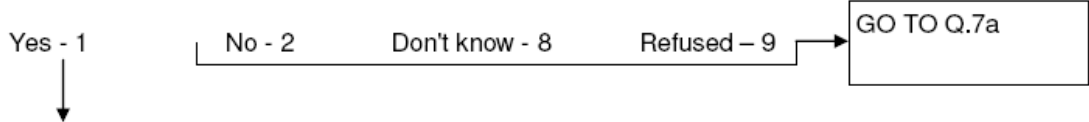
DO NOT READ OUT: Don't know..... 8
Refused..... 9

Q.4 "About how many New Zealanders do you think die each year because of smoking? I will read out some answer options."
(READ OUT AND CIRCLE ONE. IF UNSURE, PROMPT: "About how many?")

- "100" 1
- "500" 2
- "1,000" 3
- "2,000" 4
- "5,000" 5
- "7,000" 6
- "10,000" 7

DO NOT READ OUT: Don't know..... 8
Refused..... 9

Q.5 "Do you recall seeing or hearing any advertising anywhere in the last twelve months about not smoking, quitting smoking, or the harmful effects of smoking?"
(CIRCLE ONE. IF RESPONDENT SAYS THEY DON'T WATCH TV, PROMPT: "Have you seen or heard any ads in places other than TV?")



Q.6a "Thinking about those ads, can you please describe the ad that most readily comes to mind?" (PROBE: "Can you mention any words, pictures or scenes from that ad?". RECORD VERBATIM)

Q.6b "And can you describe the ad that next comes to mind?" (PROBE: "Can you mention any words, pictures or scenes from that ad?". RECORD VERBATIM)

Q.6c "Can you describe any other ads? What scenes, pictures or messages do you remember?" (RECORD FULLY. PROBE: "Do you remember anything else about that ad?")

Q.7a "There is a series of ads called 'Face the Facts'. Each ad in this series shows a different black and white photograph and a different fact about smoking. The words "Smoking: Face the Facts" are in all of the ads Have you seen or heard any of these ads anywhere?" (CIRCLE ONE)

Yes - 1 No - 2 Don't know - 8 Refused - 9 GO TO Q.8



Q.7b "Have you seen any of these ads on TV?" (CIRCLE ONE)

Yes - 1 No - 2 Don't know - 8 Refused - 9

Q.8 "I'm now going to describe some of the 'Face the Facts' ads in more detail, describing the black and white photograph and the words in each ad I'll describe the TV versions of the ads, but you may have seen or heard them somewhere else. Thinking about whether you have seen them anywhere just answer 'yes' or 'no' for each." (STARTING AT THE ASTERISK, READ OUT EACH AD AND CIRCLE ONE PER LINE)

	Yes	No	DK	Ref
a. "An older Pacific woman holds her young granddaughter in her arms. A man's voice says "smokers who die from a smoking-related disease lose on average 15 years of quality life". The words that appear on the screen are "smoking robs your loved ones of 15 years of your life"."	1	2	8	9
b. "A young Pakeha, or New Zealand European, boy is in his father's arms. They are both wearing cowboy hats. A man's voice says "kids who have a parent who smokes are three times more likely to become smokers". The words that appear on the screen are "kids do what you do"."	1	2	8	9
c. "A Māori couple are sitting on a couch together reading a magazine; the man is smoking a cigarette. A man's voice says "Everyday, a non-smoker dies from exposure to second-hand smoke", and the woman disappears from the picture. The words that appear on the screen are "second-hand smoke is deadly"."	1	2	8	9
d. "A cemetery with many gravestones, and people in the background in black, mourning. A man's voice says, "Every year, 5,000 New Zealanders die from smoking. That's equivalent to a whole town." The words that appear on the screen are "smoking kills 5,000 New Zealanders every year."	1	2	8	9
e. "A silhouette of some bottles that look like household cleaning supplies. A man's voice says, "There's a common consumer product that kills half its users", and a cigarette packet appears in front of the other products, alongside words on the screen, that are, "Tobacco kills one in two smokers"."	1	2	8	9
f. "A person's foot with a tag tied onto the toe. The tag has the words "Smoking. Age: 56 years". It zooms out to show that the feet belong to a corpse in a morgue. A man's voice says "Smoking is the single leading cause of preventable death" and the same words appear on the screen."	1	2	8	9
g. A woman with a bike helmet on. A man's voice says "If you're struggling to give up smoking, nicotine patches and gum can help. They're safe and will double your chances of quitting." The image of the woman is repeated and the two women are riding a tandem	1	2	8	9

bicycle. The words that are on the screen are "Patches and gum are safe and double your chances of quitting."

Q.9 INTERVIEWER CHECK: HAS RESPONDENT SEEN ANY FACE THE FACTS ADS? (IE. DO ANY OF Q.7a AND/OR Q.8 = YES?)

Yes - 1 No - 2 Don't know - 8 Refused - 9 GO TO Q.14

Q.10 "I asked you this question before, but now that I've described the 'Face the Facts' ads in more detail, do you recall seeing any of these ads on TV?" (CIRCLE ONE)

Yes - 1 No - 2 Don't know - 8 Refused - 9

Q.11a "Have you seen or heard these ads anywhere else?" (CIRCLE ONE)

Yes - 1 No - 2 Don't know - 8 Refused - 9 GO TO Q.12

Q.11b "Where else have you seen or heard these ads?" (CIRCLE ALL MENTIONED. PROBE 'ANY OTHERS' TO NO)

- On radio01
- On the internet02
- In magazines03
- Outdoors – bus stops/posters04
- Outdoors – billboards05
- In a community centre, healthcare centre e.g. at the doctor etc06
- On a pharmacy bag07
- Somewhere else (Specify) _____ 97
- Don't know98
- Refused99

Q.12 "And thinking about the series of 'Face the Facts' ads as a whole, what do you think was the main message of these ads?" (RECORD VERBATIM)

Q.13 "I am now going to read a list of statements about the series of 'Face the Facts'. Thinking about all the different Face the Facts ads you have seen or heard, please answer yes or no for each."

(STARTING AT ASTERISK IN EACH BLOCK, READ OUT EACH STATEMENT AND CIRCLE ONE PER LINE.)

	Yes	No	N/A	DK	Ref
a. "The ads made me think."	1	2		8	9
b. "The ads grabbed my attention."	1	2		8	9
c. "The ads were a bit boring."	1	2		8	9
d. "The ads were believable."	1	2		8	9
e. "The ads made me feel uncomfortable."	1	2		8	9
f. "I learned something new from the ads."	1	2		8	9

g. "The ads made me more supportive of things that can be done to reduce smoking."	1	2		8	9
h. "The ads made me want to support, or encourage, a friend or family member to quit."	1	2	7	8	9
i. "The ads have made me more concerned about the impact of smoking on New Zealanders."	1	2		8	9
j. "The ads prompted discussion with my family or friends."	1	2		8	9
k. "The ads have put me off smoking."	1	2		8	9
l. "The ads made me realise that smoking is worse than I thought."	1	2	7	8	9

Q.14 "I am going to read out another list of statements. Please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with each?"

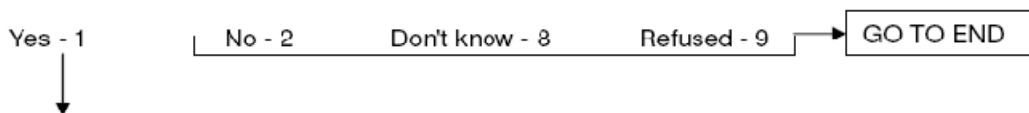
(STARTING AT THE ASTERISK, READ OUT ALL STATEMENTS. CIRCLE ONE PER LINE)

	Strongly agree	Agree	Neither /nor	Disagree	Strongly disagree	DK	Ref
a. "The government should do more to reduce the harm done by smoking"	1	2	3	4	5	8	9
b. "There should be complete bans on displays of cigarettes and tobacco inside shops"	1	2	3	4	5	8	9
c. "Reducing tobacco smoking will reduce healthcare costs substantially"	1	2	3	4	5	8	9
d. "Cigarettes and tobacco should not be sold in New Zealand in 10 years time"	1	2	3	4	5	8	9

Q.20 "What is the total income that your household got from all sources, before tax or anything was taken out of it, in the last 12 months? Please say "stop" when I read out the group that your household income falls into."
 (READ OUT AND CIRCLE. IF NEEDED: "This is just for statistical purposes.")

- "\$20,000 or less"----- 1
 - "\$20,001 - \$40,000"----- 2
 - "\$40,001 - \$60,000"----- 3
 - "\$60,001 - \$70,000"----- 4
 - "\$70,001 - \$100,000" ----- 5
 - "\$100,001 or more"----- 6
- | |
|-----------------------------------|
| DO NOT READ OUT: Don't know---- 8 |
| Refused ----- 9 |

Q.21 "Have you ever smoked tobacco?"
 (CIRCLE ONE. THIS INCLUDES CIGARETTES. THIS INCLUDES IF YOU ARE CURRENTLY SMOKING. THIS INCLUDES EVEN IF YOU'VE ONLY HAD A FEW PUFFS.)



Q.22 "Which of the following answers best describes how often you smoke cigarettes or tobacco now?"
 (READ OUT ALL AND CIRCLE ONE)

- "At least once a day"----- 1
 - "At least once a week"----- 2
 - "At least once a month" ----- 3
 - "Less often than once a month"----- 4
 - "You do not smoke now"----- 5
- | | |
|-----------------------------------|------------|
| DO NOT READ OUT: Don't know---- 8 | GO TO Q.24 |
| Refused ----- 9 | GO TO Q.23 |
| | GO TO END |

Q.23 "How long ago did you stop smoking? Was it ..." (READ OUT ALL AND CIRCLE ONE)

"In the last 4 weeks"-----	01	
"1 to 2 months ago"-----	02	→ GO TO Q.24
"2 to 6 months ago"-----	03	
"6 to 12 months ago"-----	04	
"1 to 2 years ago"-----	05	
"2 to 5 years ago"-----	06	
"Longer than 5 years ago"-----	07	→ GO TO END

DO NOT READ OUT: Not applicable - never started smoking--- 97

Don't know ----- 98

Refused----- 99

Q.24 "In the last 12 months, how many serious quit attempts to stop smoking did you make that lasted 24 hours or longer? Please include any quit attempt that you are currently making." (RECORD NUMBER, IF NONE RECORD 0)

	Don't know - 98	Refused - 99
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Q.25 INTERVIEWER CHECK: HAS RESPONDENT SEEN ANY FACE THE FACTS ADS? (IE. DO ANY OF Q.7a AND/OR Q.8 = YES?)

Yes - 1	No - 2	Don't know - 8	Refused - 9	→ GO TO END
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Q.26 "I am going to read out another list of statements about the series of Face the Facts ads that we talked about before. Please answer yes or no for each."

	Yes	No	N/A - don't smoke around kids anyway	N/A - not usually around kids	DK	Ref
a. "The ads made me think about quitting."	1	2			8	9
b. "The ads prompted me to quit, or to try quitting."	1	2			8	9
c. "The ads prompted me to call the Quitline."	1	2			8	9
d. (CURRENT SMOKERS, Q.22=1-4): "The ads made me less likely to smoke around kids."	1	2	6	7	8	9
e. (RECENT QUITTERS, Q.23=01-04): "When I was still smoking, the ads made me less likely to smoke around kids."	1	2	6	7	8	9

END: "May I have your first name in case my Supervisor wishes to audit this interview?"
(RECORD)

Respondent's Name: _____

Telephone Number: _____

READ OUT: "On behalf of the Ministry of Health, thank you very much for talking with me. As I said, my name is Xxx and I'm from National Research Bureau."

END TIME: _____

Interview Duration: _____ minutes (RECORD)

RECORD PHASE FROM SAMPLING SHEET (CIRCLE ONE)

Phase 1 ----- 1

Phase 2 ----- 2

RECORD INTERVIEW WEEK (CIRCLE ONE)

Week 1: 22 March - 28 March ----- 1

Week 3: 6 April - 11 April ----- 3

Week 2: 29 March - 1 April ----- 2

Week 4: 12 April - 18 April ----- 4

Week 5: 19 April - 24 April ----- 5

RECORD PHONE BOOK FROM SAMPLING SHEET (CIRCLE ONE)

Northland ----- 01

Taranaki ----- 07

West Coast ----- 13

Auckland ----- 02

Wanganui ----- 08

Marlborough ----- 14

Wakato ----- 03

Manawatu ----- 09

Christchurch ----- 15

Bay of Plenty ----- 04

Wairarapa ----- 10

Timaru/Oamaru ----- 16

Gisborne ----- 05

Wellington ----- 11

Otago ----- 17

Hawkes Bay ----- 06

Nelson ----- 12

Southland ----- 18

CERTIFICATION: I hereby certify that this is a true and accurate record of an interview conducted by me at the time and with the person specified.
TICK WHEN CHECKED:

INTERVIEWER'S NAME: _____ Date: _____
(Please PRINT)

Supervisor Sign: _____ Audit: _____

Appendix D. Prompts used to assess fully prompted recall

Advertisement 1: 'Smoking robs your loved ones of 15 years of your life'

Respondents were read the following description of the ad: *An older Pacific woman holds her young granddaughter in her arms. A man's voice says 'smokers who die from a smoking-related disease lose an average 15 years of quality life'. The words that appear on the screen are "smoking robs your loved ones of 15 years of your life."*

Advertisement 2: 'Kids do what you do'

Respondents were read the following description of the ad: *A young Pakeha, or New Zealand European, boy is in her father's arms. They are both wearing cowboy hats. A man's voice says 'kids who have a parent who smokers are three times more likely to become smokers'. The words that appear on the screen are 'kids do what you do'.*

Advertisement 3: 'Second-hand smoke is deadly'

Respondents were read the following description of the ad: *A Maori couple are sitting on a couch together reading a magazine; the man is smoking a cigarette. A man's voice says 'Everyday, a non-smoker dies from exposure to second-hand smoke', and the woman disappears from the picture. The words that appear on the screen are 'second-hand smoke is deadly'.*

Advertisement 4: 'Smoking kills 5,000 New Zealanders every year'

Respondents were read the following description of the ad: *A cemetery with many gravestones, and people in the background in black, mourning. A man's voice says, 'Every year, 5,000 New Zealanders die from smoking. That's equivalent to a whole town.' The words that appear on the screen are 'smoking kills 5,000 New Zealanders every year'.*

Advertisement 5: 'Tobacco kills one in two smokers'

Respondents were read the following description of the ad: *A silhouette of some bottles that look like household cleaning supplies. A man's voice says, 'There's a common consumer product that kills half its users', and a cigarette packet appears in front of the other products, alongside words on the screen, that are, 'Tobacco kills one in two smokers'.*

Advertisement 6: 'Smoking is the leading cause of preventable death'

Respondents were read the following description of the ad: *A person's foot with a tag tied onto the toe. The tag has the words 'Cause of death: Smoking. Age: 56 years'. It zooms out to*

show that the feet belong to a corpse in a morgue. A man's voice says 'Smoking is the leading cause of preventable death' and the same words appear on the screen'.

Advertisement 7: 'Patches and gum are safe and double your chances of quitting'

Respondents were read the following description of the ad: A woman with a bike helmet on. A man's voice says 'If you're struggling to give up smoking, nicotine patches and gum can help. They're safe and will double your chances of quitting.' The image of the woman is repeated and the two women are riding a tandem bicycle. The words that are on the screen are 'Patches and gum are safe and double your chances of quitting'.