2015 National Tobacco Campaign
Research Evaluation

Final Report

SEPTEMBER 2015
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**The Social Research Centre**

Dr Paul Myers

Natasha Vickers
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Executive summary

This report presents results from the evaluation of the 2015 National Tobacco Campaign (NTC). The evaluation measured campaign awareness, message communication and impact on the attitudes, awareness, intentions and behaviour of smokers and recent quitters.

The evaluation of the NTC comprises several waves of Computer Assisted Telephone Interviews (CATI) with national samples of smokers and recent quitters aged 18-40 years. To ensure the full target audiences of the 2015 campaign were covered, the in-scope population was expanded to include smokers and recent quitters aged 18-50 years in Wave 7. The 2015 survey was conducted from 29 June – 26 July 2015. The results from this survey were then compared to existing national benchmarks collected through the National Tobacco Survey in December 2010 (for most of the campaign impact measures) and previous evaluation surveys.

Campaign awareness

Unprompted recall

Recall of the 2015 NTC was moderate, with 26% of smokers and 30% of recent quitters recalling any element of the campaign. This represents a slight improvement in campaign cut-through to more recent waves (Dec-12 to Jul-13) of the NTC, but remains lower than earlier waves of the campaign.

Consistent with the differential media allocation to each element of the 2015 campaign, Break the Chain (13% among smokers, 16% among recent quitters) and Cough (9%, 5%) were the most commonly recalled among smokers and recent quitters. Recall of Breathless (2%, 1%), Symptoms (1%, 2%) and Health Benefits (3%, 6%) was infrequent in 2015. There was no recall of Quit for you, Quit for two among smokers or recent quitters in 2015.

Message communication for the 2015 NTC varied to previous waves, but was aligned fairly well with the specific advertisements adopted. The main message take-outs were that smoking causes other diseases, the negative effect smoking has on quality of life, quit smoking messages and that smoking kills. Among those who recalled Cough, Break the Chain and Health Benefits, there were indications that each was successful in communicating slightly different messages.

Prompted recognition

Total recognition of the 2015 NTC was very strong, reaching 96% among smokers and 95% among recent quitters (against a targeted TV 1+ reach goal of 70%) and comparable to previous waves of the NTC. This represents a good result given the level of media investment in 2015.

Breathless

Recognition of Breathless in 2015 was strong, with approximately 66% of smokers and 62% of recent quitters having seen at least one element of the campaign. Overall recognition was mainly driven by exposure to the television (45% among smokers, 39% among recent quitters) and radio advertising (29%, 28%). Recognition of out of home (25%, 12%) and online (9%, 9%) advertising was quite low. Recognition of the television and online advertising was lower than seen following its launch burst in 2013, while recognition of the radio advertising was slightly higher.
Symptoms

Prompted recognition of Symptoms was moderate in 2015, with 39% of smokers and 31% of recent quitters having seen at least one element of the campaign. In terms of individual elements recognised, television advertising was strongest (37% among smokers, 31% among recent quitters), while recognition of online (6%, 8%) and transit (7%, 2%) was fairly low. Reflective of the substantially lower number of TARPS applied in 2015; recognition of Symptoms was lower than seen following its launch burst in 2013.

Cough

Overall recognition of Cough was very strong, with 76% of smokers and 80% of recent quitters having recently seen at least one element of the campaign. Similar to Breathless and Symptoms, recognition was largely driven by exposure to the television advertising, which reached 73% of smokers and 77% of recent quitters. Recognition of online (9% for smokers, 3% for recent quitters), transit (9%, 8%), venue (8%, 9%) and petrol station advertising (5%, 3%) was low, with less than one-in-ten smokers and recent quitters recognising each element. Recognition of Cough television and out of home advertising in 2015 was lower than all previous waves, while exposure to online advertising was comparable or marginally higher than previous bursts of the NTC.

Break the Chain

Total recognition of Break the Chain was strong in 2015 at 69% among smokers and 63% among recent quitters. Total recognition was also mainly driven by exposure to television advertising, which reached 64% of smokers and 60% of recent quitters. Recognition of other elements was low. Break the Chain performed stronger in 2015 than previous bursts of the NTC. This is particularly positive given the TARPS applied to the 2015 campaign were comparable to previous waves.

Recognition across most elements tended to be higher among smokers and recent quitters from an Aboriginal and Torres Strait Islander background.

Health Benefits

Recognition of Health Benefits in 2015 was moderate, at 29% for smokers and 35% for recent quitters. Recognition of individual elements was low, ranging from 11% for transit advertising among smokers to 2% for cinema. Recognition of Health Benefits — especially out of home elements — was lower than all previous waves of NTC with the exception of the Mar-11 survey.

Quit for you, Quit for two

Recognition of Quit for you, Quit for two was fairly low in the 2015 NTC, with 15% of smokers and 8% of recent quitters having seen at least one element of the campaign. However, among the campaign’s intended primary target audience; namely, females who were pregnant or were planning to become pregnant in the next 12 months, recognition was significantly stronger, reaching 38%.

Campaign apps

Awareness of NTC apps was quite strong with 35% of smokers and 28% of recent quitters having heard of the My QuitBuddy app. There has been a slow, but steady increase in self-reported downloading of the app. Awareness of the Quit for you, Quit for two app reached 39% among women who were pregnant or were planning to become pregnant in the next 12 months, while 14% had reportedly ever downloaded the app.
Campaign impact

The 2015 NTC appears to have had a positive impact, with 45% of smokers and 51% of recent quitters reporting they had taken some form of action as a result of seeing the 2015 campaign; typically related to quitting smoking. For smokers, this result was significantly higher than the Mar-11 result, but was comparable for recent quitters.

Smokers desire to quit and the proportion of smokers who attempted to quit in the past three months remains higher than the Dec-10 benchmark and increased with the number of campaign elements seen. Results also indicated that downloading the My QuitBuddy app was associated with, desire to quit, recent quit attempts and plans to quit smoking in the next month. Salience of quitting remains higher (non-significant) than the 2010 benchmark and also increased with campaign exposure and the number of campaign elements seen.

Conclusions

The key findings in this report suggest that the 2015 NTC performed well on most of the advertising awareness measures. Consistent with the amount of media applied, Break the Chain and Cough were the most commonly recalled elements of the 2015 campaign, followed by Breathless, Symptoms, Health Benefits and Quit for you, Quit for two.

Performance of individual elements of the 2015 NTC varied considerably, but was generally in-line with the differential media applied, creative style and presence of television media. Cough, Break the Chain and Breathless achieved the strongest recognition results, while recognition of Symptoms was moderate. Further, recognition of elements in the 2015 campaign that did not include television, namely Health Benefits and Quit for you, Quit for two was lower than all other advertisements. The strategy to run a large number of advertisements simultaneously (six for the 2015 NTC) did not appear to have had a negative impact on reach of the overall campaign nor individual elements, although it may have had a minor impact on specific message communication.

Further, the 2015 campaign has continued to have a positive impact on the attitudes and behaviours of smokers and recent quitters; mainly continuing the impact seen in prior bursts of the campaign.
1. Introduction

1.1. Campaign context

The Australian Government, with state and territory governments at the Council of Australian Governments (COAG), committed in the 2008 National Health Care Agreement to reduce the national daily smoking rate to 10% or less of the population by 2018 and to halve the smoking rate amongst Indigenous Australians.

The 2015 National Tobacco Campaign (NTC) is one aspect of the Australian Government’s approach to meeting this commitment. The overall aim of the NTC is to reduce smoking prevalence among all Australians by promoting quit attempts amongst smokers and by providing motivation and support to avoid relapse amongst quitters. It also aims to build on previous Australian Government campaigns designed to reduce the prevalence of tobacco smoking including:

- *Every cigarette is doing you damage* (1997-2004);
- *Health warnings* (2006); and
- *When you smoke you inhale over 4,000 chemicals* (2006-2007 and 2010).

As with all previous Australian Government anti-smoking social marketing initiatives, the NTC has been designed to work in concert with other strategies including anti-tobacco policies and legislative measures, such as the *National Tobacco Strategy*, plain packaging legislation, tobacco excise, graphic health warnings on cigarette packaging, and *Closing the Gap and the Preventative Health Taskforce Strategy*.

1.2. Campaign audience and elements

The primary target audiences for the 2015 NTC campaign overall was smokers and recent quitters aged 18 to 50 years, although some elements of the campaign are designed to target sub-populations of smokers and recent quitters. This represents a slightly wider age definition than previous campaigns reflecting the age of current smokers. The 2015 NTC consisted of a range of existing creative material, including:

- **Breathless** – a 30 second TVC showing a man in bed struggling to breathe due to suffering from emphysema and likens the experience to being buried while still alive, and with the call to action to *Stop Before the Suffering Starts*. Media allocation consisted of 22 TARPS over four weeks. This television ad was supported by radio (30 seconds and titled *Visiting Mum*), out of home (in-venue, petrol stations and public transport) and online advertising.

- **Symptoms** – a 30 second TVC showing a man lying on a couch suffering from cold-like symptoms due to quitting smoking. The TVC demonstrates that a little short-lived suffering now can save a lot of suffering later as the man leaps from the couch to play outside with his children, and with the call to action to *Stop Before the Real Suffering Starts*. The ad received 44 TARPS over four weeks and was supported by out of home and online advertising.
• Cough - a 30 second TVC showing a man with a smoker’s cough who has the early signs of lung cancer evidenced when he coughs blood into a handkerchief. Media allocation to Cough consisted of 147 TARPS over four weeks. The television advertising was supported by a range of out of home (public transport, petrol stations and in-venue) and online advertising.

• Break the Chain - a 45 second TVC featuring an Aboriginal woman talking about the negative impacts of smoking on the health of her relatives. Media allocation consisted of 195 TARPS applied over four weeks. This TVC was aired on national and Indigenous television and was supported by radio, out of home (in-venue, public transport, shopping centres and petrol stations) and online advertising. The main target audience for this advertising was people of Aboriginal and Torres Strait Islander background.

• Health Benefits - a positive non-TV campaign called *Stop Smoking, Start Repairing* which comprised several ads which highlighted the health and financial benefits of quitting. A mix of media was used including out of home (shopping centres, in-venue and cinema), print (magazine) and online channels.

• Quit for you, Quit for two - an ad highlighting the dangers of smoking during pregnancy which encourages pregnant women or women planning on becoming pregnant to quit. A mix of media was used including out of home (shopping centres and doctors’ surgeries), print (magazine) and online advertising. The main target audience for this advertising was women who were pregnant or were planning to become pregnant.

The *Health Benefits* and *Breathless* (radio and online) advertising was also tailored for and translated into a range of languages other than English. The timing of the key elements of the 2015 NTC are shown below in Table 1.

**Table 1  Overview of 2015 NTC activity**

<table>
<thead>
<tr>
<th>Channel/s</th>
<th>May-15</th>
<th>Jun-15</th>
<th>Jul-15</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>3</td>
<td>10</td>
<td>17</td>
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<td></td>
<td>24</td>
<td>31</td>
<td>7</td>
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<tr>
<td></td>
<td>14</td>
<td>21</td>
<td>28</td>
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<tr>
<td></td>
<td>5</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television (408 TARPS)</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Breathless (27)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms (48)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough (144)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Break the Chain (189)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Radio</td>
<td></td>
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<td></td>
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<tr>
<td>Magazine</td>
<td></td>
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<tr>
<td>Out-of-Home</td>
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<tr>
<td>Digital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous (TV, radio, press, OoH)</td>
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<td></td>
<td></td>
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<tr>
<td>CALD (radio, press, online)</td>
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</table>

Note: Dates shown in header row of table are week commencing. # indicates when media was undertaken and * indicates when research activity was undertaken.
1.3. **Research objectives**

The main objective of this research was to evaluate the effectiveness of the 2015 NTC in terms of overall campaign awareness and impact among smokers and recent quitters aged 18 to 50 years.

The specific research objectives were to measure: campaign awareness, including advertising cut-through and message takeout amongst the target audiences of smokers and recent quitters; campaign diagnostic measures; attitudes towards smoking and quitting; smoking and quitting behaviours; and intentions to quit smoking or stay quit.
2. Methodology

2.1. Research design

The ongoing evaluation of the NTC now comprises eight waves of Computer Assisted Telephone Interviews (CATI) with national samples of smokers and recent quitters.

The sample design for the telephone survey has seen a number of changes over time. The first five waves of the evaluation (Waves 1 through 5a) were conducted with smokers and recent quitters who were resident in private households contactable by landline telephone. The sample design was revised at Wave 5b to include those contactable via mobile phone in an attempt to overcome the bias associated with the exclusion of the proportion of the population residing in households that do not have a landline telephone (so called ‘mobile only’).

The in-scope population for the evaluation surveys has been aligned with the target population for the NTC. Historically, this has been defined as smokers and recent quitters aged 18-40 years; however, at Wave 7 the in-scope population was expanded to include smokers and recent quitters aged 18-50 years in order to comprehensively cover the full target audiences of the 2015 campaign.

The timing of the surveys referenced in this report are as follows:

- Wave 1: 28 February – 23 March 2011;
- Wave 2: 4 July – 31 July 2011;
- Wave 3, 27 February – 24 March 2012;
- Wave 4: 18 June – 15 July 2012;
- Wave 5a: 29 November – 19 December 2012;
- Wave 5b: 29 January – 24 February 2013;
- Wave 6: 24 June – 21 July 2013; and

Where appropriate, the results from these surveys have been compared with each other and (most often) with benchmark measures collected through the 2010 National Tobacco Survey in December 2010. It should be noted that recent quitters were not part of the December 2010 sample and as a result no pre-campaign benchmark measures are available for this group.

A Random Digit Dialling (RDD) sampling frame was used for the surveys and respondents were selected using the “next-birthday” method where there was more than one eligible resident in the household. The landline sample was stratified geographically approximately in proportion to the smoker population. Geographic quotas were not put in place for the mobile strata.
The response rate (RR3) of 23.6% and a co-operation rate (CR3) of 84.9% were achieved.¹ The response rate for the landline sample (33.7%) was higher than for mobile sample (17.3%); however the co-operation rate was lower (83.9% vs. 86.0%).

The achieved number of interviews by target audience for the benchmark survey and each wave of the evaluation are shown in Table 2.

<table>
<thead>
<tr>
<th>Survey wave</th>
<th>Smokers n=</th>
<th>Recent Quitters n=</th>
<th>Total n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-10 (Benchmark)</td>
<td>1,016</td>
<td>n/a</td>
<td>1,016</td>
</tr>
<tr>
<td>Mar-11 (W1)</td>
<td>1,001</td>
<td>113</td>
<td>1,114</td>
</tr>
<tr>
<td>Jul-11 (W2)</td>
<td>1,002</td>
<td>114</td>
<td>1,116</td>
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<tr>
<td>Mar-12 (W3)</td>
<td>700</td>
<td>79</td>
<td>779</td>
</tr>
<tr>
<td>Jul-12 (W4)</td>
<td>1,000</td>
<td>113</td>
<td>1,113</td>
</tr>
<tr>
<td>Dec-12 (W5a)</td>
<td>700</td>
<td>79</td>
<td>779</td>
</tr>
<tr>
<td>Feb-13 (W5b)</td>
<td>702</td>
<td>79</td>
<td>781</td>
</tr>
<tr>
<td>Jul-13 (W6)</td>
<td>1,001</td>
<td>115</td>
<td>1,116</td>
</tr>
<tr>
<td>Jul-15 (W7)</td>
<td>1,000</td>
<td>116</td>
<td>1,116</td>
</tr>
</tbody>
</table>

2.2. Questionnaire

The 2015 NTC evaluation questionnaire was designed by the Social Research Centre in close consultation with the Department of Health. The questionnaire largely replicated the benchmark and previous evaluation waves of the NTC, however due to budget considerations was substantially shorter than previous questionnaires.

The broad topic areas covered in the 2015 questionnaire included:

- Introduction and household screening;
- Smoking and quitting status and experience;
- Attitudes to smoking and quitting;
- Campaign awareness and direct impact; and
- Demographics.

Due to the consistent questionnaire format to earlier waves of the NTC evaluation, formal pilot tests of the questionnaire have not been used although the first night’s interviewing for each wave is used to check for any problems with content and flow.

The full evaluation questionnaire is provided at Appendix 1.

¹ Response rate and cooperation rate were calculated using the AAPOR Outcome Rate calculator.
2.3. Ethics and quality assurance

All data collection activities were undertaken in accordance with ISO 20252 quality standards, the Australian Market and Social Research Society code of ethics, and the Market and Social Research Privacy Principles.

2.4. About the report

This report presents key findings from the time series surveys used to evaluate the 2011, 2012, 2013 and 2015 NTC. The main focus of the report is results from the July 2015 survey and the overall pattern since the December 2010 (for most of the ‘campaign impact’ measures) and March 2011 (for most of the ‘campaign awareness’ measures) benchmarks. It should be noted that over the course of the campaign the target audience focus, creative executions used and advertising media spend have differed year on year. This can make comparisons between individual years difficult.

Before reporting, all data were weighted to adjust for chance of selection (including telephony status) and post-weighted by location, age and gender to match population parameters for smokers and recent quitters estimated from the 2011-13 Australian Health Survey. All charts and tables in this report, unless otherwise specified, show survey estimates that have been weighted in this manner. The unweighted bases for all table and figures are shown in Appendix 2.

Further, in some tables and figures, it may be noted that some totals shown and/or mentioned in the accompanying text differ slightly from the apparent sum of their component elements. This is simply due to the effects of rounding.

Statistical tests were conducted to establish whether differences between the responses of subgroups, as well as between the various survey waves, were statistically significant. Where results are reported as “different”, it implies that a statistically significant difference at a 95% confidence level has been established. Such differences are generally indicated by the use of * symbols. Where benchmark data are available, these symbols show an evaluation survey result which is significantly different from that obtained in the relevant (December 2010 or March 2011) benchmark wave.

Further, due to the change in the in-scope age range (from 18-40 years to 18-50 years) for the 2015 campaign and research sample design, tables and charts that compare impact results to earlier evaluation surveys are limited to 18-40 year olds.

It should also be noted that subgroup analysis was conducted on most survey items. The subgroups considered include those based on socio-demographics (age, gender and socio-economic status), cultural diversity (use of a language other than English; Aboriginal and Torres Strait Islander People) and campaign exposure (e.g. unprompted recall of NTC advertising). However, results for these groups are generally only discussed where they are statistically significant.
3. Campaign awareness

3.1. Campaign recall

All respondents were asked if, during the past three months, they had “seen or heard any information or advertising campaigns about the dangers of smoking, or that encourage quitting?” Those who had done so were then asked to describe up to two advertisements they had seen or heard and to explain what they thought each ad had been “trying to say”.

3.1.1. Category recall

Recall of any anti-smoking information or advertising campaigns was high among smokers and recent quitters in Jul-15 (see Figure 1). Results were slightly lower than the Dec-10 benchmark among smokers, but substantially lower among recent quitters.

Figure 1 Recall of any anti-smoking information or advertising campaigns in the past three months

<table>
<thead>
<tr>
<th></th>
<th>Smoker</th>
<th>Recent quitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-10</td>
<td>92</td>
<td>n/a</td>
</tr>
<tr>
<td>Mar-11</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>Jul-11</td>
<td>96</td>
<td>*</td>
</tr>
<tr>
<td>Mar-12</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>Jul-12</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Dec-12</td>
<td>92</td>
<td>90</td>
</tr>
<tr>
<td>Feb-13</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Jul-13</td>
<td>88</td>
<td>*</td>
</tr>
<tr>
<td>Jul-15</td>
<td>89</td>
<td>*</td>
</tr>
</tbody>
</table>

Base: Total sample. * Indicates result is significantly different from the Dec-10 result (Mar-11 for recent quitters); p<0.05.

3.1.2. Category-cued recall

Table 3 and Table 4 (overleaf) show the proportion of smokers and recent quitters, respectively, who provided descriptions of anti-smoking information or advertising campaigns that could be coded to specific elements of the NTC.

Recall of any element of the 2015 NTC was 26% among smokers and 30% among recent quitters. This represents a slight improvement in campaign cut-through to more recent waves of the NTC (i.e. Dec-12 to Jul-13), but remains lower than earlier waves of the campaign. Recall of the 2015 NTC was quite consistent across audience sub-groups. The only notable exceptions were slightly higher recall among 41-50 year olds (in comparison to 18-29 year olds) and females (31%).
In terms of specific NTC advertising, consistent with the differential media allocation to each element of the 2015 campaign, *Break the Chain* and *Cough* were the most commonly recalled among both smokers and recent quitters. By contrast, other elements of the campaign - *Breathless*, *Symptoms*, *Health Benefits* and *Quit for you, Quit for two* were infrequently recalled.

Recall of *Break the Chain* was stronger among females (17%), while recall of *Health Benefits* was stronger among those who regularly speak a language other than English at home (8%) and have a higher socio-economic background (4%). No other notable sub-groups differences were evident.

### Table 3  Unprompted recall of specific advertising among smokers

<table>
<thead>
<tr>
<th>Recalled ad</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: NTC advertising</td>
<td>40</td>
<td>44</td>
<td>39</td>
<td>35</td>
<td>17*</td>
<td>14*</td>
<td>22*</td>
<td>26*</td>
</tr>
<tr>
<td>Breathless</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>2*</td>
</tr>
<tr>
<td>Symptoms</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>1*</td>
</tr>
<tr>
<td>Cough</td>
<td>30</td>
<td>34</td>
<td>14*</td>
<td>14*</td>
<td>7*</td>
<td>6*</td>
<td>7*</td>
<td>9*</td>
</tr>
<tr>
<td>Break the Chain</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>1*</td>
<td>1*</td>
<td>1*</td>
<td>3*</td>
<td>13*</td>
</tr>
<tr>
<td>Health Benefits</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>7*</td>
<td>6*</td>
<td>6*</td>
<td>3*</td>
<td>3*</td>
</tr>
<tr>
<td>Quit for you, Quit for two</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Other quit ads</td>
<td>55</td>
<td>51</td>
<td>67*</td>
<td>63*</td>
<td>64*</td>
<td>65*</td>
<td>50*</td>
<td>48*</td>
</tr>
<tr>
<td>Other advertisements</td>
<td>16</td>
<td>24*</td>
<td>14</td>
<td>14</td>
<td>15</td>
<td>20</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Did not recall seeing ad</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>10*</td>
<td>8</td>
<td>9</td>
<td>10*</td>
</tr>
<tr>
<td>Did not recall category</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>8*</td>
<td>8</td>
<td>9*</td>
<td>12*</td>
<td>11*</td>
</tr>
</tbody>
</table>

Base: Total smoker sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.

### Table 4  Unprompted recall of specific advertising among recent quitters

<table>
<thead>
<tr>
<th>Recalled ad</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: NTC advertising</td>
<td>43</td>
<td>55</td>
<td>50</td>
<td>57</td>
<td>16*</td>
<td>24*</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Breathless</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>17</td>
<td>1*</td>
</tr>
<tr>
<td>Symptoms</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>17</td>
<td>2*</td>
</tr>
<tr>
<td>Cough</td>
<td>33</td>
<td>47*</td>
<td>10*</td>
<td>17*</td>
<td>4*</td>
<td>4*</td>
<td>4*</td>
<td>5*</td>
</tr>
<tr>
<td>Break the Chain</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>16*</td>
</tr>
<tr>
<td>Health Benefits</td>
<td>11</td>
<td>14</td>
<td>15</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Quit for you, Quit for two</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other quit ads</td>
<td>54</td>
<td>42</td>
<td>72*</td>
<td>72*</td>
<td>62</td>
<td>65</td>
<td>47</td>
<td>39</td>
</tr>
<tr>
<td>Other advertisements</td>
<td>16</td>
<td>28*</td>
<td>9</td>
<td>9</td>
<td>21</td>
<td>16</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Did not recall seeing ad</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Did not recall category</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>12*</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>28*</td>
</tr>
</tbody>
</table>

Base: Total recent quitter sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.
3.1.3. Message recall

The main message take-outs mentioned by those who recalled at least one element of the NTC is shown in Table 5 for smokers and Table 6 for recent quitters.

As can be seen, the message takeout following the 2015 campaign varies to previous waves of the campaign, but nevertheless aligned fairly well with the specific advertisements adopted in 2015. The main message take-outs among smokers were that smoking causes other diseases (40%), the negative effect smoking has on quality of life (37%), quit smoking messages (30%) and that smoking kills (28%). A similar pattern of message take-out was also evident among recent quitters. The notable differences were that messages about the health benefits of quitting smoking and that smoking kills appears to be stronger among recent quitters.

**Table 5** Recall of messages from the NTC among smokers

<table>
<thead>
<tr>
<th>Message recalled</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every cigarette you don't have is doing you good / benefits of not smoking</td>
<td>26</td>
<td>19</td>
<td>26</td>
<td>19</td>
<td>36</td>
<td>42*</td>
<td>4*</td>
<td>13*</td>
</tr>
<tr>
<td>Net: Smoking causes cancer</td>
<td>25</td>
<td>39*</td>
<td>28</td>
<td>15*</td>
<td>11*</td>
<td>11*</td>
<td>4*</td>
<td>12*</td>
</tr>
<tr>
<td>Net: Smoking causes other diseases</td>
<td>12</td>
<td>47*</td>
<td>32*</td>
<td>29*</td>
<td>45*</td>
<td>54*</td>
<td>56*</td>
<td>40*</td>
</tr>
<tr>
<td>Net: Negative effect on quality of life</td>
<td>24</td>
<td>41*</td>
<td>16</td>
<td>43*</td>
<td>27</td>
<td>25</td>
<td>58*</td>
<td>37*</td>
</tr>
<tr>
<td>Don't pass on your habits to your children</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>21*</td>
</tr>
<tr>
<td>Quit smoking messages</td>
<td>18</td>
<td>23</td>
<td>33*</td>
<td>23</td>
<td>19</td>
<td>9</td>
<td>49*</td>
<td>30*</td>
</tr>
<tr>
<td>Smoking kills</td>
<td>12</td>
<td>14</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>21*</td>
<td>20*</td>
<td>28*</td>
</tr>
<tr>
<td>Smoking is dangerous</td>
<td>1</td>
<td>8*</td>
<td>7*</td>
<td>13*</td>
<td>7*</td>
<td>1</td>
<td>5*</td>
<td>3</td>
</tr>
<tr>
<td>Other message</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>11*</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

Base: Total smoker sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.

**Table 6** Recall of messages from the NTC among recent quitters

<table>
<thead>
<tr>
<th>Message recalled</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every cigarette you don't have is doing you good / benefits of not smoking</td>
<td>24</td>
<td>23</td>
<td>28</td>
<td>18</td>
<td>40</td>
<td>44</td>
<td>2*</td>
<td>26</td>
</tr>
<tr>
<td>Net: Smoking causes cancer</td>
<td>38</td>
<td>44</td>
<td>13</td>
<td>17*</td>
<td>5</td>
<td>15</td>
<td>5*</td>
<td>8</td>
</tr>
<tr>
<td>Net: Smoking causes other diseases</td>
<td>8</td>
<td>39*</td>
<td>17</td>
<td>24</td>
<td>40</td>
<td>44</td>
<td>57*</td>
<td>23</td>
</tr>
<tr>
<td>Net: Negative effect on quality of life</td>
<td>10</td>
<td>36*</td>
<td>20</td>
<td>46*</td>
<td>23</td>
<td>20</td>
<td>77*</td>
<td>23</td>
</tr>
<tr>
<td>Don't pass on your habits to your children</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>Quit smoking messages</td>
<td>30</td>
<td>17</td>
<td>35</td>
<td>24</td>
<td>-</td>
<td>6</td>
<td>47</td>
<td>31</td>
</tr>
<tr>
<td>Smoking kills</td>
<td>12</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>9</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Smoking is dangerous</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>14*</td>
<td>28</td>
<td>12</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Other message</td>
<td>-</td>
<td>21</td>
<td>-</td>
<td>1*</td>
<td>19</td>
<td>23</td>
<td>2*</td>
<td>5</td>
</tr>
</tbody>
</table>

Base: Total recent quitter sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.
Further, there was also evidence that each advertisement was reasonably successful in communicating slightly different messages. Among those who recalled *Cough*, the main messages mentioned were that smoking causes other disease (74%) and the negative effect smoking has on quality of life (33%). Although, unlike previous waves of *Cough*, messages relating to smoking causing cancer were infrequently mentioned by those who recalled the advertisement.

By contrast, among those who recalled *Break the Chain*, there was slightly more recall of messages about the negative effect smoking has on quality of life (41%), that smoking kills (49%), not passing smoking habits onto your children (43%) and general quit smoking messages (38%). Further, among those who recall *Health Benefits*, there was universal take out of the message that every cigarette you don't have is doing you good / benefits of not smoking.
3.2. Campaign recognition

This section of the report provides an evaluation of prompted recognition and advertising diagnostic measures for key components of the 2015 NTC.

The specific advertising evaluated was:

- **Breathless** – television including on-line TV, radio, out-of-home and online.
- **Symptoms** – television including on-line TV, out-of-home and online.
- **Cough** – television including on-line TV, out-of-home and online.
- **Break the Chain** – television including on-line TV, radio, out-of-home and online.
- **Health Benefits** – out-of-home, print and online.
- **Quit for you, Quit for two** – out-of-home, print and online.

Prompted recognition was measured by reading all respondents a brief description of the main advertisement of the particular campaign element (typically the television advertisement) and asking if they remembered recently seeing the advertisement. All respondents were then also asked if they had seen any advertising using images or messages from the advertisement in a range of other locations, such as out of home, online or magazines.

A number of advertising diagnostic measures were also used to assess key aspects of the four television advertisements used in the 2015 NTC relating to message credibility and perceived impact. These measures were obtained by asking those who recognised each television ad if they agreed or disagreed with a set of nine descriptive statements about the advertising.

These statements covered the areas of:

- Credibility (*Is believable*);
- Clarity of communication (*Was easy to understand*);
- Personal relevance (*Is relevant to me*);
- News (*Taught me something new*);
- Impact (*Makes me stop and think; Makes me feel concerned about my (past) smoking; Makes me feel uncomfortable; Makes me more likely to try to quit/stay quit*); and
- Wear Out (*Tired of seeing the ad*).

The diagnostic profiles of the television advertisements used in the 2015 NTC presented in the following sections are compared against the averages from all NTC advertisements for which these diagnostics have been obtained since Mar-11.²

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² The average presented were based on the diagnostic profile of the twelve advertisements previously aired as part of the National Tobacco Campaign: Cough, Benefits, Parents, Who will you leave behind (Luke and Brothers), Break the Chain, Excuses, Bronchoscopy, Never Give Up Giving Up, Eye, The Wait, Breathless and Symptoms.
3.2.1. Breathless

Recognition of Breathless in 2015 was strong, with approximately two-thirds of smokers (66%) and recent quitters (62%) having recently seen at least one element of the advertising (see Figure 2).

Overall recognition of Breathless was mainly driven by exposure to the television and radio (Visiting Mum) advertising. Recognition of the television ad was 45% among smokers and 39% among recent quitters. Recognition of the radio ad was 29% among smokers and 28% among recent quitters.

Recognition of the out of home and online advertising was generally low.

Reach of the Breathless advertising differed by smoking status, age, gender and language background. In particular, recognition was higher for the:

- Radio advertising among smokers and recent quitters aged 18-40 years (31%) when compared to smokers and recent quitters aged 41-50 year (22%),
- Transit advertising amongst smokers (17%) and those aged 18-29 years (22%),
- Online advertising among smokers and recent quitters aged 18-40 years (11%) and those who regularly speak a language other than English at home (25%),
- Venue advertising among males (27%) and those aged 18–40 years (11%), and
- Petrol station advertising among smokers (9%), males (9%) and those who regularly speak a language other than English at home (19%).

Figure 2  Recognition of Breathless advertising in 2015

Base: Total sample. * Indicates result is significantly different from the smoker result; p<0.05.
The performance of the Breathless advertising via media channels varied between the launch wave in 2013 and 2015 (see Figure 3). The key differences were that recognition of the television (largely owing to fewer TARPS being applied: 48 in 2015 vs. 228 in 2013) and online advertising in 2015 were lower than seen following the 2013 wave, while recognition of the radio advertising was higher.

**Figure 3** Recognition of Breathless advertising among smokers by wave

![Recognition of Breathless advertising among smokers by wave](image)

Base: Total smoker sample. * Indicates result is significantly different from the Jul-13 result; p<0.05.

The proportion of smokers that ‘agreed’ (either strongly agree or agree) with each diagnostic measure in relation to the Breathless television advertisement is shown in Figure 4. As can be seen, its diagnostic profile in 2015 is comparable to 2013 and is reasonably similar to the average of other NTC television advertising to date. It was however, slightly higher than the average with respect to making smokers feel uncomfortable and feel concerned about their smoking.

**Figure 4** Agreement with each diagnostic measure for the Breathless television advertisement amongst smokers by wave

![Agreement with each diagnostic measure for the Breathless television advertisement amongst smokers by wave](image)

Base: Smokers that recognised Breathless.
3.2.2. Symptoms

Promoted recognition of the Symptoms advertising in 2015 was moderate, with approximately two-fifths of smokers (39%) and one-third of recent quitters (31%) having recently seen at least one element of the campaign (see Figure 5). This level of recognition was lower than any other advertisement used in the 2015 NTC that had a television presence, although is perhaps not surprising given the positive nature of this ad.

Recognition of Symptoms was generally uniform across audience sub-groups. The exceptions were that online (18%) and transit advertising (17%) were stronger among those who regularly spoke a language other than English at home. Further, although to a lesser extent, transit advertising was also stronger among males (8%).

**Figure 5** Recognition of *Symptoms* advertising in 2015

Base: Total sample.
The level of reach achieved by the Symptoms television advertising in 2015 was lower than seen in the July 2013 wave of the campaign (see Figure 6). As with results for the Breathless advertising described above, this result is likely to reflect the substantially different amount of TARPS allocated to the advertising between waves (27 in 2015 vs. 228 in 2013).

**Figure 6**  Recognition of Symptoms advertising among smokers by wave

![Recognition of Symptoms advertising among smokers by wave](image)

Base: Total smoker sample. * Indicates result is significantly different from the Jul-13 result; p<0.05.

The diagnostic profile of the Symptoms television advertisement is shown in Figure 7. As can be seen, the diagnostic profile is generally similar to that seen in 2013. The only notable difference has been a strengthening in the proportion of smokers that agree it made them feel uncomfortable. Due to this increase, the profile is now quite similar to NTC television advertising in general.

**Figure 7**  Agreement with each diagnostic measure for the Symptoms television advertisement amongst smokers by wave

![Agreement with each diagnostic measure for the Symptoms television advertisement amongst smokers by wave](image)

Base: Smokers that recognised Symptoms. * Indicates result is significantly different from the Jul-13 result; p<0.05.
3.2.3. Cough

Overall recognition of Cough in 2015 was very strong, with over three quarters of smokers (76%) and recent quitters (80%) having recently seen at least one element of the campaign (see Figure 8).

Recognition of Cough was largely driven by exposure to the television advertisement, which reached 73% of smokers and 77% of recent quitters. Recognition of online, transit, venue and petrol station advertising was fairly low, with less than one-in-ten smokers or recent quitters recognising each individual element. Recognition of the Cough television advertisement was higher among those who spoke English at home only (75%) and those with a higher socio-economic background (77%), while recognition of in-venue advertising was stronger among 18-40 year olds (10%).

**Figure 8 Recognition of Cough advertising in 2015**

<table>
<thead>
<tr>
<th></th>
<th>Smoker</th>
<th>Recent quitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>76</td>
<td>80</td>
</tr>
<tr>
<td>TVC</td>
<td>73</td>
<td>77</td>
</tr>
<tr>
<td>Online</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Transit</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Venue</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Petrol station</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Base: Total sample.
Recognition of the *Cough* television advertisement among smokers and recent quitters in 2015 was lower than all previous bursts of the NTC that featured the advertisement (see Figure 9). This result is not surprising given the significant investment in *Cough* during the 2011 bursts of the NTC. Before the Mar-11 survey, approximately 700 TARPS had been applied to *Cough*, while approximately 1,200 TARPS were applied in the period immediately before the Jul-11 survey. Further, although the TARPS applied to the campaign burst preceding the Jul-12 survey (at 150 TARPS) were similar to 2015 (144 TARPS), earlier investment in *Cough* will have had some impact on these results.

**Figure 9**  Recognition of *Cough* television advertising by wave

<table>
<thead>
<tr>
<th></th>
<th>Mar-11</th>
<th>Jul-11</th>
<th>Jul-12</th>
<th>Jul-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoker</td>
<td>85</td>
<td>95</td>
<td>86</td>
<td>73</td>
</tr>
<tr>
<td>Recent quitter</td>
<td>91</td>
<td>94</td>
<td>88</td>
<td>77</td>
</tr>
</tbody>
</table>

Base: Total sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.

Figure 10 presents time series results for *Cough* out of home advertising and Figure 11 presents time series results for online advertising. Exposure to the out of home elements in 2015 was lower than previous bursts of the NTC, while exposure to online advertising was comparable or slightly higher than previous waves.

**Figure 10**  Recognition of *Cough* out of home advertising by wave

<table>
<thead>
<tr>
<th></th>
<th>Mar-11</th>
<th>Jul-11</th>
<th>Mar-12</th>
<th>Jul-12</th>
<th>Jul-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoker</td>
<td>25</td>
<td>31</td>
<td>41</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Recent quitter</td>
<td>18</td>
<td>35</td>
<td>37</td>
<td>30</td>
<td>16</td>
</tr>
</tbody>
</table>

Base: Total sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.
The diagnostic profile of the Cough television advertising is shown in Figure 12. As can be seen, its profile in 2015 is fairly similar to the average of other NTC television advertising to date. The only notable differences being that Cough was higher than the average with respect to making smokers feel uncomfortable and lower than the average on wear out.

This profile is also reasonably similar to that seen in 2012, although there was evidence of some strengthening in perceptions of the advertisement since Jul-12, with an increase in teaching something new (up 10 points), making smokers more likely to try and quit (up 6 points), as well as a decrease in wear out (down 17 points).
3.2.4. Break the Chain

Recognition of *Break the Chain* in 2015 was strong, with approximately two-thirds of smokers (69%) and recent quitters (63%) having recently seen at least one element of the campaign (see Figure 13). Overall recognition of *Break the Chain* was also primarily driven by exposure to the television advertisement, which reached 64% of smokers and 60% of recent quitters.

Recognition of *Break the Chain* across most channels tended to be stronger among smokers and recent quitters of an Aboriginal and Torres Strait Islander background. However, it should be noted the only statistically significant differences related to transit, shopping centre and licensed venue advertising. Consistent with previous waves, recognition of *Break the Chain* also tended to increase with age (59% among 18-29 year olds, 70% among 30-40 year olds, 79% among 41-50 year olds) and was stronger among females (76% vs. 63%) and those who spoke English at home only (70%).

**Figure 13** Recognition of *Break the Chain* advertising in 2015

Base: Total sample. * Indicates result is significantly different from the smoker result; p<0.05.

[Bar chart showing recognition by channel and demographic group]
The performance of the *Break the Chain* television advertising in 2015 was very strong in comparison to previous bursts of the NTC (see Figure 14). This is a particularly positive result given the TARPS applied to the 2015 campaign (189) was roughly comparable to previous waves of the advertising (which ranged from 160-220 TARPS).

**Figure 14**  
Recognition of *Break the Chain* television advertising by wave

![Recognition of Break the Chain television advertising by wave](image)

Base: Total sample. * Indicates result is significantly different from the Jul-11 result; p<0.05.

The diagnostic profile of the *Break the Chain* television advertisement is shown in Figure 15. As can be seen, its profile in 2015 is reasonably similar to the average of other NTC television advertising to date. The only notable difference being that *Break the Chain* was lower than the average on personal relevance, which is likely to be reflective of the advertisement's Indigenous focus.

**Figure 15**  
Agreement with each diagnostic measure for the *Break the Chain* television advertisement amongst smokers

![Agreement with each diagnostic measure for the Break the Chain television advertisement amongst smokers](image)

Base: Smokers that recognised Break the Chain. * Indicates result is significantly different from the Jul-12 result; p<0.05.

There was evidence of some strengthening in perceptions of the advertisement since Jul-12, with an increase in *teaching something new* (up 8 points) and *believability* (up 4 points), as well as a decrease in wear out (down 9 points). Further, the profile of *Break the Chain* tended to be stronger (although not always statistically significantly) among smokers and recent quitters of an Aboriginal
and Torres Strait Islander background. The notable differences related to ratings of teaching something new (52%), relevance (78%), making smokers stop and think (79%), feel concerned about their smoking (80%) and more likely to try to quit (74%).

### 3.2.5. Health Benefits

Overall recognition of the *Health Benefits* advertising in 2015 was moderate, with 29% of smokers and 35% of recent quitters having recently seen at least one element of the campaign (see Figure 16). Recognition of individual elements of the advertising was low, ranging from 11% for transit advertising among smokers to 2% for cinema. Recognition of *Health Benefits* among recent quitters tended to be higher than smokers; however, only the difference relating to cinema advertising was statistically significant.

Other notable sub-group differences in relation to *Health Benefits* were that recognition of:

- Transit advertising was stronger among 18-29 year olds (19%);
- Magazine (14%) and cinema (4%) advertising was stronger among females; and
- Shopping centre advertising was stronger among 18-40 year olds (11%).

**Figure 16** Recognition of *Health Benefits* advertising in 2015

Base: Total sample. * Indicates result is significantly different from the smoker result; p<0.05.
Figure 17 compares overall recognition of *Health Benefits* in 2015 to the combined recognition result for out of home, magazine and/or online advertising from previous waves of the NTC where *Health Benefits* was used. As can be seen, with the exception of the Mar-11 result, the 2015 result was generally lower than previous waves. It should be noted however, that previous waves of *Health Benefits* also included substantial investment in a radio advertisement[^3], which is likely to have some positive net impact on recognition of the out of home and online advertising.

**Figure 17**  
Recognition of *Health Benefits* magazine, out of home and online advertising by wave

![Bar chart showing recognition of Health Benefits by wave](image)

Base: Total sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.

Figure 18 presents time series results for *Health Benefits* out of home advertising, while Figure 19 presents time series results for the magazine advertising. As can be seen, exposure to the out of home elements of *Health Benefits* in 2015 were not as strong as previous waves, with the exception of the Mar-11 result, while exposure to magazine advertisements was comparable or slightly lower than previous waves.

**Figure 18**  
Recognition of *Health Benefits* out of home advertising by wave

![Bar chart showing recognition of Health Benefits out of home by wave](image)

Base: Total sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.

[^3]: Awareness results of the radio advertisement are not included in figure shown in Figure 17.
3.2.6. Quit for you, Quit for two

Recognition of the Quit for you, Quit for two advertising was fairly low, with 15% of smokers and 8% of recent quitters having seen at least one element of the advertising (see Figure 20).

Recognition of the campaign was, however, significantly stronger among its intended primary target audience; namely, females who were pregnant or were planning to become pregnant in the next 12 months. Recognition of any element of the advertising reached 38% among females who were pregnant or were planning to become pregnant. Recognition of individual elements of the Quit for you, Quit for two advertising was also much stronger among this group: doctor’s surgery (30%), magazines (15%) and online (16%).
3.2.7. Overall recognition

Overall recognition of the 2015 NTC was very strong with nearly all smokers and recent quitters able to recognise at least one component of the campaign (Figure 21). This result is comparable (or higher) to previous waves of the NTC and represents a good result given the TARPS and media spend invested in the 2015 campaign period was lower than most previous waves. Further, overall recognition results were also above the media buy’s targeted TV 1+ reach goal of 70%.

Figure 21 Overall exposure to NTC advertising by wave

Base: Total sample. * Indicates result is significantly different from the Mar-11 result; p<0.05.
3.2.8. Campaign apps

Slightly more than one-third (35%) of smokers and one-quarter (28%) of recent quitters had heard of the My QuitBuddy app. Awareness of My QuitBuddy was weaker among smokers and recent quitters aged 41-50 years (26%), males (31%) and those who regularly spoke a language other than English at home (19%), but appeared to increase with the number of NTC elements seen. For example, 51% of those who saw 5-6 elements of the 2015 NTC were aware of My QuitBuddy, while only 21% of those who saw 0-1 elements of the 2015 NTC were aware of the app.

Approximately one-in-ten smokers and recent quitters had reportedly ever downloaded the My QuitBuddy app (see Figure 22). However, since the Dec-12 survey, there has been a slow, but steady increase among smokers and recent quitters in downloading the app. Smokers aged 18 to 29 years (13%), females (12%) and those who saw 5-6 elements of the 2015 NTC (14%) were the groups most likely to have downloaded My QuitBuddy.

**Figure 22** Downloading the My QuitBuddy app by wave

![Downloading the My QuitBuddy app by wave](image)

Base: Total sample. * Indicates result is significantly different from the Dec-12 result; p<0.05.
Measures relating to the *Quit for you, Quit for two* app were included for the first time in the Jul-15 evaluation survey. As can be seen in Figure 23, awareness and downloading of the *Quit for you, Quit for two* app among smokers and recent quitters was lower than for the *My QuitBuddy* app.

However, awareness and downloading of the *Quit for you, Quit for two* app was much stronger among females who were pregnant or were planning to become pregnant in the next 12 months. More specifically, survey results showed that approximately two-fifths (39%) of this audience had heard of the app, while 14% had reportedly ever downloaded the app. Awareness (31%) and downloading (7%) of the *Quit for you, Quit for two* app was also stronger among those who had seen the *Quit for you, Quit for two* advertising.

**Figure 23**  **Awareness and downloading of the *Quit for you, Quit for two* app**

<table>
<thead>
<tr>
<th></th>
<th>Smoker</th>
<th>Recent Quitter</th>
<th>Planning/Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heard of app</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoker</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Recent Quitter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning/Pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Downloaded</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent Quitter</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning/Pregnant</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: Total sample. * Indicates result is significantly different from the smoker result; p<0.05.
4. Campaign Impact

The impact of the 2015 NTC was assessed by considering its effect on various aspects of respondents’ knowledge and beliefs, intentions and behaviour with respect to the smoking of cigarettes and to quitting. Specifically, this included an assessment of:

- Respondents’ stated actions and future intentions as a direct result of seeing the NTC advertising;
- Attitudes towards quitting and smoking;
- Intentions to smoke and to quit smoking; and
- Quitting behaviour.

4.1. Direct (self-reported) impact

All respondents who recognised any element of the 2015 NTC were asked what, if anything, they had done as a result of seeing the advertising. Responses to these questions were re-based to the total sample in order to show the intent of impact on the target audience overall (see Table 7 and Table 8).

As can be seen, 45% of smokers and 51% of recent quitters said they had taken some action as a result of seeing the 2015 campaign. For smokers, this result was significantly higher than the Mar-11 result, but was comparable for recent quitters.

The types of action taken by smokers most often related to quitting (22% in the July-15 survey), including thinking about quitting (7%), stopping smoking (6%) or some other quit-related action (9%). Cutting down the amount smoked was the next most commonly mentioned action, with slightly under one-in-five (18%) having cut down the number of cigarettes they smoke. Among recent quitters, the action most frequently taken as a result of seeing NTC advertising was to quit smoking (43%), this was followed by discussing smoking with family and friends (8%).

Table 7 Action taken as a result of seeing the NTC among smokers

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET: Done something</td>
<td>39</td>
<td>41</td>
<td>57*</td>
<td>47*</td>
<td>39</td>
<td>35</td>
<td>33*</td>
<td>45*</td>
</tr>
<tr>
<td>Thought about quitting</td>
<td>8</td>
<td>5*</td>
<td>5</td>
<td>5*</td>
<td>5*</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Stopped/Quit smoking</td>
<td>6</td>
<td>9*</td>
<td>12*</td>
<td>13*</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other quit-related action</td>
<td>10</td>
<td>8</td>
<td>13</td>
<td>10</td>
<td>7</td>
<td>5*</td>
<td>6*</td>
<td>9</td>
</tr>
<tr>
<td>Cut down the amount I smoke</td>
<td>15</td>
<td>17</td>
<td>26*</td>
<td>20*</td>
<td>11</td>
<td>10*</td>
<td>10*</td>
<td>18</td>
</tr>
<tr>
<td>Discussed smoking and health</td>
<td>15</td>
<td>17</td>
<td>26*</td>
<td>20*</td>
<td>11</td>
<td>10*</td>
<td>10*</td>
<td>18</td>
</tr>
<tr>
<td>with family/friends</td>
<td>7</td>
<td>4*</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>3*</td>
<td>4*</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6*</td>
<td>7*</td>
<td>9*</td>
<td>10*</td>
<td>6*</td>
<td>4</td>
<td>11*</td>
</tr>
<tr>
<td>None / Don’t know</td>
<td>56</td>
<td>58</td>
<td>42*</td>
<td>51</td>
<td>57</td>
<td>59</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>5</td>
<td>2*</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>15*</td>
<td>4</td>
</tr>
</tbody>
</table>

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Mar-11 result; p<0.05.
Table 8  Action taken as a result of seeing the NTC among recent quitters

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Mar-11 %</th>
<th>Jul-11 %</th>
<th>Mar-12 %</th>
<th>Jul-12 %</th>
<th>Dec-12 %</th>
<th>Feb-13 %</th>
<th>Jul-13 %</th>
<th>Jul-15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET: Done something</td>
<td>50</td>
<td>59</td>
<td>63</td>
<td>63</td>
<td>51</td>
<td>48</td>
<td>40</td>
<td>51</td>
</tr>
<tr>
<td>Thought about quitting</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Stopped/Quit smoking</td>
<td>38</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>43</td>
<td>34</td>
<td>28</td>
<td>43</td>
</tr>
<tr>
<td>Other quit-related action</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Cut down the amount I smoke</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Discussed smoking and health with family/friends</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>-</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>None / Don't know</td>
<td>46</td>
<td>40</td>
<td>37</td>
<td>37</td>
<td>41</td>
<td>51</td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>17*</td>
<td>6</td>
</tr>
</tbody>
</table>

Base: Recent quitters aged 18 to 40 years. * Indicates result is significantly different from the Mar-11 result; p<0.05.

4.2. Salience of quitting

The salience of quitting as an issue was addressed by asking smokers if they agreed or disagreed with the statement You have been thinking a lot about quitting recently; a measure of predisposition to quit was obtained from their agreement with the statement You are eager for a life without smoking.

Approximately two-thirds (67%) of smokers surveyed ‘agreed’ or ‘strongly agreed’ they had been thinking a lot about quitting recently. These results were comparable to the Dec-10 benchmark, with smokers who recalled any element of the NTC campaign more likely to agree with this statement (75%). Further, there was a trend suggesting level of agreement increased with age and the number of NTC elements recalled.

Figure 24  Proportion of smokers who agree they have been thinking a lot about quitting recently

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.
As seen in Figure 25, approximately three-quarters (78%) of smokers agreed they were *eager for a life without smoking*. This represented a 5 percentage point increase on the Dec-10 benchmark (albeit, not significant) and a return to high levels of agreement seen in the Mar-11 survey. There were no notable sub-group differences; although, a non-significant trend was apparent suggesting level of agreement increased with the number of NTC elements seen.

Figure 25  Proportion of smokers who agree they are eager for a life without smoking

![Chart showing proportion of smokers who agree they are eager for a life without smoking]

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.

4.3. **Confidence to quit or stay quit**

Figure 26 presents smokers’ perceptions of their own ability to permanently quit smoking (self-efficacy). Slightly more than two-thirds (69%) of smokers said it was likely they would be able to stay permanently quit in the Jul-15 survey. Results have remained fairly stable over time, with no significant change noted between survey waves.

Figure 26  Proportion of smokers who believe it is likely they would be able to quit, if they tried

![Chart showing proportion of smokers who believe it is likely they would be able to quit, if they tried]

Base: Smokers aged 18 to 40 years.
All smokers were also asked to rate how much they wanted to quit smoking on a ten point scale “where 1 is not at all and 10 is very much”. The mean scores are shown in Figure 27. The Jul-15 result (mean score 6.9 out of 10) was significantly higher than the Dec-10 benchmark and sees a return to previous high levels noted in Mar-11 and Dec-12.

Respondents who had downloaded My QuitBuddy (8.1 out of 10), recalled any element of the NTC campaign (7.3 out of 10) and females (7.2 out of 10) had higher average scores in the Jul-15 survey. Further, there was also some evidence to suggest smokers’ desire to quit increased with age and the number of NTC elements recognised.

**Figure 27** Mean rating for desire to quit among smokers

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.
4.4. Quitting attempts

Figure 28 summarises smokers’ attempts to quit. Over three-quarters (79%) of smokers in Jul-15 have made at least one attempt to quit smoking higher (albeit, not significantly) than the Dec-10 benchmark survey.

Respondents who had downloaded *My QuitBuddy* (91%), those who recalled any element of the campaign (86%), females (84%), non-ATSI respondents (81%) and those who recognised *Break the Chain* (83%) were more likely to have made at least one quit attempt.

**Figure 28  Proportion of smokers who have ever attempted to quit**

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.
The proportion of smokers whose last quit attempt was within three months is shown in Figure 29. Approximately one-quarter (23%) of smokers in Jul-15 had attempted to quit in the last three months. This result is significantly higher than the Dec-10 benchmark and remains consistent with all survey waves since Mar-11. A very small number of sub-group differences were noted, with respondents who had downloaded My QuitBuddy (39%) and respondents who had seen Quit for you, Quit for two (29%) more likely to have made a recent quit attempt.

**Figure 29** Proportion of smokers who attempted to quit in the past three months

![Proportion of smokers who attempted to quit in the past three months](chart)

Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.

For recent quitters, information was obtained on the length of time that had elapsed since they had quit smoking. As seen in Figure 30, approximately half (53%) of recent quitters had quit smoking in the past three months. This result is higher, but not significantly above Mar-11 to Dec-12 results.

**Figure 30** Proportion of recent quitters who stopped smoking in the past three months

![Proportion of recent quitters who stopped smoking in the past three months](chart)

Base: Recent quitters aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.
4.5. **Intentions to quit**

All smokers were asked if they had any intention to quit smoking and, if so, when they thought they might do so. The majority (86%) of smokers in Jul-15 had some intention to quit smoking; with approximately one quarter (23%) saying they would do so in the next month (see Figure 31).

Respondents who had downloaded *My QuitBuddy* (97%) were more likely to say they intended to quit in the next month. There was also a trend suggesting intentions to quit in the next month increased with the number of NTC campaign elements recognised.

**Figure 31** Proportion of smokers who intend to quit in the next month

<table>
<thead>
<tr>
<th>Month</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-10</td>
<td>20</td>
</tr>
<tr>
<td>Mar-11</td>
<td>24</td>
</tr>
<tr>
<td>Jul-11</td>
<td>19</td>
</tr>
<tr>
<td>Mar-12</td>
<td>19</td>
</tr>
<tr>
<td>Jul-12</td>
<td>19</td>
</tr>
<tr>
<td>Dec-12</td>
<td>27</td>
</tr>
<tr>
<td>Feb-13</td>
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<td>Jul-13</td>
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<td>Jul-15</td>
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Base: Smokers aged 18 to 40 years. * Indicates result is significantly different from the Dec-10 result; p<0.05.
5. Summary

The results from this research-based evaluation of the 2015 NTC suggests the campaign overall has performed quite well on most campaign awareness measures. The performance of individual elements did vary considerably, but was generally related to media weighting.

Despite operating within a very busy advertising category, the cut-through of the 2015 NTC was positive, with 27% smokers and recent 30% quitters recalling at least one element. This level of cut-through represented a slight improvement on more recent waves of the NTC (Dec-12 to Jul-13), but was lower than earlier waves of the campaign which saw substantially greater media investment.

Consistent with the amount of media applied (especially television) and external benchmarks for recall of anti-tobacco advertising, Break the Chain and Cough were the most commonly recalled elements of the 2015 campaign. Other elements – namely, Breathless, Symptoms, Health Benefits and Quit for you, Quit for two - were infrequently recalled.

Message takeout largely varied to previous waves of the campaign, but was nevertheless aligned fairly well with the specific advertisements used in the 2015 campaign. For example, mentions of messages associating smoking with emphysema were very strong in Jul-13 when Breathless aired in tandem with Symptoms. The most common messages related to smoking causing other (non-cancer related) diseases; the negative effects of smoking on quality of life; general quit smoking messages; and smoking kills.

Survey results also indicated that each element of the campaign was reasonably successful in communicating slightly different messages. The only possible point of concern was that messages about smoking causing cancer were much less frequently mentioned by those who recalled Cough than in previous waves and suggests that running a large number of advertisements simultaneously (six for the 2015 NTC) may have some impact on specific message takeout. As will be noted below, the strategy to run six advertisements did not appear to have a negative impact on reach of the overall campaign nor individual elements.

The estimated reach (as measured by recognition) of the overall 2015 NTC was exceptionally strong, with nearly all smokers and recent quitters having seen at least one element. This was well above the media buy’s targeted TV reach goal of 70% and was comparable to previous waves of the NTC which had a substantially greater media investment. This finding suggests the media buy for possible future waves of the NTC does not need to approach levels seen throughout 2011 and 2012 in order to achieve very high levels of campaign reach.

The performance of individual elements of the 2015 NTC did vary considerably, but was generally related to differential media weighting, creative style and the presence of television media.

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4 Dunlop, Perez & Cotter. The natural history of antismoking advertising recall: the influence of broadcasting parameters, emotional intensity and executional features Tobacco Control 2012;0:1–8.
Cough (76% among smokers and 80% among recent quitters), Break the Chain (69%, 63%) and Breathless (66%, 62%) achieved the strongest recognition results on the back of receiving the greatest share of media allocation (especially television). It should be noted that of the three advertisements, Break the Chain received the greater share of TARPS (45 more than Cough and 162 more than Breathless) and as a consequence could have been expected to have produced the highest recognition results. However, the Indigenous focus of the advertisement and the less graphic creative style (in comparison to Cough and Breathless) may have limited reach to some extent within the context of a national audience. Further, recognition of Breathless was substantially boosted by the supporting Visiting Mum radio advertisement.

Recognition of Symptoms (39%, 31%) was modest mainly owning to a low allocation of TARPS, limited supporting media and its more positive and less confrontational tone in comparison to the other television ads aired. Recognition of elements of the 2015 NTC that did not include television – namely, Health Benefits (29%, 35%) and Quit for you, Quit for two (15%, 8%) – was lower than all other advertisements.

In terms of the mix of media channels adopted across the 2015 campaign, the following observations can be made.

- Television advertising played a critical role in building reach of the overall campaign, as well as reach of Cough, Break the Chain and Symptoms advertising and to a lesser extent Breathless. Each television advertisement performed reasonably well when its creative style and number of TARPS applied are taken into account. Future iterations of the NTC would therefore benefit from continuing to include some television media.

- Radio advertising (Visiting Mum and Break the Chain) results remained well below results seen for other NTC ads in the past (such as Bubblewrap and Health Benefits).

- Out of home advertising results, with the exception of Breathless, was below historical results and for other NTC ads. Despite this trend, advertising placed on or around public transport appeared to be quite effective in reaching younger (aged 18-29 years) smokers and recent quitters.

- Magazine advertising performance was generally in line with historical results and appeared to be quite effective in reaching female smokers and recent quitters.

- Online advertising performance across all elements of the 2015 campaign was low, but more or less in line with the historical average for NTC online advertising (typically averaging around 6%). Further, the quite strong performance of Breathless online advertising in its launch wave was not replicated, possibly due to a shift in online placement strategy. Notwithstanding these observations, online advertising (at least for Breathless and Symptoms) in 2015 did appear to be quite effective in engaging smokers and recent quitters who regularly spoke a language other than English at home.

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5 Dunlop, Perez & Cotter. The natural history of antismoking advertising recall: the influence of broadcasting parameters, emotional intensity and executional features Tobacco Control 2012;0:1–8.
Campaign diagnostic measures included in the 2015 evaluation survey indicated message credibility and perceived impact of the *Breathless*, *Symptoms*, *Cough* and *Break the Chain* advertising continued to be strong and provided no evidence of advertising decay. Moreover, there was some evidence to suggest the three year break for *Cough* from being aired to a national audience has in fact refreshed audiences’ perceptions of the advertising in a number of areas. Notably, these advertisements received higher ratings in 2015 for teaching something new and lower ratings relating for being tired of seeing the ad. Similar results were also seen for *Break the Chain*.

The evaluation survey results also indicate that *Break the Chain* and *Quit for you, Quit for two* have been quite effective in reaching and engaging the intended target audiences for the communications. More specifically, recognition of *Break the Chain* across most channels, as well as its diagnostic profile tended to be stronger (although not always statistically significantly) among smokers and recent quitters of an Aboriginal and Torres Strait Islander background. While recognition of *Quit for you, Quit for two* was significantly stronger among women who were pregnant or were planning to become pregnant, reaching 38% of this audience.

Awareness of NTC apps was quite strong with one-third having heard of the *My QuitBuddy* app. There has been a slow, but steady increase among smokers and recent quitters in downloading the app, with approximately one-in-ten had reportedly ever downloaded the app. Awareness of the *Quit for you, Quit for two* app reached 39% among women who were pregnant or were planning to become pregnant in the next 12 months, while 14% had reportedly ever downloaded the app.

Survey results relating to key smoking and quitting-related outcome measures show some positive results following the 2015 NTC. Notably,

- Approximately half of smokers and recent quitters self-reported they had taken some form of action as a result of seeing the 2015 NTC advertising. Smokers most often mentioned actions relating to quitting, particularly thinking about quitting and stopping smoking (albeit ultimately unsuccessfull). Similarly, the actions most frequently taken by recent quitters were to quit smoking and discuss smoking with family and friends.

- The extent to which smokers desire to quit and the proportion of smokers who attempted to quit smoking in the past three months remain higher than the Dec-10 benchmark and increased with the number of campaign elements seen.

- Further, survey results indicated that downloading the *My QuitBuddy* app was associated with desire to quit, recent quit attempts and firm plans to quit. Continued promotion of the app through mass media advertising appears warranted.
Appendix 1: Final Questionnaire
SAMTYP Sample type
1 = LANDLINE
2 = MOBILE SAMPLE
*PROGRAMMER NOTE: (MOBILE SAMPLE ONLY) IF SAMTYP = 2 GO TO ANSMOB FOR SCRIPT. IF SAMTYP = 1 GO TO S1

LANDLINE INTRO
*(ALL)
S1 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government Department of Health from the Social Research Centre. I am calling to conduct an important public health study. Today we would like to speak with people aged 18 to 50. Is there anyone living in the household in this age group? IF NECESSARY: Your telephone number has been generated at random from all possible numbers in your area. Please be assured that any information you give us will be strictly confidential.
1. Yes, Continue
2. No-one aged 18-50 in household (GO TO TERM1)
3. Make appointment to screen household
4. Household refused to be screened (GO TO RR1)
5. LOTE (code as LOTE no follow up)
6. Back to SMS

*(18-50 YEAR OLDS IN HOUSEHOLD)
S3 First of all, including yourself - how many people aged 18-50 living in this household currently smoke cigarettes?
1. Record Number (ALLOWABLE RANGE 1-15)
2. None
3. Refused
4. Don't know

*(18-50 YEAR OLDS IN HOUSEHOLD)
S4 And is there anyone aged 18-50 living in this household who has given up smoking cigarettes in the last 12 months and used to smoke on at least a weekly basis?
1. Yes, Record Number (ALLOWABLE RANGE 1-10)
2. None
3. Refused
4. Don't know
PRES Dum IF S3=2 OR 3 OR 4 AND S4=2 OR 3 (NO 18 TO 50 YEAR OLD SMOKERS OR RECENT QUITTERS IN HOUSEHOLD) GO TO TERM2, ELSE CONTINUE

*(SMOKER OR RECENT QUITTER IN HOUSEHOLD)
SDUM - STAMP ON SAMPLE RECORD
1. SMOKER IN HOUSEHOLD (S3=1 AND S4=NOT 1)
2. RECENT QUITTER IN HOUSEHOLD (S4=1 AND S3=NOT 1)
3. SMOKER AND RECENT QUITTER IN HOUSEHOLD (S3=1 AND S4=1)
4. NO ONE IN OPEN QUOTA GROUP (GO TO TERM2)

*(18-50 YEAR OLDS IN HOUSEHOLD)
S5 May I speak to the 18 to 50 year old [(IF SDUM=1) smoker] [(IF SDUM=2) who quit smoking on a weekly basis in the last 12 months] [(IF SDUM=3) smoker or person who quit smoking on a weekly basis in the last 12 months]?
IF MORE THAN ONE AVAILABLE, SAY: Could I speak to the one who is going to have the next birthday please? (This is just a way of randomising which person to interview)
1. Continue
2. Phone answerer refused to pass over the selected 18-50 year old (GO TO TERM3)
3. Make appointment to speak to selected 18-50 year old

*(18-50 YEAR OLD SELECTED)
S6 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government Department of Health from the Social Research Centre. I am calling to conduct an important public health study. The interview will take about 20 minutes, and the answers you give will be completely confidential. If there are any questions you don’t want to answer just tell me so I can skip over them. Would you be willing to help us? I’ll make it as quick as I can.
1. Yes, Continue
2. Make appointment
3. Respondent refusal (GO TO RR1)
4. LOTE (code as LOTE no follow up)

PRE ANSMOB IF SAMTYP=2 (MOBILE SAMPLE) CONTINUE. ELSE GO TO QMON.

**MOBILE INTRO**

ANSMOB Good morning/afternoon/evening. My name is <SAY NAME>. I'm calling on behalf of the Social Research Centre. I was calling to invite you to participate in an important study we're conducting. We'll try back in a few of days to see if you'd like to take part. We look forward to speaking with you then. Thank you.

1. *(MOBILE SAMPLE, SAMTYP =2)*

INTRO2 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government Department of Health from The Social Research Centre. We're conducting an important public health study with people aged 18 – 50 years. We'd just like to ask you a few quick questions to see if you qualify, is that ok?

1. Continue
2. Refused (AVOID – ATTEMPT CONVERSION) (GO TO RR1)
3. Appointment to screen
4. Not 18-50 years (out of scope) (TERM1)
5. Back to SMS
6. LOTE (code as LOTE no follow up)

*(MOBILE SAMPLE, SAMTYP =2)*

A2 Just so I know your time zone, may I please check what state or territory you live in?

1. New South Wales
2. Victoria
3. Queensland
4. South Australia
5. Western Australia
6. Tasmania
7. Northern Territory
8. Australian Capital Territory
10. (Refused) (GO TO TERM 4)

*PROGRAMMER NOTE – WRITE STATE / TERRITORY TO SAMPLE RECORD*

*(MOBILE SAMPLE, SAMTYP=2)*

A3 May I just check whether it is safe for you to take this call at the moment? If not, we'd be happy to call you back when it is more convenient for you.

1. Safe to take call
2. Not safe to take call
3. Refusal (GO TO RR1)

*(MOBILE SAMPLE, NOT SAFE TO TAKE CALL, A3 =2)*

A3b Do you want me to call you back on this number or would you prefer I call back on your home phone?

1. This number (TYPE STOP, MAKE APPOINTMENT)
2. Home phone (TYPE STOP, MAKE APPOINTMENT, RECORD HOME PHONE NUMBER)
3. Respondent refusal (GO TO RR1)

*(MOBILE SAMPLE, NOT SAFE TO TAKE CALL, A3 =2)*

A4b INTERVIEWER RECORD:

Is this a HARD or SOFT appointment?

1. HARD appointment
2. SOFT appointment

*(ALL)*

QMON This call may be monitored for training and quality purposes. Is that OK?

1. Monitor
2. Do not monitor

**RESPONDENT SCREENER**

*(ALL)*

QE A (IF SAMTYP = 2: To confirm whether you are eligible for this survey I'd like to ask a couple of quick questions...) Could you please tell me your age?

1. Record exact age (TERM 1 IF NOT 18-50 YEARS)
2. Refused

*(REFUSED AGE)*

Could you tell me which of the following age groups are you in?

1. (Under 18) (GO TO TERM1)
2. 18-24
3. 25-29
4. 30-34
5. 35-40
6. 41-50
7. (51 years or older) (GO TO TERM1)
8. (Refused) (GO TO TERM1)

*(ALL)
Q1 4A. And could you please confirm your gender?
1. Male
2. Female

*(ALL)
Q1 9 What is your postcode?
IF NECESSARY: This is just so we can look at the statistical results by geographic area.
DISPLAY POSTCODE FROM SAMPLE. INTERVIEWER TO EDIT IF NECESSARY

SMOKING STATUS
*(ALL)
QE 1 How often, if at all, do you CURRENTLY smoke cigarettes? Do you smoke them...
READ OUT. SINGLE ANSWER ONLY
EXPLAIN AS NECESSARY: By cigarettes we mean factory-made or roll-your-own cigarettes
1. Daily
2. At least weekly (but not daily)
3. At least monthly (but not weekly)
4. Less often than monthly
97. Not at all (GO TO PRE QE 5)
99. (DO NOT READ OUT) Can’t Say (GO TO PRE QE 5)
*(CURRENT SMOKERS)
QC 2 Which of the following best describes your smoking behaviour in the <<last month or so>>?
READ OUT. SINGLE ANSWER ONLY
1. I have not thought about quitting smoking
2. I thought about quitting, but did not actually try to quit
3. I tried to quit, but started smoking again
97. (DO NOT READ OUT) NONE OF THE ABOVE
99. (DO NOT READ OUT) CAN’T SAY

PREQE 5 IF QE 1=1 OR 2 (DAILY OR WEEKLY SMOKER) GO TO QUOTACHECK ELSE CONTINUE
*(EVER TRIED CIGARETTES & OCCASIONAL SMOKERS)
QE 5 Have you ever smoked cigarettes on at least a weekly basis?
1. Yes
2. No, Never
99. Can’t Say

PREQ21 IF QE 1=97 OR 99 (NOT AT ALL OR CAN’T SAY) AND QE 5=2 OR 99 (NEVER SMOKED ON A WEEKLY BASIS) GO TO TERM2, ELSE CONTINUE
PREQ21(2) IF QE 1=3 OR 4 (SMOKE LESS OFTEN THAN WEEKLY) AND QE 5=2 OR 99 (NEVER SMOKED ON A WEEKLY BASIS) GO TO QUOTACHECK, ELSE CONTINUE.
*(EVER SMOKED ON AT LEAST A WEEKLY BASIS, NO LONGER A DAILY/WEEKLY SMOKER)
Q21 Did you stop smoking cigarettes on a weekly basis more or less than one year ago?
1. Less than one year ago
2. One year ago or longer
99. Can’t say

*(ALL)
PREQUOTACHECK IF QE 1=97 OR 99 (NOT AT ALL OR CAN’T SAY) AND Q21=2 OR 99 (NOT A RECENT QUITTER) GO TO TERM2, ELSE CONTINUE
CHECK QUOTAS
- SMOKER (QE1=1 to 4)
Daily smoker (QE 1=1)
Weekly smoker (QE 1=2)
Less often than weekly smoker (QE 1=3 OR 4)
- RECENT QUITTER (QE 1=97 or 99 AND Q21 =1)
IF QUOTA FULL, THANK & TERMINATE, SAYING: I’m sorry but for the purposes of this survey we need to speak with <<smokers>><<people who have quit in the last 12 months>>. So, thank you so much for your time and have a nice day/evening.
*(ALL)
DUMAGE
INTRO3 Thanks for that, you’re definitely one of the people who we’d like to speak with.

The interview will take about 20 minutes, and the answers you give will be completely confidential. If there are any questions you don’t want to answer just tell me so I can skip over them. Would you be willing to help us? I’ll make it as quick as I can.

1. Yes, Continue
2. Make appointment
3. Respondent refusal (GO TO RR1)

QUITTING STATUS & EXPERIENCE – RECENT QUITTERS

PREQE 14 IF QE 1= 5 OR 99 (NOT CURRENT SMOKER) AND Q21=1 (QUIT IN THE LAST 12 MONTHS) CONTINUE, ELSE GO TO PREQE20.

*(RECENT QUITTER)

QE 14 You mentioned earlier that you smoked in the past. Approximately how long ago did you quit smoking?

ENCOURAGE BEST GUESS

1. Record days (ALLOWABLE RANGE=1 TO 356)
2. Record weeks (ALLOWABLE RANGE=1 TO 52)
3. Record months (ALLOWABLE RANGE =1 TO 12)
98. Refused
99. Can’t say

CURRENT SMOKERS’ QUITTING ATTEMPTS & EXPERIENCE

PREQE 20 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO PREQC4.

*(CURRENT SMOKERS)

QE 20 Have you ever tried to quit smoking?

1. Yes
2. No
99. Can’t Say

*(QE20=1, CURRENT SMOKERS WHO EVER TRIED TO QUIT SMOKING)

QE 22 How long ago did you last try to quit smoking?

1. Record days
2. Record weeks
3. Record months
4. Record years
98. Refused
99. Can’t say

*(CURRENT SMOKERS)

QE 29 Do you intend to quit smoking?

1. Yes
2. No (GO TO QC 4)
3. Don’t know (GO TO QC 4)

*(CURRENT SMOKERS WHO INTEND TO QUIT).

QE 29b Are you planning to quit . . .

READ OUT

1. Within the next month
2. Within the next 6 months
3. Sometime in the future, beyond 6 months
99. (DO NOT READ OUT) Don’t know

PREQC4 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO PREQC3

*(CURRENT SMOKERS)

QC 4 On a scale of 1-10, how much do you want to quit smoking? where 1 is not at all and 10 is very much?

IF NECESSARY: by quit we mean stop totally.

1. Not at all
2. 2
3. 3
4. Very Much
9. Can't say
*CURRENT SMOKERS*
QE 31 Assuming that you try to quit smoking, is it likely or unlikely that you would be able to do so permanently?
1. Likely
2. Unlikely
99. Can't say

**ATTITUDES TOWARDS SMOKING AND QUITTING**
PREQC 3 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO PRE39.
*CURRENT SMOKERS*.
QC 3 I would now like to ask you to what extent you agree or disagree with the following statements about smoking and quitting.
Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.
(STATMENTS)
1. You've been thinking a lot about quitting recently
2. You are eager for a life without smoking
3. Support and tools are available to help you to quit and remain smoke-free
(RESPONSE FRAME)
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
99. (DO NOT READ OUT) Don’t know
98. (DO NOT READ OUT) Refused

**ADVERTISING AWARENESS – Campaign Recall**
*(ALL)*
PRE39 The next few questions are about advertising.
1. Continue

*(ALL)*
QE 39 During the past three months, have you seen or heard any information or advertising campaigns about the dangers of smoking, or that encourages quitting?
1. Yes
2. No (GO TO AD26)
99. Can’t Say (GO TO AD26)
*(RECALLS SMOKING ADVERTISING)*
AD1 i. Can you please describe the first ad that comes to mind? And what was the ad trying to say?
   1. Response (Specify______)
   2. Don’t know
98. Refused

**ADVERTISING AWARENESS – Campaign Recognition**
Breathless
*(ALL)*
AD26 I am now going to read out a brief description of a recent TV ad and I would like to know if you have seen it.
The first ad shows a man lying in bed. He wakes with a startle and we see him struggling to breathe. As the man gasps for air, a voice over says “imagine your whole life reduced to thinking about your next breath” and states “an emphysema sufferer can live like this for years”. A bedside light is then switched on. We see the man sit up gasping for breath with his wife next to him who is very upset as she helps him get more comfortable.
Have you recently seen this ad?
1. Yes
2. No (GO TO AD29)
99. (Don’t know) (GO TO AD29)
98. (Refused) (GO TO AD29)

*(SEEN BREATHELESS, AD26=1)*

AD28 Thinking about this ad, to what extent do you agree or disagree it …

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATMENTS)

a. was easy to understand
b. taught me something new
c. makes me stop and think
d. is believable
e. makes me feel uncomfortable
f. is relevant to me
g. makes me feel concerned about my <IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: past> smoking
h. makes me more likely to <IF SMOKER: QE 1=1 TO 4: try to quit / IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: want to stay quit>

(RESPONSE FRAME)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

99. (Don’t know)

98. (Refused)

*(SEEN BREATHELESS, AD26=1)*

AD28b And to what extent do you agree or disagree that you are getting tired of seeing this ad? Do you …(READ OUT)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

99. (Don’t know)

98. (Refused)

*(ALL)*

AD29 Have you recently seen any ads using images from the TV ad I described in any of the following places?

(MULTIPLES ACCEPTED)

READ OUT

1. Online, including on catch-up TV
2. In a pub, club, bar or bottle shop
3. On the interior or exterior of public transport (bus, tram or train)
4. Petrol station

97. (None of these) ^s
99. (Don’t know) ^s
98. (Refused) ^s

*(ALL) - Visting Mum*

AD30 Next I’m going to read you a short description of a recent radio ad.

The ad starts with a girl’s voice talking about her mum’s poor health, she says her mum has tubes running in and out of her body; she coughs all the time and is very thin. The ad ends with the voiceover saying “If you smoke, death could be the least of your worries.”

Have you recently heard this radio ad?

1. Yes
2. No

99. (Don’t know)

98. (Refused)

Symptoms

*(ALL)*

AD31 Now thinking again about TV advertising …

The next ad I would like to ask you about starts out with a man lying on a couch. A voice over says “it seems like a cold at first, you can’t concentrate, can’t sleep”. We then see his children sitting next to him looking worried. As he takes his son’s hand the voice over says, “one day you realise, this
could be it, you’ve done it, you’ve quit smoking”. The ad ends with the man getting off the couch and going outside to play with his kids.

Have you recently seen this ad?
1. Yes
2. No (GO TO AD34)
99. (Don't know) (GO TO AD34)
98. (Refused) (GO TO AD34)

*(SEEN SYMPTOMS, AD31=1)

AD33 Thinking about this ad, to what extent do you agree or disagree it …

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATMENTS)
a. was easy to understand
b. taught me something new
c. makes me stop and think
d. is believable
e. makes me feel uncomfortable
f. is relevant to me
g. makes me feel concerned about my <IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: past> smoking
h. makes me more likely to <IF SMOKER: QE 1=1 TO 4: try to quit / IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: want to stay quit>

(RESPONSE FRAME)
1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don’t know)
98. (Refused)

*(SEEN SYMPTOMS, AD31=1)

AD33b And to what extent do you agree or disagree that you are getting tired of seeing this ad? Do you …(READ OUT)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don’t know)
98. (Refused)

*(ALL)

AD34 Have you recently seen any ads using images from the TV ad I described in any of the following places?

(MULTIPLES ACCEPTED)
READ OUT
1. Online, including on catch-up TV
2. Interior or exterior of public transport (bus, tram or train)
97. (DO NOT READ OUT) None of these ^s
99. (DO NOT READ OUT) Don’t know ^s
98. (DO NOT READ OUT) Refused ^s

Cough *(ALL)

AD2 I am now going to read out short descriptions of two other TV ads and I would like to know if you have seen either of them?

In the first TV ad, we see a man with a smokers cough in a number of different locations coughing; at home with his family, at a barbecue with friends, and at work climbing the stairs. The final scene shows the man at home again. As he goes outside for a cigarette he coughs into a handkerchief. This time he coughs up blood on the handkerchief. He then looks back at his family.

Have you seen this ad in the past few months?
1. Yes
2. No (GO TO AD6)
99. Don’t know (GO TO AD6)
98. Refused (GO TO AD6)
PREQAD4 IF AD2=1 (SEEN COUGH) CONTINUE, ELSE GO TO AD6
*PROGRAMMER NOTE: ROTATE STATEMENTS
*(SEEN COUGH, AD2=1)
AD4 Thinking about this ad, to what extent do you agree or disagree it …
Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATESMENTS)
1. was easy to understand
2. taught me something new
3. makes me stop and think
4. is believable
5. makes me feel uncomfortable
6. is relevant to me
7. makes me feel concerned about my <IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: past> smoking
8. makes me more likely to <IF SMOKER: QE 1=1 TO 4: try to quit / IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: want to stay quit >

(RESPONSE FRAME)
1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don’t know)
98. (Refused)
*(SEEN COUGH, AD2=1)
AD5 And to what extent do you agree or disagree that you are getting tired of seeing this ad? Do you …(READ OUT)
1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don’t know)
98. (Refused)
*(ALL)
AD6 Have you recently seen other ads using images or messages from this TV ad in any of the following places?

(MULTIPLES ACCEPTED)
READ OUT
1. Online, including on catch-up TV
2. Interior or exterior of public transport (bus, tram or train)
3. Petrol station
4. In a pub, club, bar, bottle shop or TAB
97. (DO NOT READ OUT) None of these ^s
99. (DO NOT READ OUT) Don’t know ^s
96. (DO NOT READ OUT Refused ^s

Break the Chain
*(ALL)
AD12a The second TV ad shows an Aboriginal woman sitting in an armchair holding a photo frame. She tells the camera about how her Pop died of lung cancer, her Mum had a heart attack and her Sis and Uncle Barry had trouble breathing, all as a result of smoking. She then tells us, “I was smoking, for years too ... but I quit”, followed by “If I can do it, I reckon we all can”. Have you recently seen this ad?
1. Yes
2. No
3. (Don’t know)
4. (Refused)

*PROGRAMMER NOTE: ROTATE STATEMENTS
*(SEEN BREAK THE CHAIN, AD12a = 1)
AD12aa Thinking about this ad, to what extent do you agree or disagree it...
Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATEMENTS)

a. was easy to understand
b. taught me something new
c. makes me stop and think
d. is believable
e. makes me feel uncomfortable
f. is relevant to me
g. makes me feel concerned about my <IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: past> smoking
h. makes me more likely to <IF SMOKER: QE 1=1 TO 4: try to quit / IF RECENT QUITTER: QE 1=97 or 99 AND Q21 =1: want to stay quit >

(RESPONSE FRAME)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don't know)
98. (Refused)

*(SEEN BREAK THE CHAIN, AD12a = 1)

AD12aai And to what extent do you agree or disagree that you are getting tired of seeing/hearing this ad? Do you … (READ OUT)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don't know)
98. (Refused)

*(ALL)

AD12ab Have you recently seen other ads using images or messages from this TV ad in any of the following places?

(MULTIPLES ACCEPTED)

READ OUT

1. Online, including on catch-up TV
2. In a pub, club, bar or TAB
3. Radio
4. Interior or exterior of public transport (bus, tram or train)
5. Shopping centre
6. Petrol station

97. (DO NOT READ OUT) None of these ^s
98. (DO NOT READ OUT) Don't know ^s
97. (DO NOT READ OUT Refused ^s

Health Benefits

*(ALL)

AD8a Next I’m going to read you a short description of two recent ads that appeared on billboards or posters, and in magazines.

In the first ad, there is a man or a woman sitting with the heading, “Stop Smoking, Start Repairing”, above them. Lines come from different points on their body that lead to descriptions of how that part of the body will repair, and the timeframe it will take once you stop smoking.

Have you recently seen either of these ads?

1. Yes
2. No
99. Don’t know
98. Refused

*(SEEN OUTDOOR BENEFITS ADVERTISING, AD8a = 1)

AD8b Did you see this advertising in any of the following locations?

(MULTIPLES ACCEPTED)

1. Interior or exterior of public transport (bus, tram or train)
2. Shopping centre
3. Pub, club, bar or bottleshop
4. Cinema
5. Magazine
6. Online
97. (DO NOT READ OUT) None of the above ^s
99. (DO NOT READ OUT) Don’t know ^s
98. (DO NOT READ OUT) Refused ^s

Quit for you, quit for two
*(ALL)

AD36 The last ad I’ll ask you about, shows a pregnant woman smiling while holding on to and looking down at her tummy. The ad has the heading. “Quit for you, Quit for two”. Have you recently seen this ad?
1. Yes
2. No
3. (Don’t know)
4. (Refused)

*(SEEN QUIT FOR YOU, AD36 = 1)

AD36b Did you see this advertising in any of the following locations?
(MULTIPLES ACCEPTED)
1. Shopping centre
2. Doctor surgery
3. Magazine
4. Online
97. (DO NOT READ OUT) None of the above ^s
99. (DO NOT READ OUT) Don’t know ^s
98. (DO NOT READ OUT) Refused ^s

DIRECT INFLUENCE OF THE CAMPAIGN

PREIM1 IF AD26 = 1 or AD29 = 6-9 or AD30 = 1 or AD31 = 1 or AD34=2-3 or AD2 = 1 or AD6 = 2-5 or AD12a = 1 or AD12ab = 2-7 or AD8a =1 or AD36 =1 (RECOGNISES ANY NTC AD) CONTINUE, ELSE GO TO AD20b

*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)

IM1 Thinking about all of the ads we have talked about today, what, if anything, have you done as a result of seeing (or hearing) these ads?
(MULTIPLES ACCEPTED)
1. Discussed smoking and health with family/friends
2. Changed the type of cigarettes I smoke
3. Cut down the amount I smoke
4. Stopped/quitting smoking
5. Rung the "Quit" help line
6. Read "how to quit" literature
7. Accessed Quit information from a website
8. Asked your doctor for help to quit
9. Began taking Nicotine Replacement Therapy (NRT), or other pharmaceutical stop smoking product
10. Set a date to give up smoking
11. Asked your pharmacist/other health professional for advice on quitting
14. Downloaded quit smoking app/my quitbuddy
12. Other (Specify)
13. Done nothing ^s
99. (Don’t know) ^s
98. (Refused) ^s

*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)

IM2 What, if anything, do you intend on doing in the next month in response to seeing (or hearing) these ads?
(MULTIPLES ACCEPTED)
1. Discussed smoking and health with others
2. Change the type of cigarettes I smoke
3. Reduce the quantity of cigarettes I smoke
4. Stop/quitting smoking
5. Ring the "Quit" help line
6. Read "how to quit" literature
7. Access Quit information from a website
8. Ask your doctor for help to quit
9. Begin taking Nicotine Replacement Therapy (NRT) or other pharmaceutical stop smoking products
10. Other (Specify)
11. No intentions
99. (Don’t know)
98. (Refused)
*(ALL)

AD20b Have you heard of the “My QuitBuddy” APP before today?
1. Yes
2. No
3. (Don’t know)
4. (Refused)
*(HEARD OF MY QUIT BUDDY APP, AD20b=1)

AD21 Have you downloaded the 'My QuitBuddy' APP?
1. Yes
2. No
3. (Don’t know)
4. (Refused)
*(ALL)

AD37 Have you heard of the 'Quit for You, Quit for Two' APP before today?
1. Yes
2. No
3. (Don’t know)
4. (Refused)
*(HEARD OF QUIT FOR YOU, QUIT FOR TWO APP, AD37=1)

AD38 Have you downloaded the 'Quit for You, Quit for Two' APP?
1. Yes
2. No
3. (Don’t know)
4. (Refused)

DEMOGRAPHICS
*(ALL)

DEM. To make sure we’ve spoken with a good range of people, I’d like to ask you a few final questions.
1. Continue

PRES3a IF SAMTYP=2, MOBILE SAMPLE CONTINUE, ELSE GO TO QI 6
*(SAMTYP=2, MOBILE SAMPLE)

S3a Including yourself, how many people aged 18-50 living in this household currently smoke cigarettes?
1. Record Number (ALLOWABLE RANGE 0-15) *(PROGRAMMER NOTE: IF QE 1=1 TO 4 ALLOWABLE RANGE IS 1-15)
2. Don’t know
3. Refused
*(SAMTYP=2, MOBILE SAMPLE)

S4a And including yourself, how many people aged 18-50 living in this household have given up smoking cigarettes in the last 12 months, and used to smoke on at least a weekly basis?
1. Record Number (ALLOWABLE RANGE 0-10) *(PROGRAMMER NOTE: IF RECENT QUITTER ALLOWABLE RANGE IS 1-10)
2. Don’t know
3. Refused
*(ALL)

QI 6 What language do the adults in your household speak most of the time when they are at home?
SINGLE RESPONSE ONLY
1. English
2. Arabic
3. Cantonese (Chinese)
4. Greek
5. Italian
6. Korean
7. Mandarin (Chinese)
8. Portuguese
9. Spanish
QI 7 What is the main income earner's occupation? PROBE IF NECESSARY.
IF RETIRED OR NOT CURRENTLY WORKING, PROBE FOR PREVIOUS OCCUPATION IF ANY
1. Managers
2. Professional
3. Technician or trades worker
4. Community or personal service worker
5. Clerical or administrative worker
6. Sales worker
7. Machinery operator or driver
8. Labourer
9. Student
96. Other (Specify)
97. No occupation (excludes students)
98. Refused
99. Can't say

*(ALL)

Q EDUC Can you please tell me what is the highest level of education you have attained?
1. Some primary school
2. Finished primary school
3. Some secondary school
4. Finished secondary school
5. Some tertiary education (university, tafe or college)
6. Finished tertiary education
7. Higher degree or higher diploma (eg phd, masters, grad dip)
99. Can't say
98. Refused

*(ALL)

Q INDG Are you of Aboriginal or Torres Strait Islander origin?
1. Yes
2. No
99. Can't Say

*(ALL)

W7 Now just a question or two about your use of telephone services.

1. Continue
PREW8 IF SAMTYP=2 CONTINUE, ELSE GO TO PREW9
*(MOBILE SAMPLE) (SAMTYP=2)

W8 Is there at least one working fixed line telephone inside your home that is used for making and receiving calls?
1. Yes
2. No
3. (Don’t know)
4. (Refused)

PREW9 IF SAMTYP=1 OR SAMTYP=2 AND W8=1 CONTINUE, ELSE GO TO PREW10
*(LANDLINE SAMPLE, MOBILE SAMPLE WITH LANDLINE) (SAMTYP=1 OR ((SAMTYP=2 AND W8 = 1))

W9 How many residential phone numbers do you have in your household not including lines dedicated to faxes, modems or business phone numbers? Do not include mobile phones.
INTERVIEWER NOTE: Explain as how many individual landline numbers are there at your house that you can use to make and receive calls?
1. Number of lines given (Specify________) RECORD WHOLE NUMBER (ALLOWABLE RANGE 1 TO 15) *(DISPLAY “UNLIKELY RESPONSE” IF >3)
2. (Refused)
3. (Don’t know/ Not stated)
**(LANDLINE SAMPLE) (SAMTYP=1)**

W10  Do you also have a working mobile phone?
1. Yes
2. No
3. (Don’t know)
4. (Refused)

**(FEMALE, Q14a=2)**

D5. And finally, are you currently pregnant or planning to become pregnant in the next 12 months?
1  Yes - currently pregnant
2  Yes - planning to become pregnant
3  No
98  Refused
99  Don’t know

CLOSE. Thank you for taking the time to complete this interview. Just in case you missed it, my name is (...), and this survey was conducted by the Social Research Centre on behalf of the Australian Government, Department of Health.

This research is carried out in compliance with the Privacy Act and the Australian Privacy Principles, and the information you have provided will only be used for research purposes. Our Privacy Policy is available via our website, www.srcentre.com.au, if you require further information please click on the Privacy Policy in the right hand menu.

IF ASKS FOR FURTHER INFORMATION ON SMOKING AND QUITTING:
www.quitnow.gov.au Quitline 13 7848
Appendix 2: Unweighted Bases
Table 9  Common unweighted bases

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