1. Mobile Phone Ownership and Use

No.	Question	Responses	Instructions
1.	Do you routinely use mobile phones?	a. Yes b. No	If 'Yes' go to Q3
2.	If no, why do you not use a cell phone? (tick all that applies)	a. Lack of money b. No network c. Have no use for it d. Inability to use e. Other_____	Document reason. More than one reason is possible. Do not prompt. Skip to Q10
3.	Do you currently own a cell phone?	a. Yes b. No	If 'No' skip to Q25
4.	Is your phone a smart phone?	a. Yes b. No	If 'No' skip to Q6
5.	If yes, please mention your smartphone brand and series!	(fill in text)	
6.	Is this phone exclusively for your own use?	a. Yes b. No	If 'Yes' skip to Q8
7.	If "No", to whom you share your mobile phone with?		
8.	Is this phone a work phone or for personal use?	a. Work b. Personal	
9.	How would you rate your proficiency at using a cell phone?	a. None b. Poor c. Average d. Good e. Excellent	
10.	In IDR, how much do you spend per month on your mobile phone? Including bills and subscriptions	(fill in number)	
11.	Do you have access to internet data services on your mobile phone?	a. Yes, continuously b. Yes intermittently c. No, Not at all	If "No", skip to Q25
12.	How often do you use applications such as WhatsApp, Viber, etc. for making calls?	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q14 If "c" or "d", skip to Q15
13.	Number of calls with applications such as WhatsApp, Viber, etc. made daily	(fill in number)	
14.	Number of calls with applications such as WhatsApp, Viber, etc. made weekly	(fill in number)	
15.	How often do you use applications such as WhatsApp, Viber, etc. for receiving calls?	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q17 If "c" or "d", skip to Q18
16.	Number of calls with applications such as WhatsApp, Viber, etc. received daily	(fill in number)	
17.	Number of calls with applications such as WhatsApp, Viber, etc. received weekly	(fill in number)	
18.	How often do you use applications such as WhatsApp, Viber, etc. for sending text messages?	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to 20 If "c" or "d", skip to 21
19.	Number of messages with applications such as WhatsApp, Viber, etc. sent daily	(fill in number)	
20.	Number of messages with applications such as WhatsApp, Viber, etc. sent weekly	(fill in number)	

21.	How often do you use applications such as WhatsApp, Viber, etc. for receiving messages?	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q23 If “c” or “d”, skip to Q24
22.	Number of messages with applications such as WhatsApp, Viber, etc. received daily	(fill in number)	
23.	Number of messages with applications such as WhatsApp, Viber, etc. received weekly	(fill in number)	
24.	What do you use the internet for mostly?	a. Messaging b. Streaming: videos, music c. Internet surfing d. Checking emails e. Applications	
25.	How often do you use mobile phone to make conventional phone calls?	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q27 If “c” or “d”, skip to Q28
26.	Number of conventional phone calls made daily	(fill in number)	
27.	Number of conventional phone calls made weekly	(fill in number)	
28.	How often do you receive conventional phone calls?	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q30 If “c” or “d”, skip to Q31
29.	Number of conventional phone calls received daily	(fill in number)	
30.	Number of conventional phone calls received weekly	(fill in number)	
31.	How often do you use SMS?	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q33 If “c” or “d”, skip to Q34
32.	Number of SMS texts sent daily	(fill in number)	
33.	Number of SMS texts sent weekly	(fill in number)	
34.	How often do you use SMS?	e. Daily f. Weekly g. Less than once a week h. Never	If “b” skip to Q36 If “c” or “d”, skip to Q37
35.	Number of SMS texts received daily	(fill in number)	
36.	Number of SMS texts received weekly	(fill in number)	
37.	Do you use the alarm/ reminder/ planner function?	a. Yes b. No	If no, skip to Q20
38.	For what do you use the alarm function? (tick all that applies)	a. To wake up b. To remind me of errands c. As a reminder for medicines d. To plan my schedule e. Other_____	Multiple responses possible please select all that are applicable
39.	What other use do you have for the mobile phones? (tick all that applies)	a. Listen to radio b. Play games c. Camera d. Share photos, music, etc e. I do not use it for anything f. Other_____	Multiple responses possible please select all that are applicable

2. Smoking status

QNo.	Question	Responses	Instructions
40.	At what age did you start smoking	(fill in number)	
41.	For how many years have you been smoking / did you ever smoke tobacco?	(fill in number)	
42.	How often do you smoke	a. Every day b. Often but not everyday c. Sometimes, depends on occasion d. Not anymore	If "d", skip to Q80 (former smokers section)
	On average, please indicate number of sticks of the following products you currently smoke		
43.	Manufactured white cigarettes	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q23 If "c" or "d", skip to Q24
44.	indicate number of sticks of white cigarettes smoked daily	(fill in number)	
45.	indicate number of sticks of white cigarettes smoked weekly	(fill in number)	
46.	Hand rolled cigarettes	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q48 If "c" or "d", skip to Q49
47.	indicate number of sticks of Hand rolled cigarettes smoked daily	(fill in number)	
48.	indicate number of sticks of Hand rolled cigarettes smoked weekly	(fill in number)	
49.	Kretek cigarettes	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q51 If "c" or "d", skip to Q52
50.	indicate number of sticks of Kretek cigarettes smoked daily	(fill in number)	
51.	indicate number of sticks of Kretek cigarettes smoked weekly	(fill in number)	
52.	Tobacco Pipes	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q54 If "c" or "d", skip to Q55
53.	indicate number of sticks of Tobacco Pipes smoked daily	(fill in number)	
54.	indicate number of sticks of Tobacco Pipes smoked weekly	(fill in number)	
55.	Cigars	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q57 If "c" or "d", skip to Q58
56.	indicate number of sticks of Cigars smoked daily	(fill in number)	
57.	indicate number of sticks of Cigars smoked weekly	(fill in number)	
58.	Shisha	a. Daily b. Weekly c. Less than once a week d. Never	If "b" skip to Q60 If "c" or "d", skip to Q61
59.	indicate number of portions of Shisha smoked daily	(fill in number)	

60.	indicate number of portions of Shisha smoked weekly	(fill in number)	
61.	Electronic cigarettes	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q63 If “c” or “d”, skip to Q64
62.	indicate number of sticks of Electronic cigarettes smoked daily	(fill in number)	
63.	indicate number of sticks of Electronic cigarettes smoked weekly	(fill in number)	
64.	Other tobacco product	a. Daily b. Weekly c. Less than once a week d. Never	If “b” skip to Q66 If “c” or “d”, skip to Q67
65.	indicate number of sticks of other tobacco product smoked daily	(fill in number)	
66.	indicate number of sticks other tobacco product smoked weekly	(fill in number)	
67.	Mention the name of other tobacco product		

3. **Smoking Cessation Aid Seeking Behaviour among Current Smoker** (for current smoker only)

68.	Have you ever attempted to stop smoking in the past 12months?	a. Yes, every time b. Yes, Often c. Yes, Sometimes d. Rarely e. No, Never	If 'No' skip to 71
69.	What method did you attempt to stop smoking?	a. Counselling, including at a smoking cessation clinic b. Nicotine replacement therapy, such as a patch or gum c. Other prescription medications, for example, bupropion, varenicline d. Traditional medicines, for example, herbal/medicinal plants e. Quit without assistance f. Switching to smokeless tobacco such as: chewing tobacco, inhaling tobacco powder, *sirih* with tobacco g. Mobile phone application h. Any other method? _____	Multiple responses possible please select all that are applicable
70.	If you attempted to stop smoking in the past 12 months what was the reason?	a. Self-motivation b. Health reasons c. Routine advise	Multiple responses possible please select all that are applicable
71.	In the past 12 months when you visited your physician/ healthcare worker were you ever advised about stopping smoking?	a. Yes, every time b. Yes, Often c. Yes, Sometimes d. Rarely e. No, Never	
72.	In the past 12 months when you visited your physician/ healthcare worker were you ever asked about your smoking status?	a. Yes, every time b. Yes, often c. Yes, sometimes d. Rarely e. No, never	
73.	Who advised you to stop smoking in the past 12 months	a. Self-motivation b. Healthcare practioner/ nurse c. Counsellor d. Family d. Friends e. Others_____	Multiple responses possible please select all that are applicable

4. **Fagestroms questionnaire** (for current smoker only)

74.	How soon after you wake up do you usually have your first smoke?	a. within 5 minutes b. 6–30 minutes c. 31–60 minutes d. More than 60 minutes e. Do not wish to answer	Score a. 3 b. 2 c. 1 d. 0
75.	Do you find it difficult to refrain from smoking in the places where it is forbidden? Places of worship such as Mosque, temple, church?	a. Yes b. No	a. 1 b. 0
76.	Which cigarette would you hate to give up?	a. The morning b. Other	a. 1 b. 0
77.	How many cigarettes/sticks a day do you smoke?	a. <=10 b. 11-22 c. 21-30 d. >31	a. 0 b. 1 c. 2 d. 3
78.	Do you smoke more frequently in the morning?	a. Yes b. No	a. 1 b. 0
79.	Do you smoke even if you are sick in bed most of the day?	a. Yes b. No	a. 1 b. 0

5. **Smoking Cessation Aid Seeking Behaviour among Former Smoker** (for former smoker only)

80.	What method did you attempt to stop smoking?	a. Counselling, including at a smoking cessation clinic b. Nicotine replacement therapy, such as a patch or gum c. Other prescription medications, for example, bupropion, varenicline d. Traditional medicines, for example, herbal/medicinal plants e. Quit without assistance f. Switching to smokeless tobacco such as: chewing tobacco, inhaling tobacco powder, *sirih* with tobacco g. Mobile phone application h. Any other method? _____	Multiple responses possible please select all that are applicable
81.	Who advised you to stop smoking in the past	a. Self-motivation b. Healthcare practitioners / nurses c. Counsellor d. Family d. Friends e. Others_____	Multiple responses possible please select all that are applicable

6. Knowledge and Attitude toward mobile-phone based smoking cessation support

82.	If you are a smoker, are you interested in quitting smoking?	a. Yes b. No	
83.	For a person trying to quit smoking, do you think it would be helpful to give them information about the process of quitting and what changes to expect?	a. Yes b. No	
84.	What kind of information would they be likely to benefit from?	a. About expected benefits of quitting b. About expected process of quitting c. About available medical and psychological interventions	Multiple responses possible please select all that are applicable
85.	What mode of communication would you prefer for quitting support via mobile phones?	a. SMS b. MMS c. Interactive voice calls d. Combinations of the above e. Smart phone quitting applications	Multiple responses possible please select all that are applicable
86.	What would be the content of such communication for quitting support?	a. Reminder about the expected limit for cigarettes on the particular day b. Reminder of the planned final quit date c. Reminder of reasons for quitting d. Motivational messages such as the benefit of quitting e. Information through educational gams f. Any others_____	Multiple responses possible please select all that are applicable
87.	Would you prefer the communication to be interactive?	a. Yes certainly b. Partially interactive c. No not at all, I do not want interactive communication	
88.	Would you like the communication to be automated	a. No not at all, I would prefer to interact one on one with human support b. Partially automated c. Completely automated	
89.	Would you prefer customizing the content of such support? (Something that reminds you about your reason for quitting; e.g. a photograph of someone they care about or of a cancerous lung)	a. Yes b. No	If “No”, skip to Q91
90.	If yes what kind of support via mobile phones are you looking for to help you quit smoking?		(write in text)
91.	Would you prefer customizing the timing of the communication?	a. Yes b. No, predetermined times fixed by the program itself are acceptable.	If “No”, skip to Q94
92.	At what time in the day would you prefer receiving such communication?	a. Early morning b. Afternoon c. Evening d. Before going to bed e. Throughout the day f. Any other:_____	
93.	Why this particular time?		Write in words

94.	How often would you like to receive such communication	a. Twice a day b. Daily c. Twice a week d. Once a week e. On demand (whenever person feels the urge) f. Throughout the week	
95.	If we were to develop a smartphone application to help you quit smoking what information would you like it to provide?	a. Calculate the number of cigarettes smoked b. Calculate the time since the last smoke c. Calculate the amount of carbon dioxide reduced for every cigarettes not smoked d. Reminder of the quit date e. Motivational messages f. Other	Multiple responses possible please select all that are applicable
96.	Do you think repeated communication via mobile phones for smoking cessation (SMS, MMS, and automated calls) would be an intrusion into your life?	a. Always b. Often c. Sometimes d. Never	
97.	Would you like any other kind of support along with mobile phone communication for smoking cessation?	a. Yes b. No	If "no" skip to Q 99
98.	If yes describe the kind of support you would like?		
99.	If no why not?		
100.	How often do you use your mobile phone to communicate with others for health purposes?	a. Very often b. Often c. Sometime d. Rarely e. Never	If 5 (Never) skip to Q42
101.	Whom do you communicate with?	a. Doctor b. Nurse c. Pharmacist d. Health worker e. Counsellor f. Family f. Friends	Multiple responses possible please select all that are applicable
102.	What do you usually communicate for?	a. Asking advice regarding illness management b. Advice regarding medication side effects c. Reporting symptoms of illness d. Making healthcare appointments e. Giving healthcare advise to others f. Smoking cessation support g. Any other reason_____	Multiple responses possible please select all that are applicable
103.	Why have you never communicated for health purposes with your cell phone?	a. Not comfortable b. Worried about disturbing others c. Prefer to interact face to face d. Other_____	
104.	Have you ever used mobile phone-based smoking cessation support	a. Yes b. No	If "no" skip to Q 106
105.	Mention the programme		
106.	Will you invite your friend to participate in the survey?	a. Yes b. No	

7. Demographic profile

107.	Year of Birth	(write in years)	
108.	Sex	a. Male b. Female	
109.	Marital status	a. Married b. Unmarried c. Widow/widower d. Separated	
110.	Language (mother-tongue)	a. Bahasa Indonesia b. Javanese c. Sundanese d. Maduranese e. Bataknese f. Minangkabaunese g. Bugisnese h. Acehnese i. Balinese j. Banjarnese k. Other	
111.	Languages you can read and write	a. Bahasa Indonesia b. English c. Javanese d. Sundanese e. Maduranese f. Bataknese g. Minangkabaunese h. Bugisness i. Acehnese j. Balinese k. Banjarnese l. Other	Multiple responses possible please select all that are applicable
112.	Languages fluently spoken	a. Bahasa Indonesia b. English c. Javanese d. Sundanese e. Maduranese f. Bataknese g. Minangkabaunese h. Bugisnese i. Acehnese j. Balinese k. Banjarnese l. Other	Multiple responses possible please select all that are applicable
113.	Education level	a. No formal education b. Primary school c. Middle school d. High school e. Undergraduate f. Postgraduate	
114.	Employment status (current)	a. Active student b. Employed c. Unemployed	
115.	What is your average monthly income?	in IDR _____ (write in numbers)	